Manhattan Community Board 1 Liquor License Stipulations

the following stipulations for the applicant's Method of Operation (1) My hours of operation will be Polar (And Sunday) Thursday and Polar 2 and 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): Restaurant/ Bar with full food service until 2. and hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Promoted events Tyes Tho Cover fee events Tyes Tho Scheduled performances Tyes Tho Promoted events Tyes Tho Cover fee events Tyes Tho Scheduled performances Tyes Tho Thom Scheduled Performances Tyes Thom Scheduled Performances Tyes Thom Scheduled Performances Tyes Thom Scheduled Performances Tyes Thom Scheduled Performances Thom Schedu	I, Grant		, as a qua	lified representa	tive ofM	F SEAPORT	Lic .
the following stipulations for the applicant's Method of Operation: Will be Plane Pend Sunday Thursday and Plane Priday - Saturday (1) My hours of operation will be Plane Pend Sunday Thursday and Plane Priday - Saturday (1) My hours of operation will be Plane Pend Sunday Thursday and Plane Priday - Saturday (1) I will operate a full-service restaurant, (please describe type of restaurant): Restaurant Bar with full food service until Restaurant Bar with full food serv	located at	89. Sout	n Street	Building	D/E	, New York, New	York, agree to
(2) I will operate a full-service restaurant, (please describe type of restaurant):	the following						
with full food service until	(1) My hours (I understand t	of operation will be-	patrons will be	Sunday) Teleared from the	hursday and 2	?!qu = Z!am Frie	day – Saturday
(3) I will install soundproofing (please describe type and locations) Ves (4) I will have: Dis Described	(2) I will oper	rate a full-service re	staurant, (pleas	e describe type	of restaurant):	Restaurant / Bar	
(4) I will have: DIS Wes No Live music Wes No Recorded Music Wes No Dancing Promoted events Selected events only. If it can be heard outside, or by neighbors, it is not background. (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. (6) I will close all doors and windows bySun-Thurs and Fri-Sat. It will not have French doors or windows. In/a (7) I will employ a doorman/security personnel on the following days and hours:						til Z'am hour(s) befor	e closing.
Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background. (6) I will close all doors and windows by Sun-Thurs and Fri-Sat. I will not have French doors or windows. No (7) I will employ a doorman/security personnel on the following days and hours:	(3) I will insta	ll soundproofing (pl	ease describe ty	pe and locations)	Yes		
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. It will not have French doors or windows. n/a (7) I will employ a doorman/security personnel on the following days and hours:	(4) I will have:						
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (8) 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. (10) I will conspicuously post this stipulation form beside my liquor license inside of my business. (11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Lauren Carroll Phone Number: (917) 692-5773 Alternate Contact: Phone Number: Phone Number: (13) I will (additionally): (13) I will (additionally): (14) I hereby certify that the internation provided above is truthful and accurate based upon my personal belief. Signed Dated Sworn to this 10 Ab day of January 2019 Mariana day day of January 2019 Mariana day allowed. Notary Public	(5) Volume of neighbors, it is	f all music, events not background.	or performance	s will be at bac	kground levels	only. If it can be hea	ard outside, or by
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (8) 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. (10) I will conspicuously post this stipulation form beside my liquor license inside of my business. (11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Lauren Carroll Phone Number: (917) 692-5773 Alternate Contact: Phone Number: Phone Number: (13) I will (additionally): (13) I will (additionally): (14) I hereby certify that the internation provided above is truthful and accurate based upon my personal belief. Signed Dated Sworn to this 10 Ab day of January 2019 Mariana day day of January 2019 Mariana day allowed. Notary Public	(6) I will close	all doors and window	ws bySur	-Thurs and	_ Fri-Sat. I	vill not have French doo	rs or windows. n/a
(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) Yes (13) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Lauren Carroll Phone Number: (917) 692-5773 Alternate Contact: Phone Number: Phone Number: (13) I will (additionally): (13) I will (additionally): (13) I will (additionally): (14) I have of door live pursic 12: pur to 9: pursuant of the pur					•		
(10) I intend to apply for a sidewalk café license. (11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Lauren Carroll Phone Number: (917) 692-5773 Alternate Contact: Phone Number: Phone Number: (13) I will (additionally): Will have outdoor live pursic 12: put to 9: put for 10 minimized above is truthful and accurate based upon my personal belief. Signed Dated Sworn to this load day of January 2019 Mariasa day durated Notary Public	(8) I will active	ly manage crowds co	ongregating on	he street at night	, to minimize d	isturbances to residents.	X
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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:Lauren CarrollPhone Number:(917) 692-5773 Alternate Contact:Phone Number: (13) I will (additionally): Will have outdoor live pursic 12:put to 9:put I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed	(9) I will not ap Community Bo	pply to the SLA for a ard 1. 🗵	n alteration to t	he method of ope	eration agreed to	o by this stipulation with	out first notifying
(12) 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: Lauren Carroll	(10) I intend to	apply for a sidewalk	café license.	lYes ⊠No			
Name: Lauren Carroll Phone Number: (917) 692-5773 Alternate Contact: Phone Number: Phone Number: (13) I will (additionally): Will have out door live pusic 12: put to 9: put I hereby certify that the internation provided above is truthful and accurate based upon my personal belief. Signed Dated Sworn to this 10 Ah day of January 2019 Mariasa donalization Notary Public	(11) I will consp	picuously post this st	ipulation form	eside my liquor	license inside o	f my business. 🗵	
Alternate Contact: Phone Number: (13) I will (additionally): Will have out door live pursic 12:put to 9:put I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Sworn to this 10 H day of January 2019 Notary Public	(12) Residents revisit the above	may contact the mar	nager/owner at peration if neces	the below numbersary in order to i	er. Complaints ninimize my es	will be addressed imme tablishment's impact on	diately and I will my neighbors.
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Sworn to this 10 Ah day of January 2019 Mariasa dandursen Notary Public	Name:	Lauren Carroll			_ Phone Numb	er: (917) 692-57	73
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. -10-19 Dated Sworn to this 10 4h day of January 2019 Mariasa dandursun Notary Public	Alternate Contac	ct:			Phone	Number:	
Signed Dated Sworn to this 10 4h day of January 2019 Mariasa Handlerson Notary Public	(13) I will (addit	tionally): Will	have o	utdoor	live p	105/c 12:pl	u to 9: pm
Signed Dated Sworn to this 10 4h day of January 2019 Mariosa Handlerson Notary Public			(Name of the Control	-			
Signed Dated Sworn to this 10 4h day of January 2019 Mariasa Handlerson Notary Public	-	1					
Sworn to this 10 Ah day of January 2019 Marisa Hardensen Notary Public	I hereby certify	that the information	n provided ab	ove is truthful a	nd accurate ba	sed upon my personal	belief.
Sworn to this 10 Ah day of January 2019 Marisa Hardensen Notary Public	>	VIAV				1-10	0-19
Notary Public	Signed	Silve				Dated	
Notary Public	Sworn to this	0 Ah day of Ja	nuary	2019	Maria	sa donaler	26
MARISSA HEND			V			Notary Public	MARISSA HENDI

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

MARISSA HENDERSOLUTION MA

1-	Applicant Name
	MF Seaport, LLC
2-	Establishment Name (Corporate & DBA)
	Malibu Farm
3-	Address for Proposed License 89 South Street, Building D/E New York NY 10038
4-	Proposed Days/Hours of Operation Sunday - Wednesday 8am - 1am Thursday - Saturday 8am - 2am Bar Service *8am - 1am (*Sundays at 10am) Bar Service 8am - 2am
5-	Square Footage of Location
	37,542 sf
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant / Bar
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full liquor, beer and wine
8-	Sidewalk Café? Yes/No
9-	Type of Music? 🖾 Live 🖾 Recorded 🖾 DJ
10-	-Volume of Music? 🗵 Background 🗖 Other
11-	- Applicant's Previous Licensed Establishments and Addresses
	Several affiliated licenses throughout the Seaport

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. RICHARD KUO as a qualified representative of LEKKA BURGER LLC located at SI MARREN STREET , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their ON PREMISE LIQUOR license (1) My hours of operation will be ______Sunday - Thursday and _____ 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): FAST CASUAL, Vegan CHEF-DRIVEN PESTAURANT with full food service until _____hour(s) before closing. (3) I will install soundproofing (please describe type and locations) (4) I will have: DJs Tyes To Live music Tyes TNo Recorded Music Tyes TNo Promoted events TYes Tio Cover fee events TYes To Scheduled performances Tyes taken (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. Sun - Thurs, close esim/ Fri. + Sat. close e gim (6) I will close all doors and windows by ____Sun-Thurs and ____ Fri-Sat. □ I will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of 101 am - 2: pm (8) I will employ a doorman/security personnel on the following days and hours: NO (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. Tes D (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): Will have OJ. Live music. llam is when they can start serving liquor, They may open and serve facil earlier and

(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: X Revard (15) Phone Number: X GAG 573 1579

Alternate Contact: Phone Number: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed Dated SUSAN P.COLE Notary Public, State of New York No. 07CU-1897056

Qualified in New York County
Commission Expires May 26, 2019

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- Applicant Name

2	LEKKA BURGER LLC
2-	Establishment Name (Corporate & DBA)
	PENDING
3-	Address for Proposed License
	81 WARREN STREET NEW YORK NY 10007
4-	Proposed Days/Hours of Operation
	SUN-THUR 6AM-12AM FRI-SAT 6AM-1AM
5-	Square Footage of Location
	1,500 SQ FEET
6-	Method of Operations (bar restaurant, Catering, etc)
	A PREMIUM FAST CASUAL CONCEPT SERVING CHEF-DRIVEN FOOD, BEER, WINE AND COCKTAILS IN A HIGH END ENVIRONMENT
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	FULL LIQUOR LICENSE
8-	Sidewalk Café? Yes/No
	YES
9-	Type of Music? 🗷 Live 🖾 Recorded 🖾 DJ
10-	PRIMARILY RECORDED BUT MAY HAVE ACCOUSTIC/DJ ON OCCASION, BACKGROUND LEVEL ON Volume of Music? A Background Other
11-	Applicant's Previous Licensed Establishments and Addresses
	DIRT CANDY - 86 ALLEN ST NYC

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,x Sarah Robinson, as a qualified representative of The Wonderous Fuc.,
located at 174 Hodson St., New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their license
8am-10pm Mon. to Sat. / 10am-10pm Son falcohol serve)
8 am - 10 pm Mon. to Sat. / 10 am - 10 pm Son. jalcohe/ Serve) (1) My hours of operation will be Sunday - Thursday and 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) Exix to us
(4) I will have: DJs Wyes No Live music Wyes No Recorded Music Wyes No Dancing Wyes No
Promoted events Ves No Cover fee events Ves No Scheduled performances Ves No
(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of
(8) 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): No Full service kitchen, Genuer will instruct
(13) I confirm that I have violations from previous establishments for which I have served as a principal. (14) I will (additionally): No Foll service kitcher. Owner will instruct pathology of Frank Opener will instruct pathology. Street on Vestry Street Owner will instruct pathology. Not on Hodson.
(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: X 917. 861. 0358
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed Dated SUSAN P.COLE Notary Public, State of New York
Sworn to this Mo. 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. These stipulations and board resolution shall supersede all other documents.

Rev. 12/18

1-	Applicant Name The Wondrous, Inc.
2-	Establishment Name (Corporate & DBA) The Wondrous, Inc. d/b/a The Wonder
3-	Address for Proposed License 174 Hudson Street, New York, NY 10013
4-	Proposed Days/Hours of Operation 8AM - 10PM Daily
5-	Square Footage of Location 6711 SqFt
6-	Method of Operations (bar restaurant, Catering, etc.) Family Social Space with Cafe
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP
8-	Sidewalk Café? Yes No
9-	Type of Music? ☐ Live Recorded □ DJ
10-	Volume of Music? ▼ Background □ Other
11-	Applicant's Previous Licensed Establishments and Addresses

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Manhattan Community Board 1 Liquor License Stipulations

I, Giant	Herlitz	, as a qualified representative of HHC Blockhouse LLC
located at _	84 South Street	, New York, New York, agree to
(1) My hour (I understand	g stipulations for the ap 5 00 To of operation will be I this to mean that all pat	pplicant's Method of Operation: mday - lesed nessees: !!: am - !!: p. Thursday to Saturday: !!: am - Sunday - Thursday and Friday - Saturday trons will be cleared from the establishment at the specified hour).
(2) I will op	erate a full-service resta	aurant, (please describe type of restaurant): Restaurant / Bar
5-0-01-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		with full food service until \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(3) I will ins	stall soundproofing (pleas	ase describe type and locations)
(4) I will have	e: DJs DYes DNo Promoted events DY	Live masic \(\text{\text{Yes}} \) \(\text{\text{INO}} \) Recorded Music \(\text{\text{QYes}} \) \(\text{\text{No}} \) Dancing \(\text{\text{QYes}} \) \(\text{\text{QNo}} \) Yes \(\text{\text{QNo}} \) Cover fee events \(\text{\text{QYes}} \) \(\text{\text{QNo}} \) Scheduled performances \(\text{\text{QYes}} \) \(\text{\text{QNo}} \)
(5) Volume of neighbors, it is	of all music, events or is not background. /2	r performances will be at background levels only. If it can be heard outside, or by
(6) I will clos	e all doors and windows	s bySun-Thurs and Fri-Sat. □ I will not have French doors or windows. n/a
(7) I will emp	oloy a doorman/security	personnel on the following days and hours:
(8) I will activ	vely manage crowds con	ngregating on the street at night, to minimize disturbances to residents.
(9) I will not a Community B		alteration to the method of operation agreed to by this stipulation without first notifying
(10) I intend to	o apply for a sidewalk ca	afé license. □Yes ⊠No
(11) I will con	nspicuously post this stip	pulation form beside my liquor license inside of my business.
(12) Residents revisit the abo	s may contact the mana	ager/owner at the below number. Complaints will be addressed immediately and I will eration if necessary in order to minimize my establishment's impact on my neighbors.
Name:	Lauren Carroll	Phone Number: (917) 692-5773
Alternate Cont	tact:	Phone Number:
(13) I will (add	ditionally): OH bo	porstore
	1	, .
I hereby certif	fy that the information	n provided above is truthful and accurate based upon my personal belief.
Signed	MOV	1-10-19 Dated
	10 VI dough To	· · · · · · · · · · · · · · · · · · ·
SWOLL TO THIS _	day of Ja	enuary 2019 hoursand Henderson Notary Public

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

MARISSA HENDERSON These stipulations and board resolution shall supersede all other documents.

Comme Expires 08-22-2022 Notary 1D 124919062

1-	Applicant Name HHC Blockhouse LLC
2-	Establishment Name (Corporate & DBA)
3-	Address for Proposed License 84 South Street New York, NY 10038
4-	Proposed Days/Hours of Operation Sunday - Wednesday 11am - 11pm Thursday - Saturday 11am - 1am
5-	Square Footage of Location 3050sq ft.
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant/Bav
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/On-Premises
8-	Sidewalk Café? Yes No
9-	Type of Music? ☐ Live ☒ Recorded ☒ DJ
10-	Volume of Music? ☑ Background ☐ Other
11-	Applicant's Previous Licensed Establishments and Addresses

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.

Several affiliated licenses throughout the Seaport