

**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire**  
**Summary Revised 3/2024**

1- Applicant Name

**Compass Group USA Inc. & Thompson Hospitality Services LLC**

2- Establishment Name (Corporate & DBA)

**N/A - no trade name.**

3- Address for Proposed License

**240 Greenwich St. A/K/A 101 Barclay St.**

4- Type of License (Full liquor/OP, beer and wine, etc.) **Catering Establishment**

7.1 Type of application

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

5- Proposed Days/Hours of Operation

Mon - Thurs 5pm-9pm Fri - Sat 5pm-9pm Sun 5pm-9pm

4.1 What floor(s) is the establishment on? **Floors 1-21**

6- Square Footage of Location **1,133,549 sq. ft.**

\*each floor is approx. 43,598 sq. ft.

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

**Catering Establishment**

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☒ Terrace, or ☐ Other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☐ No

9- Type of Music? ☐ Live ☐ Recorded ☐ DJ \*No music.

10- Volume of Music? ☐ Background ☐ Other \*N/A - no music.

*(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? **Through roof.**

12- Applicant's Previous Licensed Establishments and Addresses

**See attached rider.**

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Jennifer L. McConnell, as a qualified representative of Compass Group USA, Inc., located at 240 Greenwich St. A/K/A 101 Barclays St., New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Catering Liquor license

(1) My requested hours of operation are Varies Monday – Thursday, Varies Friday – Saturday, Varies Sunday

(1.a) CB approved hours of operation 5pm-9pm Monday – Thursday, 5pm-9pm Friday – see below: Saturday-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, (please describe type of establishment):

Catering Establishment with full food service until all hour(s) before closing.

(3) I will install soundproofing (please describe type) N/A - no music

(please describe location)

(4) I will have: DJs ☐ Yes ☒ No Live Music ☐ Yes ☒ No Recorded Music ☐ Yes ☒ No Dancing ☐ Yes ☒ No

Promoted events ☐ Yes ☒ No Cover events ☐ Yes ☒ No Scheduled performances ☐ Yes ☒ No

(5) Volume of music, events, 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 \_\_\_\_\_ Mon- Thur, \_\_\_\_\_ Fri - Sat \_\_\_\_\_ Sun.

☒ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of Mon - Friday, 6am and 5pm

(8) I will have garbage collected during the hours of N/A

(9) I will employ a doorman/security personnel on the following days and hours: N/A - Security provided by BNY

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

(11) 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. ☒

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

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

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

(15) I will (additionally):

No more than 6 weekend events per year and those hours of operation will be 5pm -9pm

Events will not occur on more than ten floors at a time

No event(s) shall occupy all the licensed floors at the same time The maximum occupancy per event will not exceed 1037 persons

The events are considered private events for employees, clients and occasional guests and will not be open to the public.

There will be no other changes to the current method of operation.

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

Name: Edward Collado

Phone Number: (212) 635-8554

Alternate Contact: Amanda Taylor

Phone Number: (732) 727-5030

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

Signed

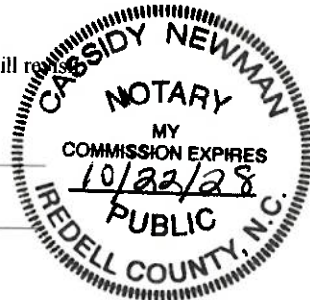
Sworn to this

4th day of March 2025

Dated

12/20/2024 3/4/25

Notary Public



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. 3/2024

**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

Name of Establishment: Compass Group USA, Inc. & Thompson Hospitality Services LLC

Address: 240 Greenwich St. A/K/A/ 101 Barclay St., New York, NY

- (1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard 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 resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: \_\_\_\_\_
- (4) I will have delivery of any event supplies, goods and services during the hours of Monday - Friday 6AM & 5PM
- (5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)
- (6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance
- (7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.
- (8) Cameras will be used for viewing the entrance and egress.
- (9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.
- (10) I will (additionally):

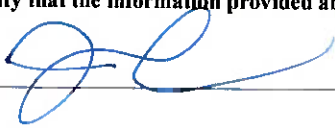
(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Edward Collado Phone Number: (212) 635-8554

Alternate Contact: Amanda Taylor Phone Number: (732) 727-5030

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

Signed



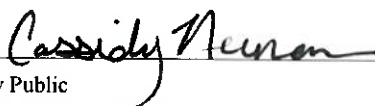
Dated

12/20/2024 3/4/25

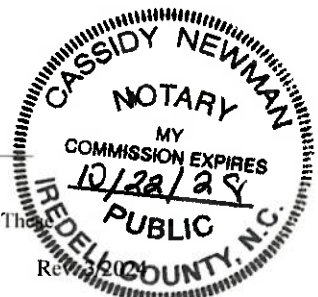
Sworn to this

4th day of March, 25

Notary Public



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



**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire**  
**Summary Revised 3/2024**

1- Applicant Name

**Refael Hasid & Shai Shamir**

2- Establishment Name (Corporate & DBA)

**Balcony Cafe Inc. DBA 1803 NYC**

3- Address for Proposed License

**78-82 Reade Street New York, NY 10007**

4- 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

5- Proposed Days/Hours of Operation

Mon - Thurs **8:00am-12:00**    Fri - Sat **8:00am-12:00pm**    Sun **8:00am-12:00**

4.1 What floor(s) is the establishment on? **Ground Floor, Basement,**

**Sub-basement and Mezzanine**

6- Square Footage of Location **3,300 SF**

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

**Full Service Restaurant with Bar**

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or    ☒ other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☒ Yes    ☐ No

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? **To the Roof**

12- Applicant's Previous Licensed Establishments and Addresses

**Sami and Susu Food Inc.: 79 5th Ave. Brooklyn, NY 11217**

**HBM UWS LLC: 300 Amsterdam Ave. New York, NY 10023**

**NOMAD 373 LLC: 973 Lexington Ave. New York, NY 10021**

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, **Refael Hasid**, as a qualified representative of **Balcony Cafe Inc**,  
located at **78-82 Reade Street**, New York, New York, agree to  
the following stipulations for the applicant's Method of Operation for their **Liquor** license

- (1) My requested hours of operation are **11:00am** Monday – Thursday, **11:00am** Friday – Saturday, **10:00am** Sunday  
(1.a) **CB approved hours of operation** **8am-12am** Monday – Thursday, **8am-1am** Friday – Saturday, **8am-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, (please describe type of establishment):  
**Restaurant** with full food service until **1** hour(s) before closing.
- (3) I will install soundproofing (please describe type) **Panels on ceiling (Already Installed)**  
(please describe location) **On ceiling**
- (4) I will have: DJs ☐ Yes ☐ No Live Music ☐ Yes ☐ No Recorded Music ☐ Yes ☐ No Dancing ☐ Yes ☐ No  
Promoted events ☐ Yes ☐ No Cover events ☐ Yes ☐ No Scheduled performances ☐ Yes ☐ No
- (5) Volume of music, events, 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 \_\_\_\_\_ Mon- Thur, \_\_\_\_\_ Fri - Sat \_\_\_\_\_ Sun.  
☒ I will not have open doors or windows.
- (7) I will have delivery of regular supplies, goods and services during the hours of **11:00 am- 10:30PM**
- (8) I will have garbage collected during the hours of **Over night Once a day**
- (9) I will employ a doorman/security personnel on the following days and hours: **N/A**
- (10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒
- (11) 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. ☒
- (12) I will not apply for a sidewalk café license until at least a year after beginning operation. ☐ Yes ☐ No
- (13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒
- (14) I confirm that I have **0** violations from previous establishments for which I have served as a principal.
- (15) I will (additionally):

(16) 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: **Refael Hasid** Phone Number: **917-648-1784**

Alternate Contact: **Peter Marzulli** Phone Number: **347-229-6401**

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

**Refael Hasid**

2/7/2025

Signed

Dated

Sworn to this **18<sup>th</sup>** day of **February 2025**

Notary Public

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. 3/2024

MAYRA ALEJANDRA ESPINAL  
Notary Public, State of New York  
Reg. No. 01ES6438554  
Qualified in New York County  
Commission Expires 08/15/2028

**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire**  
**Summary Revised 3/2024**

1- Applicant Name

All Blues Inc

2- Establishment Name (Corporate & DBA)

All Blues

3- Address for Proposed License

87 Walker Street, New York, NY, 10013

4- 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

5- Proposed Days/Hours of Operation

Mon - Thurs 12 PM - 2 AM    Fri - Sat 12 PM - 3 AM    Sun 12 PM - 12 AM

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

6- Square Footage of Location 1,700 Sq Ft

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

Bar / Tavern

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ Other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☐ No

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? To the roof

12- Applicant's Previous Licensed Establishments and Addresses N/A

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, Yuji Fukushima, as a qualified representative of All Blues Inc, located at 87 Walker Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On Premises license

(1) My requested hours of operation are 12PM - 2AM Monday – Thursday, 12PM - 3 AM Friday – Saturday, 12 PM - 12 AM Sunday

(1.a) CB approved hours of operation 12PM-1AM Monday – Thursday, 12PM-2AM Friday – Saturday, 12PM-11PM 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, (please describe type of establishment):

\_\_\_\_\_ with full food service until \_\_\_\_\_ hour(s) before closing.

(3) I will install soundproofing (please describe type) \_\_\_\_\_

(please describe location) \_\_\_\_\_

(4) I will have: DJs ☐ Yes ☒ No Live Music ☐ Yes ☒ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☒ No

Promoted events ☐ Yes ☒ No Cover events ☐ Yes ☒ No Scheduled performances ☐ Yes ☒ No

(5) Volume of music, events, 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 \_\_\_\_\_ Mon- Thur, \_\_\_\_\_ Fri - Sat \_\_\_\_\_ Sun.

☒ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of \_\_\_\_\_

(8) I will have garbage collected during the hours of \_\_\_\_\_

(9) I will employ a doorman/security personnel on the following days and hours: N/A

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

(11) 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. ☒

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

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

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

(15) I will (additionally):

Have no further changes to the method of operation at this time.

(16) 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: Yuji Fukushima Phone Number: 917-449-4655

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

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

Signed \_\_\_\_\_

March, 04, 2025 JEFFREY G RONG

Notary Public - State of New York

No. 01RO6219871

Qualified in New York County

My Commission Expires April 05, 2026

Sworn to this 4th day of March, 2025  
Notary Public

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. 3/2024

**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire**  
**Summary Revised 3/2024**

1- Applicant Name

**Carlos M. Rosario**

2- Establishment Name (Corporate & DBA)

**CONTINENTAL SPORTS LOUNGE INC.**

3- Address for Proposed License

**1 Wall Street Court, New York, NY 10005**

4- 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

5- Proposed Days/Hours of Operation

Wednesday   **12PM -12AM**   Thursday   **12PM -2AM**          Sun   **12PM -12AM**  
Mon - ~~Thurs~~          Fri - Sat       

4.1 What floor(s) is the establishment on? **1st Floor and Mezzanine**

6- Square Footage of Location **5,000**

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

**Restaurant**

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

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? **Roof**

12- Applicant's Previous Licensed Establishments and Addresses

**Brickyard Craft Kitchen and Bar Inc.**

**23 Park Place, New York, NY 10007**

**Alaia Wings Inc-327 W 57th Street, New York, NY 10019**

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### Manhattan Community Board 1 Liquor License Stipulations

I, Carlos M. Rosario, as a qualified representative of Continental Sports Lounge Inc, located at 1 Wall Street Court New York NY 10005, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Full On-Premises license

(1) My requested hours of operation are 12PM-12AM Monday - Wednesday, 12PM-2AM Thursday - Saturday, 12PM-12AM Sunday

(1.a) CB approved hours of operation 12PM-12AM Monday - Wednesday, 12PM-1AM Thursday, 12PM-11:30PM Friday - Saturday, 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, (please describe type of establishment):

Restaurant/Sports Bar w/ 80 TVs with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type) As is (Recorded music only)

(please describe location)

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

(5) Volume of music, events, 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 NA Mon- Thur, NA Fri - Sat, NA Sun.

☒ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of 9AM-5PM

(8) I will have garbage collected during the hours of 11PM-12AM

(9) I will employ a doorman/security personnel on the following days and hours: evening for traffic monitoring

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

(11) 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. ☒

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

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

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

(15) I will (additionally):

create a traffic plan and employ a staff member to monitor the crowds on the streets exiting as well as the black car pickup on Water Street.  
There will be signage in the restaurant telling patrons to have their pickups on Water Street.

(16) 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: Carlos M. Rosario Phone Number: 718-381-8172

Alternate Contact: Carlos M. Rosario Phone Number: 347-295-5260

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

Signed Carlos M. Rosario

Dated 2/21/2025

Sworn to this 21<sup>st</sup> day of Feb., 2025

Notary Public

MICHAEL YORIO  
Notary Public, State of New York  
Reg. No. 01YO6260718  
Qualified in Nassau County  
Commission Expires April 30, 2028

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. 3/2024