

**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire Summary**  
**Revised 9/2023**

1- Applicant Name 787 COFFEE ROASTERS LLC

2- Establishment Name (Corporate & DBA)  
787 COFFEE

3- Address for Proposed License  
66 PEARL STREET NEW YORK, NY 10004

4- Proposed Days/Hours of Operation  
7 DAYS A WEEK/ 7AM-10PM

4.1 What floor(s) is the establishment on?  GROUND FLOOR AND CELLAR

4.2 Any  Rooftop,  Terrace,  Sidewalk  Roadbed or  other outside usage?

5- Square Footage of Location 3235 SQFT

6- Method of Operations (bar restaurant, Catering, etc)  
TAVERN/CAFE

7- Type of License (Full liquor/OP, beer and wine, etc.)

7.1 Type of application

New  Alteration  Change in Method of Operation,  Corporate Change,  
 Class Change

8- Outdoor Seating?  Sidewalk  Roadbed

9- Type of Music?  Live  Recorded  DJ

10- Volume of Music?  Background  Other

*(no sound from events, performances or music will be heard outside the premises or by neighbors)*

11- Where will the kitchen exhaust system vent to?  
ELECTRIC COOKING ONLY AND NO GAS.

12- Applicant's Previous Licensed Establishments and Addresses  
NONE

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

**Manhattan Community Board 1 Liquor License Stipulations**

I, Brandon Pena, as a qualified representative of 787 Coffee Roasters LLC, located at 66 Pearl Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their full service liquor license

- (1) My hours of operation will be 7AM- 10PM Sunday – Thursday and 7AM - 10 PM Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).
- (2) I will operate a full-service restaurant, (please describe type of restaurant): tavern  
\_\_\_\_\_ with full food service until \_\_\_\_\_ hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) \_\_\_\_\_
- (4) I will have: DJs Yes No Live music Yes No Recorded Music Yes No Dancing Yes No  
Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No
- (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
- (6) I will close all doors and windows by \_\_\_\_\_ Sun-Thurs and \_\_\_\_\_ Fri-Sat. I will not have French doors or windows.
- (7) I will have delivery of supplies, goods and services during the hours of 8AM- 7PM
- (8) I will employ a doorman/security personnel on the following days and hours: NA
- (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
- (10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.
- (11) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No
- (12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
- (13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.
- (14) I will (additionally):

have the same operating hours for outdoor seating once approved for the DOT Dining Out program that is scheduled to commence Fall 2024.

(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: BRANDON PENA Phone Number: 908-230-8846

Alternate Contact: KARINA TARANOVSKA Phone Number: 917-400-4212

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed \_\_\_\_\_ Dated 12/19/23  
 Sworn to this 19th day of December, 2023  
 Notary Public XIN PAN  
 NOTARY PUBLIC-STATE OF NEW YORK  
 No. 01PA6243077  
 Qualified in Kings County  
 My Commission Expires June 13, 2027

**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire Summary**  
**Revised 9/2023**

- 1- Applicant Name Fogo de Chao Churrascaria (NYWTC) LLC
- 2- Establishment Name (Corporate & DBA)  
Fogo de Chao Churrascaria (NYWTC) LLC
- 3- Address for Proposed License  
3 World Trade Center, 40 Cortlandt Way, Tower 3, Space 1340, NY, NY 10007
- 4- Proposed Days/Hours of Operation  
11am to 11pm Daily
- 4.1 What floor(s) is the establishment on? First floor
- 4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage?
- 5- Square Footage of Location 5,000 sq ft
- 6- Method of Operations (bar restaurant, Catering, etc)  
Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/On-Premise Restaurant
- 7.1 Type of application  
 New  Alteration  Change in Method of Operation,  Corporate Change,  
 Class Change
- 8- Outdoor Seating?  Sidewalk  Roadbed  
\*Covered patios
- 9- Type of Music ?  Live  Recorded  DJ
- 10- Volume of Music?  Background  Other  
*(no sound from events, performances or music will be heard outside the premises or by neighbors)*
- 11- Where will the kitchen exhaust system vent to?  
Will vent to an electrostatic precipitator in the mechanical floor, level 4, of the commercial portion of the building and exhaust out from there
- 12- Applicant's Previous Licensed Establishments and Addresses  
See attached.

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**Manhattan Community Board 1 Liquor License Stipulations**

I, Anthony Laday, as a qualified representative of Fogo de Chao Churrascaria (NYWTC) LLC, located at 40 Cortlandt Way, Tower 3, Space 1340, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Full Service Liquor license

- (1) My hours of operation will be 11AM-11PM Sunday – Thursday and 11AM-10PM Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).
- (2) I will operate a full-service restaurant, (please describe type of restaurant): Brazilian steak house  
with full food service until 1 hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) None
- (4) I will have: DJs Yes No Live music Yes No Recorded Music Yes No Dancing Yes No  
Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No
- (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
- (6) I will close all doors and windows by        Sun-Thurs and        Fri-Sat.  I will not have French doors or windows.
- (7) I will have delivery of supplies, goods and services during the hours of 8:00AM to 11:00AM and/or 2:00PM to 5:00PM (certain items may require overnight delivery)
- (8) I will employ a doorman/security personnel on the following days and hours: NA
- (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
- (10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.
- (11) I will not apply for a sidewalk cafe license until at least a year after beginning operation. Yes No
- (12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
- (13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.
- (14) I will (additionally):

(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

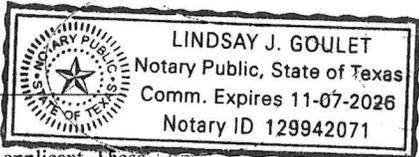
Name: Ronaldo Chiesa Phone Number: (312) 623-1617

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I hereby certify that the information provided above is truthful and accurate based upon my personal belief.**

Signed Anthony Laday Dated 12/20/2023

Sworn to this 20th day of December, 2023  
Notary Public Lindsay J. Goulet



Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents. Rev. 12/18

**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire Summary**  
**Revised 9/2023**

1- Applicant Name La Noxe Trinity LLC

2- Establishment Name (Corporate & DBA)

La Noxe Trinity LLC dba La Noxe Trinity

3- Address for Proposed License

111 Broadway, New York, New York 10006

4- Proposed Days/Hours of Operation

Sunday - Wednesday 2:00 pm - 1:00 am and Thursday - Saturday 2:00 pm - 2:00 am

4.1 What floor(s) is the establishment on? Ground floor

4.2 Any  Rooftop,  Terrace,  Sidewalk  Roadbed or  other outside usage?

5- Square Footage of Location 1600 sf (Approximate)

6- Method of Operations (bar restaurant, Catering, etc)

Tavern

7- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor

7.1 Type of application

New  Alteration  Change in Method of Operation, Corporate Change,  
 Class Change

8- Outdoor Seating?  Sidewalk  Roadbed

9- Type of Music?  Live  Recorded  DJ

10- Volume of Music?  Background  Other

*(no sound from events, performances or music will be heard outside the premises or by neighbors)*

11- Where will the kitchen exhaust system vent to?

n/a

12- Applicant's Previous Licensed Establishments and Addresses

La Noxe LLC  
315 7th Avenue, New York, New York  
March 2020-Present

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Manhattan Community Board 1 Liquor License Stipulations

I, Jeremie Perie, as a qualified representative of La Noxe Trinity LLC, located at 111 Broadway, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their full service liquor license

(1) My hours of operation will be 2PM-1AM Monday - Thursday and 2PM-2AM Friday - Saturday, 2PM-12AM Sunday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(2) I will operate a full-service restaurant, (please describe type of restaurant): tavern with full food service until hour(s) before closing.

(3) I will install soundproofing (please describe type and locations)

(4) I will have: DJs Yes No Live music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. X

(6) I will close all doors and windows from 2pm- 10pm. I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of 9am-4pm

(8) I will employ a doorman/security personnel on the following days and hours: NA

(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. X

(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. X

(11) I will not apply for a sidewalk cafe license until at least a year after beginning operation. Yes No

(12) I will conspicuously post this stipulation form beside my liquor license inside of my business. X

(13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: JEREMIE PERIE Phone Number: 646-509-4117

Alternate Contact: JOHN VAN LIESHOUT Phone Number: 920-809-9648

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed [Signature]

Dated 12/18/23

Magella Samory Notary Public, State of New York Reg. No. 01SA0006311 Qualified in New York County Commission Expires 04/26/2027

Sworn to this 18th day of December 2023. [Signature] Notary Public

**Manhattan Community Board 1 Liquor License Stipulations**

I, Maurilinn R Waneka, as a qualified representative of 78 Franklin CI LLC, located at 78 Franklin Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their beer, wine and cider license

(1) My hours of operation will be 10AM- 10PM Sunday – Thursday and 10AM - 10PM Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(2) I will operate a full-service restaurant, (please describe type of restaurant) converted bathhouse with a cafe with full food service until \_\_\_\_\_ hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) NA

(4) I will have: DJs Yes No Live music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by \_\_\_\_\_ Sun-Thurs and \_\_\_\_\_ Fri-Sat.  I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of 7AM and 10AM

(8) I will employ a doorman/security personnel on the following days and hours: for special events

(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.

(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.

(11) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No

(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.

(13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

No membership is required, the establishment is open to the public but there is an entrance fee required to access the amenities which includes the cafe.

This is a converted bathhouse with a spa, lounge area and classes.

(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Maurilinn R Waneka Phone Number: 4178481956

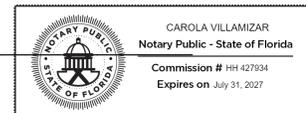
Alternate Contact: Esther Humphrey Phone Number: 4158665936

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

[Signature] 04/08/2024  
Signed Dated

Sworn to this 8th day of April 2024

[Signature]  
Notary Public



Notarized remotely online using communication technology via Proof. Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.