I, Mark Gordon	
located at26 /	Good Guys Hospitality, LLC. Ann Street, New York, New York 10038 , New York, New York, agree to
120	pulations for the applicant's Method of Operation: BAR: 8:00 AM - 2:00 AM - 70MS AWEEK
(1) My hours of (I understand this	operation will be Hore 24/7 Sunday Thursday and Friday Saturday so mean that all patrons will be cleared from the establishment at the specified hour).
(2) I will operate	e a full-service restaurant, (please describe type of restaurant): Hare with Restaurant
*	with full food service until hour(s) before closing.
(3) I will install	soundproofing (please describe type and locations) Acres Sauce Proces
(4) I will have:	DJs Tyes No Live music Tyes No Promoted events Yes No Cover fee events Yes To Scheduled performances Yes No
(5) 🗆 I will play i	recorded background music only, consisting of
-	If it can be heard outside, or by neighbors, it is not background music.
(6) I will close al	l doors and windows bySun-Thurs and Fri-Sat. Twill not have French doors or windows.
(7) I will employ	a doorman/security personnel on the following days and hours: Heren Sewary
(8) I will actively	manage crowds congregating on the street at night, to minimize disturbances to residents.
(9) I will not app Community Boar	ly to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying d 1. 🗵
(10) I intend to ap	pply for a sidewalk café license. □Yes ☑No
(11) I intend to ap	pply for a cabaret license. □Yes ☑No
(12) I will conspi	cuously post this stipulation form beside my liquor license inside of my business.
(13) Residents m revisit the above-	ay contact the manager/owner at the below number. Complaints will be addressed immediately and I will stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
Name: Jeff De C	ranelo (Manager F&B) Phone Number: (212) 477-6111
Alternate Contact	t:Phone Number:
(14) I will (additi	onally):
Ĭ	
I hereby certify	that the information provided above is truthful and accurate based upon my personal belief.
Signed	Dgted Dgted
Sworn to this 1	5th day of January 2018
	Notary Public

Rev. 3/17

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

Notary Public, State of New York
No. 01BA5366384

Qualified in New York County

Commission Expires 10/30/2021

4.0

New York, New York, Regree to the following stipulations for the applicant's Method of Operation: Change in method of operation (1) My hours of operation will be Sunday 10 to the Sunday 10 to	I, ROBERT 1	ANDREWS,	as a qualified represent	tative of <u>5</u> Bee	kman Hotel Owners Lhc
(2) I will operate a full-service restaurant, (please describe type of restaurant): \[\frac{\lambda \text{Paints}}{\text{Paints}} \lambda \text{Pa	located at 5 13	eekman St	treet		, New York, New York, agree to
(2) I will operate a full-service restaurant, (please describe type of restaurant): December 15: Pipe - Hi am with full food service until Hambour(s) before closing.	the following stipul: (1) My hours of ope (I understand this to	ations for the appli ration will be mean that all patron	s will be cleared from the	ation: Change an/mon bag- Thursday and e establishment at the	in method of operation Saturday 9:30 - 2: am/coller priday - Saturday especified hour).
(3) I will install soundproofing (please describe type and locations)	(2) I will operate a	full-service restaura	ant, (please describe type	e of restaurant): 姫	stairs: 8:30 am - 2: am
(4) I will have: DJs EYes DNo Live music EYes DNo Promoted events Pes DNo Cover fee events Pes ENO Scheduled performances Pes ENO (5) DI will play recorded background music only, consisting of Pive DJ will stap at Z and If it can be heard outside, or by neighbors, it is not background music. (6) I will close all doors and windows by Mr Sun-Thurs and Mr Fri-Sat. DI will not have French doors or windows. (7) I will employ a doorman/security personnel on the following days and hours: Yes (8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. DE (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. DE (10) I intend to apply for a sidewalk café license. Pes No (11) I intend to apply for a cabaret license. Pes No (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. DE (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: Phone Number: Phone Number: Phone Number: Phone Number: Phone Number: Phone Number: 1(14) I will (additionally): Scott Woors will remain the Same Phone Number: Phone Number: Phone Number: Phone Number: 1(14) I will (additionally):	Daws Stain	15: 4:pm - 4:	am with fu	ll food service until_	4. am hour(s) before closing.
Cover fee events Pes No Scheduled performances Pes No (5) I will play recorded background music only, consisting of Live AT will stap at R. aw If it can be heard outside, or by neighbors, it is not background music. (6) I will close all doors and windows by Wh Sun-Thurs and Wh Fri-Sat. I will not have French doors or windows. (7) I will employ a doorman/security personnel on the following days and hours: Yes (8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (In the sun of the sun of the street at night, to minimize disturbances to residents. (In the sun of the sun of the street at night, to minimize disturbances to residents. (In the sun of the sun of the sun of the street at night, to minimize disturbances to residents. (In the sun of the sun of the street at night, to minimize disturbances to residents. (In the sun of the sun of the sun of the street at night, to minimize disturbances to residents. (In the sun of the sun	(3) I will install sou	ndproofing (please o	describe type and location	1s) _ 506 woot	ers
If it can be heard outside, or by neighbors, it is not background music. (6) I will close all doors and windows by Mr Sun-Thurs and N/A Fri-Sat. I will not have French doors or windows. (7) I will employ a doorman/security personnel on the following days and hours: Yes (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 I. (10) I intend to apply for a sidewalk café license. (11) I intend to apply for a cabaret license. (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: Phone Number: Phone Number: Phone Number: Phone Number: I will (additionally): Of the part of the part of the provided above is truthful and accurate based upon my personal belief. I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	Co	over fee events \Box Y	es XINo Scheduled	performances \(\sigma\)Ye	s 🖾 No
If it can be heard outside, or by neighbors, it is not background music. (6) I will close all doors and windows by Mr Sun-Thurs and N/A Fri-Sat. I will not have French doors or windows. (7) I will employ a doorman/security personnel on the following days and hours: Yes (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 I. (10) I intend to apply for a sidewalk café license. (11) I intend to apply for a cabaret license. (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: Phone Number: Phone Number: Phone Number: Phone Number: I will (additionally): Of the part of the part of the provided above is truthful and accurate based upon my personal belief. I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	(5) I will play reco	orded background m	usic only, consisting of	Live DJ	will stap at 2: am
(7) I will employ a doorman/security personnel on the following days and hours:			If it can b	e heard outside, or b	y neighbors, it is not background music.
(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. (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: Phone Number: Phone Number: Phone Number: (14) I will (additionally): To the stope of Heaves will remain the Same I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	(6) I will close all do	oors and windows by	y MH Sun-Thurs and N	/// Fri-Sat. 🗖 I wil	I not have French doors or windows.
(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 № Dachag (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: Phone Number: Alternate Contact: Phone Number: Phone Number: 14) I will (additionally): Root hours will remain the Same J. J. will stop at Hiam in celler I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	(7) I will employ a d	loorman/security per	rsonnel on the following	days and hours:	les .
Community Board 1. (10) I intend to apply for a sidewalk café license. (11) I intend to apply for a cabaret license. (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:	(8) I will actively ma	anage crowds congr	egating on the street at ni	ght, to minimize dist	urbances to residents.
(11) I intend to apply for a cabaret license. (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:		1122	teration to the method of	operation agreed to l	by this stipulation without first notifying
(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:	(10) I intend to apply	y for a sidewalk cafe	é license. □Yes ZNo		
(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:	(11) I intend to apply	y for a cabaret licen	se. 🗆 Yes 🗆 No 🛛 🗘	pacing	
revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors. Name:	(12) I will conspicuo	ously post this stipul	ation form beside my liq	uor license inside of	my business. 🗵
Alternate Contact: [14) I will (additionally): Roof hours will remain the same D. J. will stop at Hiam in celler I hereby certify that the information provided above is truthful and accurate based upon my personal belief.					
(14) I will (additionally): Root hours will remain the same D. J. will stop at Hiam in celler I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	Name:			Phone Numbe	r:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	Alternate Contact: _			Phone N	fumber:
1/10/18	(14) I will (additional)	ally): Root ho	ors will rea	rain the so	2000
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17	Signed Sworn to this	0_day of	Jan 2018		Dated 10 18 Notary Public

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

DONALD M. BERNSTEIN

Notary Public, State of New York

No. 02BE4806351

Qualified in New York County

Commission Expires November 30, 20

1, Mark G Laport, as a qualified representative of CP Maiden Lange LLC,					
located at 151 Maidan Lane AC Hotel New York, new York, agree to					
the following stipulations for the applicant's Method of Operation: Lounge will spen not 12! pm					
(1) My hours of operation will be 10: am - 1: am Sunday - Thursday and 6:30 am 1: am Friday - Saturday (1 understand this to mean that all patrons will be cleared from the establishment at the specified hour). Friday & Sa forday					
(2) I will operate a full-service restaurant, (please describe type of restaurant):					
Full Service Kittchen with full food service until hour(s) before closing.					
(3) I will install soundproofing (please describe type and locations) - Ceiling Speakers					
(4) I will have: DJs \(\text{DYes} \) \(\text{DNo} \) Live music \(\text{ZYes} \) \(\text{DNo} \) Promoted events \(\text{DYes} \) \(\text{DNo} \) Cover fee events \(\text{DYes} \) \(\text{DNo} \) Scheduled performances \(\text{DYes} \) \(\text{DNo} \)					
(5) I will play recorded background music only, consisting of Will have Livi music					
If it can be heard outside, or by neighbors, it is not background music.					
(6) I will close all doors and windows by N/A Sun-Thurs and N/H Fri-Sat. □ I will not have French doors or windows.					
(7) I will employ a doorman/security personnel on the following days and hours: 24 hr. security					
(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. The					
(11) I intend to apply for a cubaret license. DYes DNo No Daucius					
(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: Phone Number:					
Alternate Contact: Phone Number:					
(14) I will (additionally): No Roop top					
I hereby certify that the information provided above is truthful and accurate based upon my personal being Dated Signed Dated Notary Public My Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17					

I, Addian Bruyere, as a qualified representative of AB Hospitality Inc.,
located at 9-11 Maiden Lane, New York, New York, agree to
the following stipulations for the applicant's Method of Operation: (1) My hours of operation will be Sunday - Thursday and Sunday - Thursday and Sunday - 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): French Cafe
with full food service untilhour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs \(\text{Yes} \) \(\text{WNo} \) Live music \(\text{Yes} \) \(\text{PNo} \) Promoted events \(\text{Yes} \) \(\text{PNo} \) Cover fee events \(\text{Yes} \) \(\text{PNo} \) Scheduled performances \(\text{Yes} \) \(\text{PNo} \)
(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: Adrian Bruyere Phone Number: (347) 601-0087
Alternate Contact: Phone Number:
(14) I will (additionally):
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed Novary Pure Dated Ork
Sworn to this 10th day of January 2018 Notary Public on Kill Sworth Commission Expires Notary Public
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17

I, Oleg Azizov
, as a qualified representative of AFNYC LLC
located at205 Hudson Street, New York, New York 10013, New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be Son day 10: and 1: am/ Monday - Thursay - 8: am - 1: am/ Friday - 8' and
(I understand this to mean that all patrons will be cleared from the establishment at the specified bears)
(1) My hours of operation will be
(Floate describe type of restaurant): Nosner Restaurant
with full food service untilallhour(s) before closing.
(3) I will install soundproofing (please describe type and locations) _ 20 5 peg (cess decide)
(4) I will have: DJs DYes DNo Live music DYes DNo Dounge
Cover fee events Tyes No Scheduled performance Tyes No
(5) □I will play recorded background music only, consisting of be 20 5p とa に ers
If it can be board out it
the close all doors and windows by All 2 and
(7) I will employ a doorman/security personnel on the following days and hours:
(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 across to have the street at high the street at
(9) I will not apply to the SLA for an alteration to discontinuous disturbances to residents. \(\times\)
(9) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying with 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 with the street at night, to minimize disturbances to residents.
(10) I intend to apply for a 22 years 10: put to
(11) Lintend to apply for a sidewalk café license. Yes No Closius
The ind to apply for a cabaret license. The Sauciaca
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) Residents may contact the managed
Alternate Contact: Phone Number: (215) 208-2831
(14) I will (additionally): Ground Floor 138 seats/13 Bar Stock All to 12 Color
Will have him all the second fre projustification on
Brown to be 10 / - There will be no DJ Debrossest.
will until
Thereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed Transpart
Sworn to this day of January 2018
Notary Public Notary Public State
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. No. 01WE600761 Commission Explication Story Public No. 01WE600761
Commission Expires Oct. 24.