	. 1	21	mattan Comm	umity board I Liquo	r License S	oupulations
Ι,_	& Navi	n Bhutari	, as a qual	ified representative of	Dig Inn 4	12 Greenwich Street LLC,
loca	nted at	12 Greenwich	St, NY NY 1001	13	,1	New York, New York, agree to
the	following sti	ipulations for t	ne applicant's Me	ethod of Operation:		
(1) (I u	My hours of nderstand this	operation will be s to mean that a	be _//: am -/0:/ ll patrons will be c	Sunday – Thursday a leared from the establishm	and //. aur / nent at the spe	or pm Friday – Saturday cified hour).
Dig Ini consis like s ofu, o	n is a fine fast resting of a base (weet potatoes or fish). It's a wa	estaurant where yo (like brown rice or fo or brussels sprouts) ilk up restaurant wh	u can create a marketl arro), seasonal, local v , and a protein (like cl ere most dishes run b	bowl regetables nicken, With full food serv retween \$11 and \$15.	ice until	
(3)	I will install	soundproofing (please describe ty	pe and locations)		×
(4)	I will have:		PNo Live mus	sic Yes No Pro		
(5)	□I will play	recorded backgi	ound music only,	consisting of Cei	ng	
				If it can be heard out:	side, or by nei	ghbors, it is not background music.
(6)	I will close a	ll doors and win	Clase 9. dows bySu	'pu all days n-Thurs and Fri-Sa	t. 🗖 I will not	have French doors or windows.
(7)	I will employ	a doorman/sec	urity personnel on	the following days and ho	ours:	
(8)	I will actively	y manage crowd	s congregating on	the street at night, to mini	mize disturba	nces to residents.
(5) (55.5)	I will not app nmunity Boa	1 (T)	or an alteration to	the method of operation a	greed to by th	is stipulation without first notifying
(10)	I intend to a	pply for a sidew	alk café license.	¥Yes □No		
(11)	I intend to a	pply for a cabar	et license. □Yes	MNo		
(12)	I will consp	icuously post th	is stipulation form	beside my liquor license	inside of my b	ousiness.
						e addressed immediately and I will ment's impact on my neighbors.
Nan	ne: Eric Bra	unstein, Ope	rations Manage	rPhon	e Number: 5	16-724-0236
Alte	ernate Contac	t:Chris Breen	, New Restaura	nt Operations Manager	Phone Numb	er: 845-282-4614
(14)) I will (addit	ionally):	ill return	For sidewalk	e cate a	pplication.
61	lose a	viadows u-electr	at 9:pm.	Will come ba	ck in 1 about.	nly on Greenwich Street Lyear. Will have delive Sidewalk cafe noise.
				bove is truthful and accu	urate based u	
Swo	orn to this /	4// day o	flour	Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 26, 2019		Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant.

Rev. 3/17

Manhattan Community Board 1 Liquor License Stipulations

I, Michael Buxburm, as a qualified representative of Vectorix Inc.						
located at 4 Sosta Street, New York, New York, agree to						
the following stipulations for the applicant's Method of Operation: Sun - Thurs: 7-am - 12-am / Fri + 5at - 7-am - 12-am (1) My hours of operation will be						
(2) I will operate a full-service restaurant, (please describe type of restaurant): outdoor food and beverage concession subject to business and weather conditions with full food service until 12am hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Yes Yauale						
(4) I will have: DJs □Yes □No Live music □Yes □No Promoted events □Yes □No						
Cover fee events □Yes □No Scheduled performances □Yes □No						
(5) □I will play recorded background music only, consisting of						
If it can be heard outside, or by neighbors, it is not background music.						
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows.						
(7) I will employ a doorman/security personnel on the following days and hours:						
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.						
(9) 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.						
(10) I intend to apply for a sidewalk café license. □Yes ☑No						
(11) I intend to apply for a cabaret license. □Yes ☑No						
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.						
(13) 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: Jordan Beldner Phone Number: 908-989-0445						
Alternate Contact: Phone Number:						
No private promoters.						
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Sworn to this						
SUSAN P.COLE Notary Public, State of New York No. 01004897058 Community Board 1 requests that the SLA add the SLA						

Manhattan Community Board 1 Liquor License Stipulations AMES KIM, as a qualified representative of Sons of Thunder 135 Pearl LLC _____, New York, New York, agree to the following stipulations for the applicant's Method of Operation: (1) My hours of operation will be <u>Jum - 9pm</u> Sunday - Thursday and <u>Jam - 9pm</u> 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): with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Live music Yes No Promoted events Yes No (4) I will have: Cover fee events Tyes TNo Scheduled performances Yes No (5) I will play recorded background music only, consisting of Pop, Jazz, R&B 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 employ a doorman/security personnel on the following days and hours: (8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (9) 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. (10) I intend to apply for a sidewalk café license. □Yes ♥No (11) I intend to apply for a cabaret license. □Yes ZNo (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) 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: Alternate Contact: (14) I will (additionally): Will be closed on Sunday's. No Dancino I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Commission Expires May 26, 2019 No. 01C04897056 Qualified in New York County

Community Board 1 requests that the SLA add these stipulations to the license of the above mentioned applicant. Rev. 3/17

Manhattan Community Board 1 Liquor License Stipulations

I, DAVID HITCHNER, as a qualified representative of ABC & E, LLC (pending DBA: Take Beach)
located at 140 Carder Road, NY NY 10004 (Gov. Islana) New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be II AM - 5 Pm Sunday - Thursday and II AM - 6Pm 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): Mexican taco restaurant
with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) \(\text{A} = \cute{cutedoc} \) grounds
(4) I will have: DJs □Yes ☒No Live music ☐Yes □No Promoted events □Yes ☒No Cover fee events □Yes ☒No Scheduled performances □Yes ☒No
(5) □ I will play recorded background music only, consisting of latin, reggae, and surf rock
If it can be heard outside, or by neighbors, it is not background music
(6) I will close all doors and windows by Na Sun-Thurs and Fri-Sat. I will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours: _ N A
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(9) 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. ☒
(10) I intend to apply for a sidewalk café license. □Yes 🎾 No
(11) I intend to apply for a cabaret license. □Yes No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) 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: DAVID HITCHNER Phone Number: 917-318-5256
Alternate Contact: ZACHARY MACK Phone Number: 508-662-7.587
(14) I will (additionally): Live musiz on Fridays 2: - 51pm speakers will face East. Lot Opending.
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
X frank Hilliam X02.14.2018 Dated
Sworn to this / 4/k day of laury Susan P.COLE
No. 01C04897056 Qualified in New York County
Community Board 1 requests that the SLA add these CHIPURIAN THE MAY 190 CELLS of the above-mentioned applicant. Rev. 3/17

Manhattan Community Board 1 Liquor License Stipulations
I, X JADA EMERY, as a qualified representative of ClubCorp NV XVII, LLC, China Center New York, LLC, & CC
New York Club, LLC located at One World Trade Center, New York, NY 10007, New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be **See below Sunday – Thursday and **See below 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): Catering Hall
with full food service until _0 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) <u>Each room has its own sound proofing build into the walls.</u> Professional accustants were hired.
(4) I will have: DJs ☑Yes ☐No Live music ☑Yes ☐No Promoted events ☐Yes ☑No Cover fee events ☐Yes ☐No Scheduled performances ☐Yes ☐No
(5) □I will play recorded background music only, consisting of
If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows.N/A The premise is supported by building security at 1 Works (7) I will employ a doorman/security personnel on the following days and hours: Trade Center, which is managed by the Durst Organization.
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. 区
(9) 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. ☒
(10) I intend to apply for a sidewalk café license. □Yes ☒No
(11) I intend to apply for a cabaret license. □Yes ≅No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) 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: Jada Emery, GM Phone Number: 617-991-3756
Alternate Contact: Phone Number:
(14) I will (additionally): Will have traffic control personed for hier cars of they will follow up with CB(, (Will have Dancing) - (Private Event only
They will Followup with CB (, (Will have Daucing) - (Private Event only

Events may be Weddings, etc. . Space is on 89 th Floor.

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

vorn to this day of the SUSAN P.COLE
Notary Public, State of New York
No. 01604897056

No. 01-C04897056

Qualified in New York County

Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17



Manhattan Community Board 1 Liquor License Stipulations

I, Gjon Nikolla	, as a qualified representative of David G, Inc					
S	len Lane, New York, NY 10038 , New York, New York, agree to					
the following stipula	tions for the applicant's Method of Operation:					
(1) My hours of operation will be 10 AM- 11:00 PMSunday - Thursday and 10 AM- 11:30 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 f	full-service restaurant, (please describe type of restaurant): Pizzeria Restaurant					
8	with full food service until closing heur(s) before elecing.					
(3) I will install soun	dproofing (please describe type and locations) No sound proofing needed for background music					
	s □Yes ☒No Live music □Yes ☒No Promoted events □Yes ☒No ver fee events □Yes ☒No Scheduled performances □Yes ☒No					
(5) [X] will play reco	rded background music only, consisting of Record					
	If it can be heard outside, or by neighbors, it is not background music.					
(6) I will close all do	ors and windows bySun-Thurs and Fri-Sat. 🗷 I will not have French doors or windows.					
(7) I will employ a do	porman/security personnel on the following days and hours: n/a					
(8) I will actively ma	nage crowds congregating on the street at night, to minimize disturbances to residents.					
(9) 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. 🗵						
(10) I intend to apply	for a sidewalk café license. □Yes ☒No					
(11) I intend to apply	for a cabaret license. □Yes ☒No					
(12) I will conspicuo	usly post this stipulation form beside my liquor license inside of my business.					
	contact the manager/owner at the below number. Complaints will be addressed immediately and I will ed method of operation if necessary in order to minimize my establishment's impact on my neighbors.					
Name: Gjon Nikolla	Phone Number: 212-452-3333					
Alternate Contact:	Phone Number:					
(14) I will (additiona	11y): Bees and Wive only, Will have bike deliver, not use eletric bikes.					
and will	not use eletric bikes.					
I hereby certify that Signed Sworn to this	the information provided above is truthful and accurate based upon my personal belief.					
Community Board 1	requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/1					