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

1- Applicant Name

Wasabi Hospitality LLC

2- Establishment Name (Corporate & DBA)

3- Address for Proposed License

428 Greenwich Street, New York, NY 10013

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 **11am-12am** Fri - Sat **11am-1am** Sun **11am-11pm**

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

6- Square Footage of Location **2,769 SF**

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

Restaurant - Japanese Fine Dining 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

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

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, **Matthew Herfield**, as a qualified representative of Wasabi Hospitality LLC, located at **428 Greenwich St.**, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their **OP - Full Liquor** license

(1) My requested hours of operation are 11a-12a Monday – Thursday, 11a-1a Friday – Saturday, 11a-11p Sunday

(1.a) CB approved hours of operation 11a-12a **Monday – Thursday,** 11a-1a **Friday – Saturday,** 11a-11p **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 ~~hour(s) before~~ closing.

(3) I will install soundproofing (please describe type) Existing
(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 Daily 8am-12pm

(8) I will have garbage collected during the hours of Mornings 2-3 times per week. 12am-5am

(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): Not have any outside seating and do not plan to apply to DOT outdoor dining in the future.

(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: Hiro Nishida Phone Number: 917-865-4877

Alternate Contact: _____ Phone Number: _____

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

Signed by: Matthew Herfield
252E82F5788C416...
Signed

7/9/2025
Dated

Sworn to this _____ day of _____

Frances M. Curtis
Notary Public, State of ...
No. 01CU5014...
Qualified in New York ...
Term Expires July 10, ...26

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: Wasabi Hospitality LLC

Address: 428 Greenwich St. New York, NY 10013

(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 12am-5am

(4) I will have delivery of any event supplies, goods and services during the hours of 8am-12pm

(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: Hiro Nishida Phone Number: 917-865-4877

Alternate Contact: _____ Phone Number: _____

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

Signed by:
Matthew Herfield
252E82F5788C416...
Signed

7/9/2025
Dated

Frances M. Curtis
Notary Public, State of New York
No. 01CU5149351
Qualified in New York County
Term Expires July 10, 2026

Sworn to this _____ day of _____

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

WILLIAM ROSADO

2- Establishment Name (Corporate & DBA)

VC+W HOSPITALITY GROUP INC / TRESORELLE

3- Address for Proposed License

61 READE STREET NEW YORK, NY 10007

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 11AM - 10PM Fri - Sat 11AM-10PM Sun 11AM-10PM

4.1 What floor(s) is the establishment on? 1ST FLOOR + BASEMENT

6- Square Footage of Location 1425 SQ FEET

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

RESTAURANT

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ other outside NO

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

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? THE ROOF

12- Applicant's Previous Licensed Establishments and Addresses

NONE

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, WILLIAM ROSADO, as a qualified representative of VCEW HOSPITALITY GROUP INC

located at 61 READE STREET, New York, New York, agree to

the following stipulations for the applicant's Method of Operation for their ___ OP LIQUOR license

(1) My requested hours of operation are 11AM Monday – Thursday, 10PM Friday – Saturday, 11AM-10PM Sunday

(1.a) CB approved hours of operation 11a-10p **Monday – Thursday,** 11a-10p **Friday – Saturday,** 11a-10p **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 0 hour(s) before closing.

(3) I will install soundproofing (please describe type) EXISTING

(please describe location) ___

(4) I will have: DJs ☐ Yes ☒ No Live Music ☐ Yes ☒ No Recorded Music ☒ Yes ☐ No (BACKGROUND) 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 10PM Mon- Thur, 10PM Fri - Sat 10PM Sun.

☒ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of 10AM- 5PM

(8) I will have garbage collected during the hours of AFTER 10PM

(9) I will employ a doorman/security personnel on the following days and hours: NONE

(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: William Rosado Phone Number: (917) 560-9568

Alternate Contact: ___ Phone Number: ___

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

X _____ 06/30/2025

Signed Dated

Sworn to this 30th day of June 2025 Rosemary A McKenna

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

ROSEMARY A MCKENNA
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MC6385474
Qualified in Bronx County
My Commission Expires 01/07/2027

Frances M. Curtis
Notary Public, State of New York
No. 01CU5142651
Qualified in New York County
Term Expires July 10, 2026

Frances M Curtis 7/9/2025

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

1- Applicant Name

Traditas Pizza Inc

2- Establishment Name (Corporate & DBA)

Traditas Pizza Inc

3- Address for Proposed License

83 Maiden Ln, New York, NY 10038

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

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-9PM** Fri - Sat **10AM-10PM** Sun **11AM-9PM**

4.1 What floor(s) is the establishment on? **1st Fl - Dining Area**

Mezzanine - Storage Area

6- Square Footage of Location **approx 1,650 sq ft**

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

Full service 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

None

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, Leonard Krkuti, as a qualified representative of Traditas Pizza Inc,
located at 83 Maiden Ln, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their beer and wine license

(1) My requested hours of operation are 10AM-9PM Monday – Thursday, 10AM-10PM Friday – Saturday, 11AM-9PM Sunday

(1.a) CB approved hours of operation 10a-9p **Monday – Thursday,** 10a-10p **Friday – Saturday,** 11a-9p **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):
Pizza restaurant with full food service until 0.5 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 **10AM - 4PM**

(8) I will have garbage collected during the hours of **Mon - Sat, after midnight**

(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: Leonard Krkuti Phone Number: (929) 273-0000

Alternate Contact: _____ Phone Number: _____

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

Signed 7/17/25 Dated

Sworn to this _____ day of _____

Frances M. Curtis
Notary Public, State of New York
No. 01CU6142651
Qualified in New York County
Term Expires July 10, 2026

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

WTC4 BY PONTUS FRITHIOF CORP.

2- Establishment Name (Corporate & DBA)

N/A

3- Address for Proposed License

150 Greenwich Street, New York, NY 10007 (aka 4 World Trade Center

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 ***according to special events***

Mon - ~~Thurs~~ Fri **12-10pm*** ~~Fri~~ Sat CLOSED Sun **CLOSED**

4.1 What floor(s) is the establishment on? **62-72**

6- Square Footage of Location **~308,000**

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

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? **Rooftop**

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, **PONTUS FRITHIOF**, as a qualified representative of **WTC4 BY PONTUS FRITHIOF C**, located at **150 Greenwich St. (aka 4 World Trade Center)**, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their **Catering Establishment** license

(1) My requested hours of operation are 12-10pm Monday – Thursday, 12-10pm Friday ~~– Saturday~~, Closed Sunday

(1.a) CB approved hours of operation 12-10pm **Monday – Thursday,** 12-10pm **Friday – Saturday,** Closed **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 ____ ~~hour(s) before~~ closing.

(3) I will install soundproofing (please describe type) N/A

(please describe location) N/A

(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 N/A Mon- Thur, N/A Fri - Sat N/A Sun.

☐ I will not have open doors or windows.

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

(8) I will have garbage collected during the hours of **7am - 5pm**

(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 N/A 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: PONTUS FRITHIOF Phone Number: +46 73-523-8117

Alternate Contact: MONA-LISA ANDERSSON Phone Number: +1 929 431 0800

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

Pontus Frithiof
508CB687ED6C463...
Signed

7/1/2025
DocuSigned by:
Dated
Rhonda Hobson
D10CDD80E9BC481...

RHONDA HOBSON
ONLINE NOTARY PUBLIC
COMMONWEALTH OF KENTUCKY
Commission #KYNP5230
My Commission Expires 4/19/2028

Sworn to this 1 day of July

Notary Public, KYNP5230 04/19/2028

Frances M. Curtis
Notary Public, State of New York
Qualified in New York County
Term Expires July 10, 2026

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: WTC4 BY PONTUS FRITHIOF CORP

Address: 150 Greenwich St. (aka 4 World Trade Center), New York, NY 10007

(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: **Monday-Friday 7am - 5pm**

(4) I will have delivery of any event supplies, goods and services during the hours of **7am - 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: PONTUS FRITHIOF Phone Number: +46 73-523-8117

Alternate Contact: MONA-LISA ANDERSSON Phone Number: +1 929 431 0800

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

Signed by: Pontus Frithiof
508CB687ED6C463...
Signed

7/1/2025
Dated

Sworn to this 1 day of July

DocuSigned by: Rhonda Hobson
D10CDD80E9BC481...
Notary Public KYNP5230

RHONDA HOBSON
ONLINE NOTARY PUBLIC
COMMONWEALTH OF KENTUCKY
Commission #KYNP5230
My Commission Expires 4/19/2028

04/19/2028

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

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

1- Applicant Name

Wonderworth LLC

2- Establishment Name (Corporate & DBA)

Wonder Bar

3- Address for Proposed License

8 Park Place, New York, NY 10007

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 **8am-12am (1am Thurs)** Fri - Sat **8am-2am** Sun **8am-12am**

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

6- Square Footage of Location **1,075**

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? **N/A - Food Prep Area Only**

12- Applicant's Previous Licensed Establishments and Addresses

Jockey Hollow LLC d/b/a Rosette - Restaurant - Legacy Serial No. 1212269 (inactive)
100 Lafayette Street LTD d/b/a Santos Party House - Restaurant - Legacy Serial 1171341(inactive)
Bon LLC dba Le Baron - Restaurant - Legacy SErial 1243811 (inactive)

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, Gretta Bannister-Hopkins, as a qualified representative of Wonderworth LLC d/b/a Wonder Bar, located at 8 Park Place, New York, NY 10007, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Full Liquor OP license

(1) My requested hours of operation are 8am-12am Monday – Thursday, 8am-2am Friday – Saturday, 8am-12am Sunday
(8am - 1am Thurs)

(1.a) CB approved hours of operation 8am-12am **Monday – ~~Thursday~~ Wednesday,** 8am-2am **Friday – Saturday,** 8am-12am **Sunday**
(I understand this to mean that all patrons will be cleared from the establishment at the specified hour). 8am-1am Thursday

(2) I will operate a full-service, (please describe type of establishment):
Bar/Tavern with full food service until 0 hour(s) before closing.

(3) I will install soundproofing (please describe type) Existing
(please describe location) 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 _____

(8) I will have garbage collected during the hours of all 7 days, 11pm

(9) I will employ a doorman/security personnel on the following days and hours: No - 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 _____ violations from previous establishments for which I have served as a principal.

(15) I will (additionally):
Outdoor service hours approved are Monday to Saturday 8:00AM to 11:00PM and Sunday 8:00AM - 10:00PM

(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: Gretta Bannister-Hopkins Phone Number: (646) 580-9801

Alternate Contact: _____ Phone Number: _____

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

Signed _____ Dated 07 28 25

Sworn to this 28th day of JULY 2025

SCOTT G KYI
Notary Public, State of New York
01KY6389391
Qualified in New York County
Commission Expires March 25, 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

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

1- Applicant Name

MICHA MAGID / CHRISTOS GOURMOS

2- Establishment Name (Corporate & DBA)

BATTERY BBQ LLC DBA: MIGHTY QUINN'S BARBEQUE

3- Address for Proposed License

100 WEST ST. STORE # 249 (FOOD COURT)

4- Type of License (Full liquor/OP, beer and wine, etc.) WINE, BEER + CIDER

7.1 Type of application

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

5- Proposed Days/Hours of Operation

Mon - Thurs 11AM - 9PM Fri - Sat 11AM - 9PM Sun 11AM - 7PM

4.1 What floor(s) is the establishment on? 1ST FLOOR (DINING CONCOURSE)

6- Square Footage of Location 650 SQ FT

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? EXISTING

12- Applicant's Previous Licensed Establishments and Addresses

MIGHTY QUINNS 1492 2ND AVE NY NY 10075
MIGHTY QUINNS 75 6TH AVE NY NY 10014
MIGHTY QUINNS 1407 BROADWAY NY NY 10018

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, MICHA MAGID, as a qualified representative of BATTERY BBQ LLC, located at 100 WEST ST., New York, New York, agree to the following stipulations for the applicant's Method of Operation for their WINE BEER + CIDER license

(1) My requested hours of operation are 11A-9P Monday – Thursday, 11A-9P Friday – Saturday, 11Am-7P Sunday

(1.a) CB approved hours of operation 11a-9p **Monday – Thursday,** 11a-9p **Friday – Saturday,** 11a-7p. **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):

BBQ RESTAURANT with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type) EXISTING FROM BUILDING

(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 11 AM - 8 PM

(8) I will have garbage collected during the hours of BUILDING WILL HAVE PICKUP

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

(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 N/A

(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): There will be no change 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 revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Micha Magid Phone Number: 917-886-8637

X

Alternate Contact: _____ Phone Number: _____

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

_____ 7/1/25

Signed Dated

Sworn to this 1st day of June 2025 _____

Notary Public

CHARLES M ACKERMAN
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01AC0035098
QUALIFIED IN DUTCHESS COUNTY
MY COMMISSION EXPIRES MARCH 20, 2029

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

7/9/2025

Notary Public, State of New York

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

1- Applicant Name

Natalia Shklyar

2- Establishment Name (Corporate & DBA)

Wines and Corks, Inc. bda Cork

3- Address for Proposed License

193 Front street, New York, NY 10038

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

7.1 Type of application

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

5- Proposed Days/Hours of Operation

Mon - Thurs **9am-1am** Fri - Sat **9am-1am** Sun **9am-1am**

4.1 What floor(s) is the establishment on? **ground**

6- Square Footage of Location **1375**

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

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? **no cooking, no exhaust needed**

12- Applicant's Previous Licensed Establishments and Addresses

Wines and Vintages, Inc. dba Cork
69 Thompson Street, NY 10012

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, **Dmitry Smokilo**, as a qualified representative of **Wines and Corks, Inc. dba Cork**, located at **193 Front street**, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their **wine and beer** license

(1) My requested hours of operation are 9am-12a Monday – Thursday, 9am-1a Friday – Saturday, 9am-1a Sunday

(1.a) CB approved hours of operation 9a-12a **Monday – Thursday,** 9a-1a **Friday – Saturday,** 9a-11p **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):
wine and beer, tapas and charcurteries with full food service until close hour(s) before closing.

(3) I will install soundproofing (please describe type) **curtains and sound absorbing panels**
(please describe location) **walls and 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 **10pm** Mon- Thur, **10pm** Fri - Sat **10pm** Sun.

☐ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of **6am-9am**

(8) I will have garbage collected during the hours of **12am-2am**

(9) I will employ a doorman/security personnel on the following days and hours: **no**

(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: Natalia Shklyar Phone Number: 516-319-4980

Alternate Contact: Dmitry Smokilo Phone Number: 516-448-1702

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

Signed Dated

Sworn to this _____ day of _____

Notary Public

Frances M. Curtis
Notary Public, State of New York
No. 01CU6142851
Qualified in New York County
Term Expires July 10, 2026

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