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

1-	Applicant Name Daily Provisions Operations, LLC					
2-	Establishment Name (Corporate & DBA) Daily Provisions					
3-	Address for Proposed License 225 Liberty Street, Ground floor and lower level, Space 253 and A12					
4-	Type of License (Full liquor/OP, beer and wine, etc.) Restaurant Wine License					
	7.1 Type of application New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change					
5-	Proposed Days/Hours of Operation					
	Mon - Thurs 7am-9pm Fri - Sat 7am-9pm Sun 7am-9pm					
	4.1 What floor(s) is the establishment on? Ground floor and lower level					
	Space 253 & A12					
6-	Square Footage of Location 652					
7-	Method of Operations (bar restaurant, Catering, etc)					
	Restaurant within the food hall Hudson Eats					
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 X Recorded □ DJ					
(no	- Volume of Music? ▼ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)					
11-	Base building owns exhaust duct path out of the - Where will the kitchen exhaust system vent to? <u>premises - to base building rooftop or setback</u>					
12	- Applicant's Previous Licensed Establishments and Addresses					

See license history of principals provided

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Zachary Koff , as a qualified rep	resentative of Daily Provisions Operations, LLC,
located at 225 Liberty Street	, New York, New York, agree to
the following stipulations for the applicant's Method of	Operation for their Restaurant Wine license for premises within the food hall Hudson Eats
	day – Thursday, 7am-9pm Friday – Saturday, 7am-9pm Sunday
	day – Thursday, am-9pm Friday – Saturday, am-9pm Sunday e cleared from the establishment at the specified hour).
(2) I will operate a full-service, (please describe type of esta Restaurant within the food hall Hudson Eats	ablishment):with full food service untilhour(s) before closing.
(3) I will install soundproofing (please describe type) n/a	
(please describe location)	
(4) I will have: DJs Yes No Live Music Yes No Promoted events Yes No Cover events Yes	*operated by the food hall
(5) Volume of music, events, performances will be at background music.	ground levels only. If it can be heard outside, or by neighbors, it is not
(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 servi-	ces during the hours of 7am-11am
(8) I will have garbage collected during the hours of Land	dlord responsibility - trash is removed from the premises daily
(9) I will employ a doorman/security personnel on the follo	wing days and hours: n/a - security is provided by the food hall with
(10) I will actively manage crowds congregating on the	personnel during all hours as well as cameras street at night, to minimize disturbances to residents.
	nethod 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 l	east a year after beginning operation. Yes No n/a
(13) I will conspicuously post this stipulation form besic	le my liquor license inside of my business. 🛛
(14) I confirm that I have violations from previ	ious establishments for which I have served as a principal.
(15) I will (additionally):	
(16) Residents may contact the manager/owner at the below the above-stated method of operation if necessary in order	w number. Complaints will be addressed immediately and I will revisit to minimize my establishment's impact on my neighbors.
Name: Zachary Koff	Phone Number: 212-228-3585
Alternate Contact; Joseph Tarasco	Phone Number: 917-921-3263
I hereby certify that the information provided above is	truthful and accurate based upon my personal belief.
X (A)	117/24
Signed	Dated Dated
Sworn to this the day of huly	TANKER OTAN
	Notary Public
Community Board 1 requests that the SLA add these stipul	ations to the license of the above-mentioned applicant these UBLIC 2.
stipulations and board resolution shall supersede all other d	locuments.
	STATE ONLY

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: Daily Provisions Ope	rations, LLC
Address: 225 Liberty Street	
(1) I will follow the recommendations made by the sound that noise including sound and bass vibrations cannot be h	engineer and outlined in the acoustical testing report. I will make sure eard outside of the premises of my establishment.
(2) I will take the stops outlined in the resolution and in the	e traffie 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: Trash is rem	e resolution regarding garbage disposal and collection. Garbage will be oved from the premise daily by the landlord
(4) I will have delivery of any event supplies, goods and s	ervices during the hours of 7am-11am
(5) Lighting that affects the security of the community and appropriately lit while not attracting unsavory elements (e.	quality of life of nearby residents must be considered, and must be g. rodents, flies, mold, hazardous substances, etc.)
(6) I understand that I must submit a notice to the communicated that I advance	nity board for a street activity permit for my licensed establishment at
property and provide proof of receipt of the 30-day Standa	Permits Committee if I am applying for an expansion onto municipal ardized Notice form, a block plot diagram detailing the municipal space nicipal's approval to use the space. I also agree that I must sign the hered to for the roadbed/sidewalk seating.
(8) Cameras will be used for viewing the entrance and egr	ess.
(9) I agree to follow the conditions outlined in the resolution congestion and unruly patrons.	on on security oversight of the establishment to prevent noise,
(10) 1 will (additionally):	
(15) Residents may contact the manager/owner at the below the above-stated method of operation if necessary in order	w number. Complaints will be addressed immediately and I will revisit to minimize my establishment's impact on my neighbors.
Name: Zachary Koff	Phone Number: 212-228-3585
Alternate Contact: Joseph Tarasco	Phone Number: 917-921-3263
I hereby certify that the information provided above is Signed	truthful and accurate based upon my personal belief. 117 24 Dated Dated
Sworn to this Run day of July	Notary Public Notary Public
Community Board 1 requests that the SLA add these stipu stipulations and board resolution shall supersede all other of	lations to the license of the above-mentioned applicant. Post STATE ON STATE OF THE REV. 3/2024

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

2-	Establishment Name (Corporate & DRA) YEH'S BAD				
3-	H- Address for Proposed License 40 RECTOR ST.				
4-	Type of License (Full liquor/OP, beer and wine, etc.) OP BEER + WINE				
	7.1 Type of application ☐New ☐Alteration ☐Change in Method of Operation, ☐Corporate Change, ☐Class Change				
5-	11:30 Ann - 11:30 Ann				
	Mon-Thurs 10.00 Pm Fri-Sat 11:00 Pm Sun 10:00 Pm 4.1 What floor(s) is the establishment on? 155 Fcook + BASEMENT				
	4.1 What floor(s) is the establishment on? IST FLOOR + BASE MENT Square Footage of Location 2400 SQ FT, 157 FLR - 1900 BSMT - 500 Method of Operations (bar restaurant, Catering, etc)				
	4.1 What floor(s) is the establishment on? IST FLOOR + BASEMENT Square Footage of Location 2400 SQ Fr, IST FLR - 1900 BSMT - SOO Method of Operations (bar restaurant, Catering, etc) RESTAURANT				
	4.1 What floor(s) is the establishment on? IST FLOOR + BASE MENT Square Footage of Location 2400 SQ FC, IST FLR - 1900 BSMT - SOO Method of Operations (bar restaurant, Catering, etc) RESTAJRANT Outdoor Seating? Sidewalk Roadbed Rooftop, Terrace, or Dother outside				
	4.1 What floor(s) is the establishment on? IST FLOOR + BASE MANNED Square Footage of Location 2400 SOFT, IST FLR - 1900 BSMT - SOO Method of Operations (bar restaurant, Catering, etc) RESTAJRANT Dutdoor Seating? Sidewalk Roadbed Rooftop, Terrace, or other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? Yes No				
9- 10	4.1 What floor(s) is the establishment on? IST FLOOR + BASE MENT Square Footage of Location 2400 SQ FC, IST FLR - 1900 BSMT - SOO Method of Operations (bar restaurant, Catering, etc) RESTAURANT Outdoor Seating? Sidewalk Roadbed Rooftop, Terrace, or other outside				

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 Boa	erd I Liquor License	Stipulations	
I, CH40GH JAn	CHUN as a qualified repre-	sentative ofCAFE	Be Ploke C.	<u> </u>
	O RECTOR ST.			
the following stipulation	is for the applicant's Method of Op	peration for their VI: 30 Am		license Aug =
	f operation are 10 PM Monday	y - Thursday, U Pwn	Friday Saturday, 10	Pm Sunday
(1.a) CB approved hour	s of operation 11:30am-10pm Monds to mean that all patrons will be t	y – Thursday , 11:30am- 11pi leared from the establishin	Friday - Saturday, 1:30s nent at the specified henry	am- 10pm Sunday
(2) I will operate a full-se	ervice, (please describe type of estab		rvice until hour(s)	before closing.
(3) I will install soundpro	oofing (please describe type)	Observation (I - complete and 1 - complete and 1 - complete (I - complete and I - complete	AMERICA CONTRACTOR CON	and the contract of the contract for the last
(please describe location)	annum angun angun ang manananan ang manganan ang mananan ang mananan ang mananan ang mananan ang mananan ang m		And the second s	
	es No Live Music Yes No			Yes 🗹 No
(5) Volume of music, ev background music.	ents, performances will be at background	ound levels only. If it can l	be heard outside, or by nei	ghbors, it is not
	and windows by	Mon- Thur,	Fri - Sat	Sun.
I will no	ot have open doors or windows.			
(7) I will have delivery of	of regular supplies, goods and service	es during the hours of	1 Am - 11 30	Am
(8) I will have earhage of	collected during the hours of	9-10 PM	A TO	
	man/security personnel on the follow			
	anage crowds congregating on the st to the SLA for an alteration to the me			
Community Board 1	_	mod of operation agreed o	o by this supulation without	it this nonlying
•	- for a sidewalk café license until at le	ast a year after beginning o	peration. Yes No)
•••	usly post this stipulation form beside			
	have violations from previo			nat
•		us establishments for whic	n i nave served as a princi	pai.
(15) I will (additional	ily):			
(16) Residents may cont the above-stated method	tact the manager/owner at the below dopoperation if necessary in order to	number. Complaints will to minimize my establishme	nt's impact on my neighbo	and I will revisit ors.
Name: MMO	MCCHAIL	Phone Number	408348)	1237
Alternate Contact:		Phone Nu	mber:	
I hereby/certify that /h	e information provided above is tr	uthful and accurate base	d upon my personal beli	ef.
MONCHA	O MUAR_	02	108/2024	4
Signed		Dated	0. 1	1
Sworn to this 2 h	day of Tuly 1	,24 Ax	Danie: Nech	vh:
Suom to ans Ot N		otary Public	23.10.2	4
		• - 		

se Rev. 3/2024



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

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

1-	Applicant Name GCN Experience LLC
2-	Establishment Name (Corporate & DBA) Mercer Labs Museum of Art and Technology
3-	Address for Proposed License 21 Dey Street
4-	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
5-	Proposed Days/Hours of Operation
	Mon-Thurs 10AM-1AM Fri-Sat 10AM-1AM Sun 10AM-1AM
	4.1 What floor(s) is the establishment on? Cellar - 3rd floor (3rd floor is storage only
6-	Square Footage of Location 33,000
7-	Method of Operations (bar restaurant, Catering, etc)
	Museum with lounge
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
(n	o- Volume of Music? Background
11	- Where will the kitchen exhaust system vent to? <u>n/a - no kitchen exhaust</u>
12	2- 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.

See attached

Manhattan Community Board 1 Liquor License Stipulations I, Michael Cayre , as a qualified representative of GCN Experience LLC located at 21 Dev Street , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-Premises Liquor license (1) My requested hours of operation are 10AM-1AM Monday - Thursday, 10AM-1AM Friday - Saturday, 10AM-1AMS unday (1.a) CB approved hours of operation 10AM-1AM Monday - Thursday 10AM-1AMFriday - Saturday 10AM-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): food that meets requirements Lounge within a Museum with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type) n/a (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____ X I will not have open doors or windows. (7) I will have delivery of regular supplies, goods and services during the hours of **9am-1pm** (8) I will have garbage collected during the hours of Daily at 11pm (9) I will employ a doorman/security personnel on the following days and hours: 2-3 from 10AM-8PM; 4-6 from 8PM-1AM 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. I will not apply for a sidewalk café license until at least a year after beginning operation. I will conspicuously post this stipulation form beside my liquor license inside of my business. I confirm that I have _____ violations from previous establishments for which I have served as a principal. (14)I will (additionally): Tickets are required for the Museum which closes at 8:00PM, and a cover fee is required for after museum hours access to the lounge area which will only have seating available after the museum closing hours. There will be no more than for a Liquor, Wine, Beer and Cider license. (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.

48 buyouts a year for events of 500 or more guests. Have non-musical entertainment in the form of immersive art and museum installations. Encourage the use of public transportation on any event invites, posters, notices or advertisements. Have designated pickup and drop off areas and designated personnel to ensure the flow of traffic is not impeded. These stipulations apply to both applications for a new application and temporary retail permit for on-premise Wine, Beer and Cider license and a new application

Name: Michael Cayre	Phone Number: 212-726-0700
Alternate Contact: Elliot Hara	Phone Number: 917-442-6903
	led above is truthful and accurate based upon my personal belief. MARK S. KAIMAN NOTARY PUBLIC, STATE OF NEW YORK
Signed Sworn to this day of	Dated Ovalified in Rockland County
	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: GCN Experience LLC

Address: 21 Dey Street
(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: Daily at 11pm
(4) I will have delivery of any event supplies, goods and services during the hours of 9am-1pm
(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): Tickets are required for the Museum which closes at 8:00PM, and a cover fee is required for after museum hours access to the lounge area which will only have seating available after the museum closing hours. There will be no more than 48 buyouts a year for events of 500 or more guests. Have non-musical entertainment in the form of immersive art and museum installations. Encourage the use of public transportation on any event invites, posters, notices or advertisements. Have designated pickup and drop off areas and designated personnel to ensure the flow of traffic is not impeded. These stipulations apply to both applications for a new application and temporary retail permit for on-premise Wine, Beer and Cider license and a new application for a Liquor, Wine, Beer and Cider license.
(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: Michael Cayre Phone Number: 212-726-0700
Alternate Contact: Elliot Hara Phone Number: 917-442-6903 I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed Dated NOTARY PUBLIC, STATE OF NEW YORK Registration No. 02KA5072451 Qualified in Rockland County Commission Expires June 1, 2027 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