1-	Applicant Name World Trade Center Performing Arts Center, Inc.
2-	Establishment Name (Corporate & DBA) TBD
3-	Address for Proposed License 251 Fulton Street (World Trade Center campus), New York, NY
4-	Proposed Days/Hours of Operation 8am -2am; Sunday through Saturday.
	2nd Floor - restaurant/bar/terrace 4.1 What floor(s) is the establishment on? 4th Floor - performing arts venue/
	theater/event space 4.2 Any rooftop, terrace, or other outside usage? Yes, Terrace.
5-	Square Footage of Location Approximately 11,500 sq ft
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant/Legitimate Theater
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New
8-	Sidewalk Café? Yes No
9-	Type of Music? ☑ Live ☑ Recorded ☑ DJ
10-	- Volume of Music? ■ Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	☐ Other
11-	Where will the kitchen exhaust system vent to? 9th Floor roof
MS	Applicant's Previous Licensed Establishments and Addresses RG Downtown, LLC (Marcus Samuelsson Group) as manager, has the following licensing history: AQ Cafe LLC - 1800 Broadway, New York, NY

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

2. Red Rooster Harlem LLC - 310 Lenox Avenue, New York, NY

3. Streetbird Harlem LLC - 2149 Frederick Douglass Blvd, New York, NY

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

(1) I will follow the recommendations made by the sound or that noise including sound and bass vibrations cannot be hea	ngineer and outlined in the acoustical testing report. I will make sure ard outside of the premises of my establishment:
(2) I will take the steps outlined in the resolution and in the	traffic plan to manage vehicular and pedestrian activity:
(3) I will follow and abide by the conditions set forth in the collected on the follows days and hours: Monday, Wednesd	resolution regarding garbage disposal and collection. Garbage will be day and Friday evenings via a subgrade loading dock.
(4) I will have delivery of supplies, goods and services duri Monday through Friday, 7am-5pm via secure subgrade vehice	
(5) Lighting that affects the security of the community and q appropriately lit while not attracting unsavory elements (e.g.	quality of life of nearby residents must be considered, and must be . rodents, flies, mold, hazardous substances, etc.)
(6) I understand that I must submit a notice to the communit least 45 days in advance:	ty board for a street activity permit for my licensed establishment at
property and provide proof of receipt of the 30-day Standard	Permits Committee if I am applying for an expansion onto municipal dized Notice form, a block plot diagram detailing the municipal municipal's approval to use the space. I also agree that I must sign dhered to for the roadbed/sidewalk seating:
(8) Cameras will be used for viewing the entrance and egress	s:
(9) I agree to follow the conditions outlined in the resolution congestion and unruly patrons:	on secuirty oversight of the establishment to prevent noise,
(10) I will (additionally):	
Angestaling as a literature for the state of	
(15) Residents may contact the manager/owner at the below the above-stated method of operation if necessary in order to	number. Complaints will be addressed immediately and I will revisit o minimize my establishment's impact on my neighbors.
Name: Thomas Yagoba	Phone Number: 315-256-3056
Alternate Contact: Isabella DiRita	Phone Number: 240-479-8667
I hereby certify that the information provided above is to	ruthful and accurate based upon my personal belief.
De Cov	4523
Signed	Dated
Sworn to this 5th day of april, 2023	Sothryn Hell
CHCHAINED . AG The	Notary Public
Community Board L requests that the SLA add these stipular stipulations and board resolution shall supersede all other do	

3113

Rev. 12/21

I, James Connors, as a qualified representative of World Trade Center Performing Arts Center, Inc,
located at 251 Fulton Street (World Trade Center campus) , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their full liquor license
(1) My hours of operation will be 8AM to 2AM Sunday - Thursday and 8AM to 2AM 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): high quality restaurant and performing arts center/legitimate theater with full food service until 0 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(b) I will install soundproofing (please describe type and locations)
(4) I will have: DJs Mayes LNo Live music Mayes LNo Recorded Music Mayes LNo Dancing Mayes LNo
Promoted events Vers INo Cover fee events Vers INo Scheduled performances Vers INo
(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 bySun-Thurs and Fri-Sat. 21 will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of Monday through Friday; 7am - 5pm, via secure subgrad vehicle access to subgrade loading dock.
(8) I will employ a doorman/security personnel on the following days and hours:
(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 violations from previous establishments for which I have served as a principal.
(14) I will (additionally):
-close the bar on the 2nd floor of the Performing Arts Center at midnight -have no live music or DJs outside on the 2nd floor terrace -close terrace doors when I have DJs and live music indoors -close terrace doors by 11pm -have access-a-ride vehicles available for pickup and drop off in front of the establishment -all transit info will be made available on our website in accordance with DOT
(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: Thomas Yogoda Phone Number: 315-256-3056
Alternate Contact: Isabella DiRita Phone Number: 240-479-8667
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
& ON 4/5/23
Signed Dated
Sware to this gray or aproleo 23 allows fell
Notary Public
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These

1-	Applicant Name 123 W Hospitality Group Ltd	
2-	Establishment Name (Corporate & DBA) Skinos Mediterrenean Cuisine	
3-	Address for Proposed License 123 Washington Street New York NY 10009	
4-	Proposed Days/Hours of Operation Sunday to Thursday 8:00AM to 12:00AM Friday to Saturday 8:00AM to 4:00 AM 4.1 What floor(s) is the establishment on? 1st and 2nd Floors	
	4.2 Any rooftop, terrace, or other outside usage? No	
5-	Square Footage of Location 7500 approx	
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant	
7-	Type of License (Full liquor/)P, beer and wine, etc.)	
7.1 Type of application (New, Alteration, Change in Method of Operation Corporate Change, Class Change)		
8-	Sidewalk Café? Yes/No No	
9-	Type of Music? ☐ Live ☑ Recorded ☐ DJ	
10-Volume of Music? ☑ Background (no sound from events, performances or music will be heard outside the premises or by neighbors)		
	☐ Other	
11-	Where will the kitchen exhaust system vent to? Fourth floor with persipitator	
11.	Fourth floor with persipitator	
12-	Applicant's Previous Licensed Establishments and Addresses See questionnaire	

cated at 123 WASHINUTON STREET	, New York, New York, agree to
following stipulations for the applicant's Method of Ope	eration for their ON PREMICE UQUOR #1371777 license
My hours of operation will be Sunday derstand this to mean that all patrons will be cleared from the latest operate a full-service restaurant, (please describe type)	e of restaurant):
) I will install soundproofing (please describe type and location	
I will have: DJs \(\text{\text{IY}}\) es \(\text{\text{IN}}\) No Live music \(\text{\text{IY}}\) es \(\text{\text{IN}}\) Cover fee events \(\text{\text{IY}}\) Volume of all music, events or performances will be at back	
not background music. b) I will close all doors and windows bySun-Thurs andSun-Thurs and	Fri-Sat. I will not have French doors or windows.
3) I will employ a doorman/security personnel on the following	ng days and hours:
0) I will actively manage crowds congregating on the street at 0) I will not apply to the SLA for an alteration to the method ommunity Board 1.	t night, to minimize disturbances to residents. I of operation agreed to by this stipulation without first notifying
1) I will not apply for a sidewalk café license until at least a y	year after beginning operation. □Yes □No
12) I will conspicuously post this stipulation form beside my 13 13) I confirm that I have violations from previous est 14) I will (additionally): *HAVE NO OUTDOOR S	stablishments for which I have served as a principal.
Buyouts.	
* HAVE DELIVERIES W HOTEL LUADING DOCK	TILL BE ACCEPTED THROUGH THE
15) Decidents were contest the manager/owner at the below pu	umber. Complaints will be addressed immediately and I will revisit
ne above-stated method of operation if necessary in order to m	
lame: JOHN KAPETANOS	Phone Number: (646) 294-1902
hereby certify that the information provided above is trut	Phone Number: 646-372 9609 thful and accurate based upon my personal belief.
	3/28/23
igned	Dated Leonardo V. Gomez Leonardo V. Gomez

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

(1) I will follow the recommendations made by the sound engine that noise including sound and bass vibrations cannot be hear	gineer and outlined in the acoustical testing report. I will make sure rd outside of the premises of my establishment:
	raffic plan to manage vehicular and pedestrian activity:
 (3) I will follow and abide by the conditions set forth in the r collected on the follows days and hours: (4) I will have delivery of supplies, goods and services durin 	resolution regarding garbage disposal and collection. Garbage will be
(5) Lighting that affects the security of the community and quappropriately lit while not attracting unsavory elements (e.g.	uality of life of nearby residents must be considered, and must be rodents, flies, mold, hazardous substances, etc.)
(6) I understand that I must submit a notice to the community least 45 days in advance:	y board for a street activity permit for my licensed establishment at
property and provide proof of receipt of the 30-day Standardi	ermits Committee if I am applying for an expansion onto municipal lized Notice form, a block plot diagram detailing the municipal municipal's approval to use the space. I also agree that I must sign dhered to for the roadbed/sidewalk seating:
(8) Cameras will be used for viewing the entrance and egress	S:
(9) I agree to follow the conditions outlined in the resolution congestion and unruly patrons:	on secuirty oversight of the establishment to prevent noise,
(10) I will (additionally):	
(15) Residents may contact the manager/owner at the below the above-stated method of operation if necessary in order to	number. Complaints will be addressed immediately and I will revisit minimize my establishment's impact on my neighbors.
Name: JOHN KAPETANUS	Phone Number: 646 2941902
Alternate Contact: ARCHIE KANES	Phone Number: 646 372 9609
I hereby certify that the information provided above is tr	
	3/29/23
Signed 20th	Leonardo V. Gomez NOTARY PUBLIC, STATE OF NEW YOR NOTARY PUBLIC DIG 06425209
Sworn to this 29 May of Morch, 2023	Registration No. 0 1000 120
Community Board 1 requests that the SLA add these stipulation	Commission Expires November

stipulations and board resolution shall supersede all other documents.

Rev. 12/21

1-	Applicant Name Fulton Seafood Market LLC & Creative Culinary Management Company LLC			
2-	Establishment Name (Corporate & DBA) Tin Building by Jean Georges			
3-	Address for Proposed License 96 South Street, New York, NY 10038			
4-	Proposed Days/Hours of Operation Sun - Wed 6am to 1am; Thurs - Sat 6am to 2am			
	4.1 What floor(s) is the establishment on? 1st, 2nd and 3rd Floors			
5-	4.2 Any rooftop, terrace, or other outside usage? Outdoor seating on 3 sides of leased/licensed premises. Square Footage of Location 54,494 sq. ft.			
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant/Food Hall			
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP			
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)			
8-	Sidewalk Café? Yes/No No			
9-	9- Type of Music? 🗷 Live 🖾 Recorded 🔼 DJ			
10-	10-Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors)			
	□ Other			
11-	Where will the kitchen exhaust system vent to? ALL PCUs exhausts to the roof.			
12-	Applicant's Previous Licensed Establishments and Addresses See Attached Rider			

Manhattan Community Board 1 Liquor License Stipulations ___, as a qualified representative of _____ Fulton Scafood Market LLC & Creative Culinary Management Company LLC David O'Reilly 96 South Street located at , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premises liquor (1) My hours of operation will be Sunday - Thursday and 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): marketplace will full service and fast casual grab-and-go restaurants with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Sound level limiters and building construction material (4) I will have: DJs Wes UNo Live music Wes UNo Recorded Music Wes UNo Dancing UYes No Promoted events Tyes No Cover fee events □Yes XXNo Scheduled performances TYes XNo (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it not background music. ***(6) I will close all doors and windows by ____Sun-Thurs and ____ Fri-Sat. \(\mathbb{M}\) I will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of (8) I will employ a doorman/security personnel on the following days and hours: Seaport Security will be present during all hours of operation. (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. 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. Alyes INo (12)I will conspicuously post this stipulation form beside my liquor license inside of my business. violations from previous establishments for which I have served as a principal. (13)I confirm that I have (14)I will (additionally): * The hours of operation will be from 6AM opening to 1AM Sunday through Wednesday, and 6AM opening to 2AM closing Thursday through Saturday, and the hours of food service and bar service will be the same as the hours of operation ** Also include a jukebox, and non-musical entertainment in the form of live cooking shows that can be filmed and broadcasted with audience *** Open seasonally: May through October, from 6AM to 10PM Monday through Thursday, and 6AM to 11PM Friday through Sunday The applicant agreed to provide a 30-days notice in advance to the Community Board for a venue that intends to play music outside of the premises (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. DAVID R. O'REI'lly Phone Number: (917) 583-504 Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. **REBECCA MISTY ABASTA NOTARY PUBLIC** STATE OF NEVADA Signed Commission Expires: 12-10-24 Certificate No: 17-4216-1

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

1-	WSA Community Arts LLC	
2-	Establishment Name (Corporate & DBA) WSA Community Arts LLC; DBA TBD	
3-	Address for Proposed License 161 Water Street, 5th - 6th Floors New York, NY 10038	
4-	Proposed Days/Hours of Operation Sunday - Wednesday, 8:00am - 12:00am; Thursday - Saturday, 8:00am - 1:00am	
	4.1 What floor(s) is the establishment on? Fifth & Sixth Floor	
	4.2 Any rooftop, terrace, or other outside usage? No	
5-	Square Footage of Location Floor 5: 11,980 sqft Floor 6: 8,490 sqft	
6-	Method of Operations (bar restaurant, Catering, etc) Catering	
7-	Type of License (Full liquor/OP, beer and wine, etc.) On-Premises Catering Liquor License	
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New Application	
8-	Sidewalk Café? Yes/No No	
9-	Type of Music? ↓Live ↓ Recorded ↓ DJ	
10-Volume of Music?		
	☐ Other	
11-	Where will the kitchen exhaust system vent to? N/A	
12-	- Applicant's Previous Licensed Establishments and Addresses	
	N/A	

I, Ian Nicholson, as a qualified representative of WSA Community Arts LLC, located at 161 Water Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their 5th and 6th Floor liquor licenses.

(1) My hours of operation will be 8am-12am Sunday – Wedne mean that all patrons will be cleared from the establishment at	sday and 8am-1am Thursd the specified hour).	ay- Saturday (I understand this to	•
(2) I will operate a full-service restaurant, (please describe type	of restaurant): fine art ga	llery and special events venue	
	with full food serv	ice until hour(s) before cl	osing.
(3) I will install soundproofing (please describe type and locati	ons)		- 9
(4) I will have: DJs ves \(\text{No} \) Live music \(\text{Ves} \) \(\text{No} \) Rec			– □No
(5) Volume of all music, events or performances will be at back is not background music.	kground levels only. If it ca	n be heard outside, or by neighbo	rs, it
(6) I will close all doors and windows bySun-Thurs and (7) I will have delivery of supplies, goods and services during to		have French doors or windows.	There are no operable windows in the buildi
(8) I will employ a doorman/security personnel on the followin	g days and hours: Buildin	ng Security will 24 hours	
(9) I will actively manage crowds congregating on the street at			
(10) I will not apply to the SLA for an alteration to the method Community Board 1.	of operation agreed to by t	his stipulation without first notify	ing
(11) I will not apply for a sidewalk café license until at least a	year after beginning operati	ion. Wes 🗆 No	
(12) I will conspicuously post this stipulation form beside my I (13) I confirm that I have violations from previous es (14) I will (additionally);	•		
- When there is no private event, the space will be open to the - Alcohol can only be served during private events Deliveries will not occur before 7:00am.	public with or without a co	over fee.	
(15) Residents may contact the manager/owner at the below nu the above-stated method of operation if necessary in order to m Name: _	mber. Complaints will be a inimize my establishment's Phone Number:	s impact on my neighbors.	evisit
Alternate Contact: Keaton Laub	DI N. I	er: 631 903 5019	
The second of th			_
I hereby cordry that the information provided above is trut	illul allu accul acc Dascu (ALESSANDRA COR NOTARY PUBLIC-STATE O	ASANITI F NEW YORK
Signed	Dated	No. 01CO64327 Qualified in Kings C My Commission Expires	90 County 05-00-2026
Sworn to this 10 day of April 2023		Alessandia Core	vaniti
	tary Public	-	

1-	Applicant Name Lets Pow Wow LLC
2-	Establishment Name (Corporate & DBA) Lets Pow Wow LLC; DBA TBD
3-	Address for Proposed License 161 Water Street, 10th Floor New York, NY 10038
4-	Proposed Days/Hours of Operation Sunday - Wednesday, 8:00am - 12:00am; Thursday - Saturday, 8:00am - 1:00am
	4.1 What floor(s) is the establishment on? 10th Floor
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location 14,850 sqft
6-	Method of Operations (bar restaurant, Catering, etc) Tavern
7-	Type of License (Full liquor/OP, beer and wine, etc.) On-Premises Tavern Liquor License
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New Application
8-	Sidewalk Café? Yes/No No
9-	Type of Music? Live Recorded DJ
	Volume of Music? Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	□ Other
11-	Where will the kitchen exhaust system vent to? Kitchen exhaust will vent to roof.
12-	Applicant's Previous Licensed Establishments and Addresses
	N/A

I, Ian Nicholson, as a qualified representative of Lets Pow Wow LLC, located at 161 Water Street, New York, New

York, agree to the following stipulations for the applicant's Method of Operation for their 10th Floor liquor license (1) My hours of operation will be 8am-12am Sunday - Wednesday and 8am-1am Thursday - 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): Co-working space with private meeting rooms with full food service until ___1__ hour(s) before closing. (3) I will install soundproofing (please describe type and locations) see forthcoming acoustician recommendations (4) I will have: DJs wes No Live music wes No Recorded Music wes No Dancing Tyes Wo Promoted events Tyes No Cover fee events Wes QNo Scheduled performances Wes 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. There are no operable (6) I will close all doors and windows by ____Sun-Thurs and ____ Fri-Sat. □ I will not have French doors or windows. windows in the buildi (7) I will have delivery of supplies, goods and services during the hours of (8) I will employ a doorman/security personnel on the following days and hours: Building security will be 24 hours (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. We see No (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have ______ violations from previous establishments for which I have served as a principal. (14) I will (additionally): - Be open to the public with a cover charge. -Deliveries will not occur before 7:00am. (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: Ian Nicholson Phone Number: 917 517 6170 Phone Number: 631 903 5019 Alternate Contact: Keaton Laub I hereby certify that the information provided above is truthful and accurate based upon my personal belief. ALESSANDRA CORASANITI NOTARY PUBLIC-STATE OF NEW YORK No. 01CO6432790 Dated Qualified in Kings County

Notary Public

My Commission Expires 05-09-2026

Alexandra

dav of April 2023

Sworn to this 10

1-	Applicant Name Culinary Pursuits LLC
2-	Establishment Name (Corporate & DBA) Culinary Pursuits LLC; DBA TBD
3-	Address for Proposed License 161 Water Street, 15th Floor New York, NY 10038
4-	Proposed Days/Hours of Operation 7 Days, 8:00am - 12:00am
	4.1 What floor(s) is the establishment on? 15th Floor
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location 3,340 sqft
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) On-Premises Restaurant Liquor License
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New Application
8-	Sidewalk Café? Yes/No No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
10-	Volume of Music? ✓Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	☐ Other
11-	Where will the kitchen exhaust system vent to? Kitchen exhausts vents out the side of the building
12-	Applicant's Previous Licensed Establishments and Addresses
	N/A

I, Ian Nicholson, as a qualified representative of Culinary Pursuits LLC, located at 161 Water Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their 15th Floor liquor license.

(1) My hours of operation will be 8am to 12am Sunday – Wednesday and 8a this to mean that all patrons will be cleared from the establishment at the spe	
(2) I will operate a full-service restaurant, (please describe type of restaurant): Restaurant
with	full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)	
(4) I will have: DJs Tyes No Live music Tyes No Recorded Music Promoted events Tyes No Cover fee events Tyes No	✓Yes □No Dancing □Yes ✓No Scheduled performances □Yes ✓No
(5) Volume of all music, events or performances will be at background level:	The state of the s
is not background music.	
(6) I will close all doors and windows bySun-Thurs and Fri-Sa (7) I will have delivery of supplies, goods and services during the hours of	t. DIwillnothaveFrenchdoorsorwindows. There are no operable windows in the buildi
(8) I will employ a doorman/security personnel on the following days and ho	Building security will be 24 hours
(9) I will actively manage crowds congregating on the street at night, to mini	imize disturbances to residents. 🛛
(10) I will not apply to the SLA for an alteration to the method of operation notifying Community Board 1. ⊠	on agreed to by this stipulation without first
(11) I will not apply for a sidewalk café license until at least a year after b	eginning operation. Wes No
(12) I will conspicuously post this stipulation form beside my liquor licen	se inside of my business.
(13) I confirm that I have0 violations from previous establishme (14) I will (additionally):	nts for which I have served as a principal.
 Be limited to 2 buyouts per month; with the abilifor additional buyouts. 	ty to come back to CB1 after 1 year
- Deliveries will not occur before 7:00am.	
(15) Residents may contact the manager/owner at the below number. Complet the above-stated method of operation if necessary in order to minimize my established the control of the control	
Name: Ian Nicholson Phon	e Number: 917 517 6170
Alternate Contact: Keaton Laub	Phone Number: 631 903 5019
I hereby certify that the information provided above is truthful and accu	urate based upon my personal belief.
1. 10 1/20 =	ALESSANDRA CORASANITI
- Un www	NOTARY PUBLIC-STATE OF NEW YORK No. 01CO6432790
Signed	Dated Qualified in Kings County
Sworn to this 10 day of April 2023	My Commission Expires 05-09-2026 Alusandia Eurasandi
Notary Public	

1-	Applicant Name	Culinary Pursuits LLC			
2-	Establishment Name (Corporate & DBA) Culinary	/ Pursuits LLC; DBA	TBD	
3-	Address for Proposed l	License 161 Water Street New York, NY 10	, 16th -18th Floors 038		
4-	Proposed Days/Hours		Wednesday, 7:00am - Saturday, 7:00am		
		4.1 What floor(s) is the esta	ablishment on? 16th,	17th & 18th Floors	
		4.2 Any rooftop, terrace, or	other outside usage?	No	
5-	Square Footage of Loca	ation 16th floor: 15,070 s 17th floor: 11,250 s 18th floor: 12,130 s	γιι		
6-	Method of Operations	(bar restaurant, Catering, et	c) Restaurant		
7-	Type of License (Full li	quor/OP, beer and wine, et	c.) On-Premises Re	staurant Liquor Llcense	
		7.1 Type of application (Ne of Operation, Corporate Ch	_	n Method New Application	
8-	Sidewalk Café? Yes/No	° No			
9-	Type of Music? Liv	ve √ Recorded √ DJ			
10-	10-Volume of Music? ☐ Background (no sound from events, performances or music will be heard outside the premises or by neighbors)				
		Other			
11	- Where will the kitcher	n exhaust system vent to?	16th floor: Existing exh 17th floor: Kitchen ven 18th floor: No kitchen	naust equipment; vents at roof level ts at roof level	
12- Applicant's Previous Licensed Establishments and Addresses					
	N/A				

	Manhatta	n Community Board 1	Liquo	r License S	Stipulations	
I,	lan Nicholson	, as a qualified representa	tive of C	ulinary Pursu	its LLC, located at 161 Water	
Stree	t, New York, New York, agree	e to the following stipulation	s for the	applicant's l	Method of Operation for their 16	i
throu	gh 18th Floor liquor license.					
	y hours of operation will be 8ar Il patrons will be cleared from t				Saturday (I understand this to mea	n
restai		& private dining rooms, proc	duction r		kitchen, banquet room, cafe, an ling rooms, event space, 18th floo	
			with	full food serv	vice until hour(s) before cle	osing.
(8)	will install soundproofing (pleas	se describe type and locations)				- 2
(4) I v	will have: DJs Wes CNo Liv	ve music Wes DNo Record	ed Music	Wes ONo	Dancing Ves ©No	7/
	moted events Tyes No				Scheduled performances \(\sigma\)Yes	□No
	olume of all music, events or pe	erformances will be at backgro	und leve	ls only. If it c	an be heard outside, or by neighbor	rs, it
(6) I v	will close all doors and window	s bySun-Thurs and	Fri-Sa	ıt. 🗖 Iwillnot	haveFrenchdoorsorwindows.	There are no operable
(7) I v	will have delivery of supplies, g	oods and services during the h	ours of			windows in the buildi
(8) I	will employ a doorman/security	personnel on the following da	ys and h	ours:		
(9) I v	will actively manage crowds co	ngregating on the street at nigh	nt, to min	imize disturb	ances to residents. 🛛	
	I will not apply to the SLA for	or an alteration to the method o	of operati	on agreed to	by this stipulation without first	
(11)	I will not apply for a sidewall	k café license until at least a ye	ear after l	beginning ope	eration Of es ONo	
(12)	I will conspicuously post this	stipulation form beside my lie	quor licer	nse inside of a	ny business. 🏻	
(13) (14)	I confirm that I have0_ I will (additionally):	_ violations from previous est	tablishme	ents for which	I have served as a principal.	
	booked the spaces Buyouts of the 16th	floors are fully privat n floor are included in	the li	•	for tenants or those who	
	- Deliveries will not d	occur before 7:00am	•			
(15) F the ab	Residents may contact the mana- pove-stated method of operation	ger/owner at the below numbe if necessary in order to minim	r. Compl nize my e	aints will be a stablishment	ddressed immediately and I will resimpact on my neighbors.	evisit
Name	: Ian Nicholson		Phor	ne Number:	917 517 6170	_
	nate Contact: Keaton Laub				oer: 631 903 5019	-
I here	by certify that the informatio	n pro vided above is truthful	and acc	urate based	7	
	an ein				ALESSANDRA CORAS NOTARY PUBLIC-STATE OF N No. 01C06432700	SANITI
Signe	d		11899	Dated	No. 01C06432700	VEW YORK
Swon	n to this 10 day of Ar	oril 2023			My Commission Expires 05-0	09-2026
		Notary	Public		- Co word	vnut1

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

Notary Public

1-	Applicant Name Damian O'Brian
2-	Establishment Name (Corporate & DBA) Murray 57 LLC dba Monk McGinns
3-	Address for Proposed License 57 Murray New York NY 10007
4-	Proposed Days/Hours of Operation Sunday 10:00 am to 12am, Monday 11am to 12am, Tuesday to Thursday 11:00 am to 1:00 am Friday 11am to 2am and Saturday 10:00am to 2:00am
	4.1 What floor(s) is the establishment on?
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location 3800 sf
6-	Method of Operations (bar restaurant, Catering, etc) restaurant,
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-	Sidewalk Café? Yes/No
9-	Type of Music? Live Kecorded DJ
10-	Volume of Music? ✓ Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	□ Other
11-	Where will the kitchen exhaust system vent to?
12-	Applicant's Previous Licensed Establishments and Addresses

I, <u>Damiar</u>	n O'Brien	, as a qualified r	epresentative of Murray 57 LL	C d/b/a Monk McGinns,
located at _	57 Murray St., NY	, NY 1007	, I	New York, New York, agree to
the followin	ng stipulations for t	he applicant's Method	of Operation for their on-premi	ses liquor licens
Friday 11 (1) My hou	lam to 2am; Saturo	day 10am to 2am	ay 11am to 12am; Tuesday to unday – Thursday and	Friday – Saturday (I
(2) I will op	perate a full-service i	estaurant, (please describ	oe type of restaurant): American with full food servi	cuisine ce until 1 hour(s) before closing
(3) I will in	stall soundproofing (please describe type and	locations)	
(4) I will ha	ave: DJs 🗆 Yes 🗷 No	Live music □Yes ☑No	Recorded Music Vyes No	Dancing □Yes ☑No
Promoted	events Tyes No	Cover fee eve	ents Tyes No	Scheduled performances Tyes No.
	of all music, events ground music.	or performances will be a	at background levels only. If it can	n be heard outside, or by neighbors, it
(6) I will clo	ose all doors and wir	idows by 11pmSun-Thui	rs and 11pm Fri-Sat. I will not	have French doors or windows.
(7) I will ha	ive delivery of suppl	ies, goods and services du	uring the hours of	
(8) I will en	nploy a doorman/sec	urity personnel on the fol	llowing days and hours: <u>everyd</u>	ay
(9) I will ac	tively manage crowd	ls congregating on the str	reet at night, to minimize disturba	nces to residents.
	not apply to the SLA Board 1. \boxtimes	for an alteration to the m	nethod of operation agreed to by the	is stipulation without first notifying
(11) I will n	ot apply for a sidew	alk café license until at le	east a year after beginning operation	on. 🗆 Yes 🗆 No
(12) I will c	onspicuously post th	is stipulation form beside	e my liquor license inside of my b	usiness.
(13) I confir	rm that I have no	violations from previo	ous establishments for which I have	e served as a principal.
	additionally):			
(15) Resider the above-st	nts may contact the retated method of oper	nanager/owner at the beloation if necessary in orde	ow number. Complaints will be ac or to minimize my establishment's	ddressed immediately and I will revisit impact on my neighbors.
Name: _Da	amian O'Brien		Phone Number: 71	8-614-0675
Alternate Co	ontact:		Phone Number	er:
			s truthful and accurate based up	
	6	7 .		1 -
	01	3	3/29/	123.
	_ 1).		Dated	
Sworn to thi	is 29 th day o	f MarcH, 2023	Will	
I hereby centre in the state of	is 29 th day o	nation provided above in	S truthful and accurate based up 3/2 5/Dated Notary Public ulations to the license of the above	,

No. 01PE83d2581

Qualified in New York County

Commission Expires December 18, 2025

COMMUNITY BOARD 1 – MANHATTAN RESOLUTION

DATE: FEBRUARY 28, 2023

COMMITTEE OF ORIGIN: LICENSING & PERMITS

COMMITTEE VOTE: 7 In Favor 0 Opposed 0 Abstained 0 Recused PUBLIC VOTE: 0 In Favor 0 Opposed 1 Abstained 0 Recused BOARD VOTE: 38 In Favor 0 Opposed 0 Abstained 0 Recused

RE:

57 Murray Street, application for method of operation change that was resolved in May 2019 but was never submitted to SLA, for Murray 57 LLC d/b/a Monk McGinns

WHEREAS: The applicant, Murray 57 LLC d/b/a Monk McGinns at 57 Murray Street, is applying for method of operation change that was resolved in May 2019 but was never submitted to SLA, for their on-premise Liquor, Wine, Beer and Cider License for their restaurant establishment; and

WHEREAS: The applicant is requesting that the stipulations from their May 28th, 2019 resolutions for alteration to increase closing hours for which the committee granted is extended. The applicant did not file with the SLA in time after the resolution was passed and the pandemic followed further preventing the implementation of the agreed upon alterations by the committee; and

WHEREAS: The applicant has agreed to abide by all whereas outlined in the May 2019 resolution and provide a signed stipulation sheet accordingly; and

WHEREAS: The Manhattan community board agreed to the following hours of operation Sunday 10:00am to 12am, Monday 11am to 12am, Tuesday to Thursday 11:00am to 1:00amFriday 11am to 2am and Saturday 10:00am to 2:00am

WHEREAS: The applicant currently has the hours of operation from 10:00AM - 9:00PM Monday to Sunday; and

WHEREAS: The applicant has signed and notarized a stipulations sheet; now

THEREFORE

BE IT

RESOLVED

THAT:

CB1 will evaluate any alteration and/or renewal requests; and

BE IT FURTHER RESOLVED

THAT

CB1 opposes the granting of their method of operation change of on-premise liquor license for Murray 57 LLC d/b/a Monk McGinns at 57 Murray Street, **unless** the applicant complies with the limitations and conditions set forth above.

1-	Applicant Name AUGUST GATHERINGS WYC
	Establishment Name (Corporate & DBA) Same as above
	Address for Proposed License 266 Caral Street, West Store, NY, NY 10013
4-	Proposed Days/Hours of Operation Sun - Sat // AM-/GPH
	4.1 What floor(s) is the establishment on? grand Floor & basement
	4.2 Any rooftop, terrace, or other outside usage? $\bigvee \mathcal{O}$
5-	Square Footage of Location /, 953
6-	Method of Operations (bar restaurant, Catering, etc)
7-	Type of License (Full liquor/OP) beer and wine, etc.)
8-	7.1 Type of application (New, Alteration, Change in Method NEW of Operation, Corporate Change, Class Change) Current corporation is selling to how corporation, both sidewalk Café? Yes/No F which is owned by Xin Chi Tang, sole sharehold
9-	Type of Music? Live Recorded DJ
10-	Volume of Music? Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	□ Other
11-	Where will the kitchen exhaust system vent to? R_{00}
12-	Applicant's Previous Licensed Establishments and Addresses AVOVST GATHERINGS CORP. 266 (ana) Street, West Store Ny, Ny 10013

Manhattan Community Board 1 Liquor License Stipulations
I, XIn Chi lang, as a qualified representative of August Untherings NYC Corp.
located at 266 Cans Street West Store, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their On prehibes license
(1) My hours of operation will be
(2) I will operate a full-service restaurant, (please describe type of restaurant): (2) I will operate a full-service restaurant, (please describe type of restaurant): (3) I will operate a full-service restaurant, (please describe type of restaurant): (4) I will operate a full-service restaurant, (please describe type of restaurant): (5) I will operate a full-service restaurant, (please describe type of restaurant): (6) I will operate a full-service restaurant, (please describe type of restaurant): (7) I will operate a full-service restaurant, (please describe type of restaurant): (8) I will operate a full-service restaurant, (please describe type of restaurant): (8) I will operate a full-service restaurant, (please describe type of restaurant): (9) I will operate a full-service restaurant, (please describe type of restaurant): (9) I will operate a full-service restaurant, (please describe type of restaurant): (10) I will operate a full-service restaurant restauran
(3) I will install soundproofing (please describe type and locations)
(5) I will histail soundproofing (please describe type and rocations)
(4) I will have: DJs \(\text{DYes \text{UNO}} \) Live music \(\text{DYes \text{UNO}} \) Recorded Music \(\text{UYes \text{DNO}} \) Dancing \(\text{DYes \text{UNO}} \) Promoted events \(\text{DYes \text{UNO}} \) Cover fee events \(\text{DYes \text{UNO}} \) Scheduled performances \(\text{DYes \text{UNO}} \)
(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 /offSun-Thurs and /offFri-Sat. W will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of
(8) I will employ a doorman/security personnel on the following days and hours:
(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. Wes No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) I confirm that I have
(14) I will (additionally):
다른 경우를 하는 사람들이 가득하는 것이 되었다. 그는 사람들은 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다면 보다 되었다. 그는 사람들이 되었다면 보다 되었다면 보다 되었다면 보다 보다 보다 되었다면 보니 되었다면 보다 되었다면 보니 되었다면 보다 되었다면 보니 되었다면 보다 되었다면 보니 되었다면 보다 되었다면 보니 되었다면 보다 되었다면 보니 되었다면 보다
(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: Vin Chi Tang Phone Number: (2/2/274-1535
C. 1. M. (917) 837-5838
Alternate Contact: Phone Number: Phone Numbe
Jan. 31, 2023
Signed Dated
Sworn to this 3/ day of JAN - 2023
Notary Public, State of Now York 02 FE 612 97 62
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These 7/8/2 stipulations and board resolution shall supersede all other documents.