- 1- Applicant Name SHOP OUARTERS LLC
- 2- Establishment Name (Corporate & DBA) QUARTERS
- Address for Proposed License
 381 BROADWAY, 2ND FLOOR (AKA 68 WHITE STREET) NEW YORK, NY 10013
- 4- Type of License (Full liquor/OP, beer and wine, etc.) BEER & 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 <u>12PM-2AM</u> Fri - Sat <u>12PM-2AM</u> Sun <u>12PM-2AM</u>

4.1 What floor(s) is the establishment on? SECOND FLOOR

- 6- Square Footage of Location 4,000 SQ. FEET
- 7- Method of Operations (bar restaurant, Catering, etc) THE APPLICANT INTENDS TO CREATE A WINE BAR WITH SMALL PLATES WITHIN THEIR EXISTING RETAIL SHOWROOM TO CREATE A COMMUNITY GATHERING SPACE.

8- Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside N/A, THERE WILL 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes ■ No SEATING

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?_

12- Applicant's Previous Licensed Establishments and Addresses

N/A, THIS APPLICANT HAS NOT BEEN LICENSED, PREVIOUSLY.

(2) I will operate a full-service, (please describe type of establishment): WINE BAR

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

(3) I will install soundproofing (please describe type) N/A BACKGROUND MUSIC ONLY (please describe location)_____

(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No
Promoted events Yes No Cover events Yes No Scheduled performances Yes No
(5) Volume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by 10PM Mon- Thur, 10PM Fri - Sat 10PM Sun.

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

(8) I will have garbage collected during the hours of **PENDING**

(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.

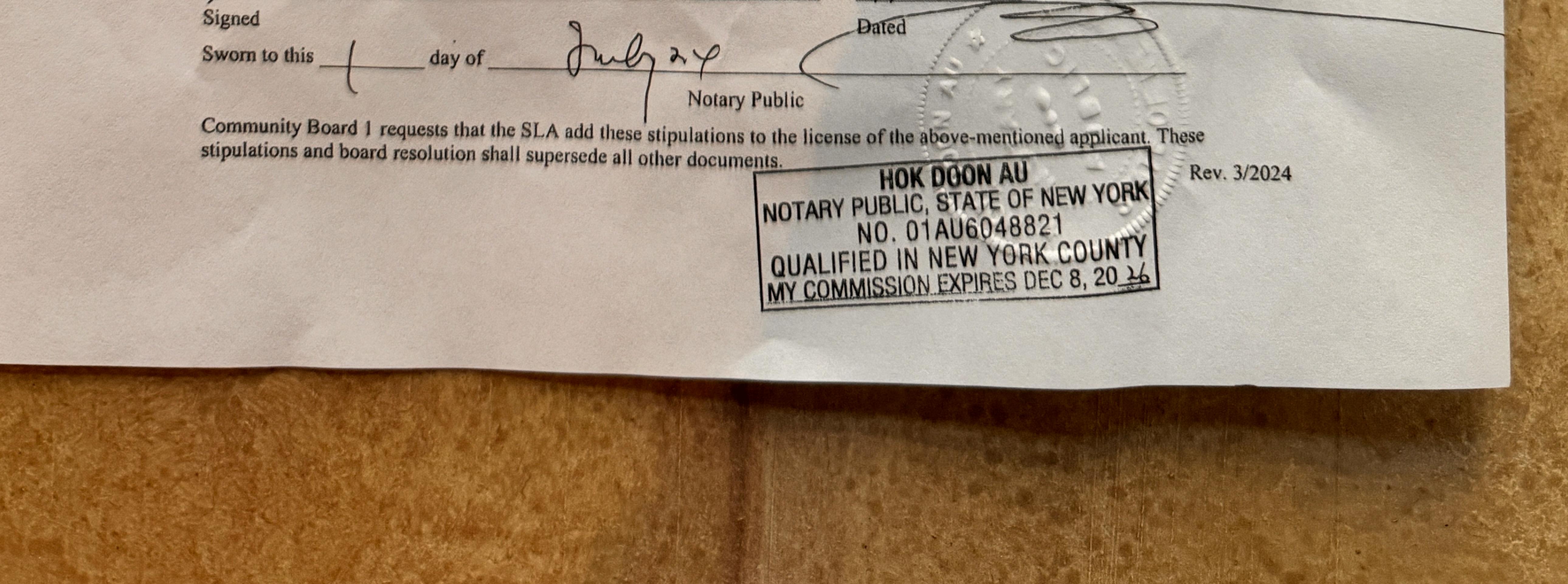
(12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No
 (13) I will conspicuously post this stipulation form beside my liquor license inside of my business. X
 N/A NOT ELIGIBLE FOR OUTDOOR

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

(15) I will (additionally): Not have more than 20 people for any after hours events. Not utilize the showroom space for any purpose of congregating more than 74 people There will be no consumption of alcohol in the showroom area. Showroom closes at 6PM

(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: NICK OZEMBA	Phone Number: 914-224-2357	
Alternate Contact: NOAH BOSTICK	Phone Number: 212-587-4040	
I hereby certify that the information provided above is	truthful and accurate based upon my personal belief.	
1000	7/1/2024	



1- Applicant Name

10 South Street Club Operator, Inc.

- 2- Establishment Name (Corporate & DBA) Casa Cipriani Club South Street
- 3- Address for Proposed License
 10 South Street, 5th & 6th Floors, New York, NY 10004
- 4- Type of License (Full liquor/OP, beer and wine, etc.) Club Liquor License

7.1 Type of application
□New XAlteration □Change in Method of Operation, □Corporate Change, □Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs	7AM-3AM	Fri - Sat	7AM-3AM	Sun	7AM-3AM

4.1 What floor(s) is the establishment on? 5th floor and 6th floor

6- Square Footage of Location 13,010

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

Private Member Club

8- Outdoor Seating? □ Sidewalk □ Roadbed XRooftop, XTerrace, or □other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes XNo

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? Exhausts from 6th floor (roof) mechanical area straight
- 12- Applicant's Previous Licensed Establishments and Addresses

See attached

42nd Street Lessee LLC (Cipriani 42nd Street) 110 East 42nd Street New York, NY 10017

Downtown Restaurant Company LLC (Cipriani Downtown) 372-376 W Broadway New York, NY 10012

GC Ballroom Operator LLC (Cipriani Club 55) 55 Wall Street New York, NY 10005

GC Alpha LLC (Cipriani Dolce) Grand Central Station-West Balcony New York, NY 10017

10 South Street Hotel Operator LLC (Casa Cipriani South Street) 10 South Street New York, NY 10004

10 South Street Banquet Operator LLC (Cipriani South Street) 10 South Street New York, NY 10004

Cipriani 637 LLC (Musica) 637 West 50th Street, New York, NY 10019

GC Riverside LLC (Harry's Table by Cipriani) 225-235 Freedom Place South a/k/a 30 Riverside Boulevard New York, NY 10069

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: 10 South Street Club Operator Inc.

Address: 10 South Street 5th & 6th Floors, New York, NY 10004

(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: Overnight, between 12am-6am

(4) I will have delivery of any event supplies, goods and services during the hours of After 7AM

(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: Jan Henrik Gudmundson	Phone Number: 646-577	-9324
Alternate Contact: Carlo Proietti I hereby certify that the information provided above i	Phone Number: 646	
I hereby certify that the information provided above i		personal denei.
Signed	Dated	SEAN DORSEY
Sworn to this 2/5 day of June	Notary Public	NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01D06295093 Qualified in King County
Community Doord 1 commute that the ST A add there atin	-	Commission Expires 3/17/2026

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.

Manhattan Community Board 1 Liquor License Stipulations

I, Jan Henrik Gudmundson , as a qualified representative of 10 S	outh Street Club Ope	rator Inc.
located at 10 South Street, 5th & 6th Floors	, New York, New Y	fork, agree to
the following stipulations for the applicant's Method of Operation for their	Club Liquor	license
for liquor service (1) My requested hours of operation/are <u>8AM-2AM</u> Monday – Thursday, <u>8AN</u>	<u>/I-2AM_</u> Friday – Saturday,	10AM-2AN <mark>8</mark> unday
(1.a) CB approved hours of operationMonday – Thursday, (I understand this to mean that all patrons will be cleared from the est	Friday – Saturday ablishment at the specified h	sSunday hour).
(2) I will operate a futbeservices (places bisseries syncol seablishowor); Privat		
	lood service until ho	· ·
(please describe location)		
(4) I will have: DJs Yes No Live Music Yes No Recorded Mu		
— — — —	led performances XYes	
(5) Volume of music, events, performances will be at background levels only. If	it can be heard outside, or b	- y neighbors, it is not
background music.		·
(6) I will close all doors and windows byMon- Thur,	Fri - Sat	Sun.
\mathbf{X} I will not have open doors or windows.		
(7) I will have delivery of regular supplies, goods and services during the hours	of After 7AM	
(8) I will have garbage collected during the hours of Overnight. Between	the hours of 12am-6a	m
(9) I will employ a doorman/security personnel on the following days and hours:	During all hours of o	peration
(10) I will actively manage crowds congregating on the street at night, to min	imize disturbances to resider	nts. 🖾
(11) I will not apply to the SLA for an alteration to the method of operation approximation a_i Community Board 1.	greed to by this stipulation w	rithout first notifying
(12) I will not apply for a sidewalk café license until at least a year after begin		No n/a
(13) I will conspicuously post this stipulation form beside my liquor license in		
(14) I confirm that I have violations from previous establishments for	-	rincinal
(15) I will (additionally):	a which I have served as a p	ппстрат.
Live music will be Jazz on the 5th floor		
Deck space allowed as no residents in close proximity		
(16) Residents may contact the manager/owner at the below number. Complaints the above-stated method of operation if necessary in order to minimize my estab		
Name: Jan Henrik Gudmundson Phone N	umber: <u>646-577-9324</u>	
Alternate Contact: Carlo Proietti Pho	one Number: 646-407-00	60
I hereby certify that the information provided above is truthful and accurat		
- Ala		
Signed // Da	nted NOTAS	SEAN DORSEY
sworn to this 214 day of June St		STATE OF NEW YOL
Notary Public		
Community Board 1 requests that the SLA add these stipulations to the license o	f the above-mentioned appli	1111331011 PYDICOC 214 710000

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.

-

1- Applicant Name

Vincenzo LaPuma & Giuseppe Pirreca (Tutto Calcio Espresso Bar II Inc)

- 2- Establishment Name (Corporate & DBA) Tutto Calcio Espresso Bar II Inc d/b/a Tutto Calcio Espresso Bar NYC
- 3- Address for Proposed License24 John Street, New York, NY 10038
- 4- Type of License (Full liquor/OP, beer and wine, etc.) Beer, Wine & Cider

7.1 Type of application Solution ■ Change in Method of Operation, ■ Corporate Change, Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs 7am-8pm Fri - Sat 7am-8pm Sun 7am-8pm

4.1 What floor(s) is the establishment on? <u>Ground Floor, Mezzanine (Alcohol Storage)</u>

Cellar (Kitchen & Food Prep Areas)

- 6- Square Footage of Location **1,100 Square Feet**
- 7- Method of Operations (bar restaurant, Catering, etc)

Espresso Bar & 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

PMHV Inc d/b/a Franklin Social 368 Dogwood Avenue, Franklin Square, NY 11010

Manhattan Community Board 1 Lique	or License Stipulation	S			
I, Vincenzo LaPuma , as a qualified representative of Tutto Calcio Espresso Bar II Inc ,					
located at 24 John Street					
the following stipulations for the applicant's Method of Operation for t	heir <u>Beer, Wine & C</u>	license license			
(1) My requested hours of operation are <u>7am-8pm</u> Monday – Thursday,	7am-8pm Friday – Satur	rday, <u>7am-8pm</u> Sunday			
(1.a) CB approved hours of operation 7am-8pm Monday – Thursday (I understand this to mean that all patrons will be cleared from the					
(2) I will operate a full-service, (please describe type of establishment): Espresso Bar and Restaurant with	full food service until <u>1</u>	hour(s) before closing.			
(3) I will install soundproofing (please describe type) Fire proof insul	ation, double 5/8" s	heetrock			
(please describe location) behind all walls and ceilings.					
	Music ⊡Yes □No Da eduled performances □Ye				
(5) Volume of music, events, performances will be at background levels onl background music. \square					
(6) I will close all doors and windows by 8pm Mon- Thur,	8pmFri - Sat	8pm Sun.			
I will not have open doors or windows.					
(7) I will have delivery of regular supplies, goods and services during the ho	urs of 7am-8am				
(8) I will have garbage collected during the hours of <u>9pm-10pm</u>					
(9) I will employ a doorman/security personnel on the following days and he	ours: N/A				
(10) I will actively manage crowds congregating on the street at night, to	minimize disturbances to re	esidents. 🛛			
(11) I will not apply to the SLA for an alteration to the method of operation $Community Board 1$.	on agreed to by this stipulati	ion without first notifying			
(12) I will not apply for a sidewalk café license until at least a year after t	beginning operation.	es No			
(13) I will conspicuously post this stipulation form beside my liquor licer					
(14) I confirm that I have 0 violations from previous establishmen					
(15) I will (additionally):					
(16) Residents may contact the manager/owner at the below number. Compl the above-stated method of operation if necessary in order to minimize my e					
Name: Vincenzo (Vinny) LaPuma	ne Number: 646-812-2	2437			
Alternate Contact: Giuseppe (Joe) Pirreca	Phone Number: 917-55	9-4706			
I hereby certify that the information provided above is truthful and acc					
Vary Latan	06/24/2024	ELEFTHERIA GRIVAS			
Signed	Dated	tary Public, State of New York No. 01GR6357273 Qualified in Queens County			
Sworn to this 24th day of June 2024	Con Con	nmission Expires April 17, 2025			
Notary Public					

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

1- Applicant Name

The Artezen Hotel LLC

- 2- Establishment Name (Corporate & DBA) The Artezen Hotel
- Address for Proposed License
 24 John Street, New York, NY 10038
- 4- Type of License (Full liquor/OP, beer and wine, etc.) Hotel (OP) Liquor 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 See rider Fri - Sat See rider Sun See rider

4.1 What floor(s) is the establishment on? All floors 1-21

6- Square Footage of Location 50,616 SQ FT

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

Hotel

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

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

9- Type of Music? □ Live 🗵 Recorded 🗵 DJ *Private Events only*

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

Best Ray Pizza - 874 Ave of the Americas, New York, NY 10001 Piping Rock Restaurant - 130 Post Avenue, Westbury, NY 11590 Hide Lounge Inc - 24 John St., 20th & 21st Floors, New York, NY 10038

Diality in the second	ity Board 1 Liquor License Stipu	
I,, as a qualifi- located at 24 John street	ed representative of The Artezen Ho	
		York, New York, agree to
the following stipulations for the applicant's Meth	· · · · · · · · · · · · · · · · · · ·	
(1) My hours of operation will be 12pm- 1am understand this to mean that all patrons will be cleared	ed from the establishment at the specified h	our).
(2) I will operate a full-service restaurant, (please des		
(3) I will install soundproofing (please describe type		til hour(s) before closing.
4) I will have: DJs Sayes No Live music Jyes S	No Recorded Music Suves DNo	Dancing 22Yes INo
		eduled performances IVes KINo
5) Volume of all music, events or performances will s not background music.	be at background levels only. If it can be h	eard outside, or by neighbors, it
6) I will close all doors and windows by Mr Sun-T	Thurs and Mr Fri-Sat. IwillnothaveFre	enchdoorsorwindows.
7) I will have delivery of supplies, goods and service	s during the hours of	
8) I will employ a doorman/security personnel on the	following days and hours: EVERY	
) I will actively manage crowds congregating on the	e street at night, to minimize disturbances to	o residents.
0) I will not apply to the SLA for an alteration to otifying Community Board 1. \square	the method of operation agreed to by this s	stipulation without first
1) I will not apply for a sidewalk café license unt	il at least a year after beginning operation.	DYes DNO NA.
2) I will conspicuously post this stipulation form	beside my liquor license inside of my busin	ness. 🛛
3) I confirm that I have violations from	previous establishments for which I have so	erved as a principal.
14) I will (additionally): Limit private events to a r vents, no scheduled performances; no outdoor space, ollow all recommendations of traffic study submitted idewalk in front of the premises to facilitate drop offs and Beverage area.	no open windows at any point; No outdoor to Manhattan CB1 including assignment of	queuing or wait lines; will f hotel security to monitor
5) Residents may contact the manager/owner at the b	pelow number. Complaints will be addresse	d immediately and I will revisit
e above-stated method of operation if necessary in or	rder to minimize my establishment's impac	t on my neighbors.
ame:	Phone Number: (917)	509-5164
Iternate Contact:Philip Loria	Phone Number:	17) 363-5827
nereby certify that the information provided above	e is truthful and accurate based upon my	personal belief.
H.	06/25/2024	
gned	Dated	ANTOINETTE MARANDO Notary Public, State of New Yo No. 01MA6197312
worn to this 25 ^{1/b} day of June 4	htitt Mm	Qualified in Queens County Commission Expires Nov. 24, 2

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. 9/2023

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: The Artezen Hotel

Address: 24 John Street, New York, NY 10038

(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 9pm

(4) I will have delivery of any event supplies, goods and services during the hours of N/A

(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.

Phone Number: 917-36	2 5007
and accurate based upon my pers	onal belief.
06/25/2024	ANTOINETTE MARANDO Notary Public, State of New York
Dated	No. 01MA6197312 Qualified in Ousse
tit M	Qualified in Queens County Commission Expires Nov. 24,
	and accurate based upon my pers

Community Board I 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.

1- Applicant Name

Sam Yan

- 2- Establishment Name (Corporate & DBA)
 Dim Sum Now Inc. dba: Dim Sum Palace
- 3- Address for Proposed License123 William St., New York, NY 10038
- 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 10am-11pm Fri - Sat 10am-11pm Sun 10am-11pm

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

6- Square Footage of Location <u>2600</u> sf

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

Chinese 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? purify and vent to outside

12- Applicant's Previous Licensed Establishments and Addresses

334 W 46th St., New York, NY28 W 56th St., New York, NY33 W 33rd St., New York, NY

Manhattan Community Board I 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: Dim Sum Now Inc.

Address: 123 William St., New York, NY 10038

(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: **Everyday after 11pm**

(4) I will have delivery of any event supplies, goods and services during the hours of ______ morning time_____

(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 supulations 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.

017 001 2002

Name: Sam Yan	Phone Number: 917-091-3082
Alternate Contact: Sherry Xu	Phone Number: 718-697-9925
	ve is truthful and accurate based upon my personal belief.
Sy-	6/21/2024
Signed	Dated Notary Public, State of New York
Sworn to this 2114 day of The 2	Notary Public State of New York No. 01L10068006 Qualified in Kings County Certificate Filed in New York County

Community Board 1 requests that the SLA add these stipulations to the license GARRASSIONERXBIRESONERXBIRASONERXBIRESONERXBIRESONERXBIRES

ocated	t at 123 Willia	am St., New York	NY 10038		New York, New Yorl	k, agree to
he fol	lowing stipulation	is for the applicant's N				license
I) My	requested hours o	f operation are 10am-11	om_Monday – Thursda	iy,10am-11pm	_Friday - Saturday, 10a	m-11pm Synday
1.a) C		rs of operation <u>10am-11</u> his to mean that all patro				
2) I w	ill operate a full-se	ervice, (please describe t	ype of establishment);			
	Chin	ese Restaurant	*	ith full food ser	vice until One hour(s) before closing.
3) I w	ill install soundpro	ofing (please describe ty	/pe)			
please	describe location)	٣			
(4)] w	ill have: DJs Ye	s No Live Music	Yes No Record	ded Music	es 🗖 No Dancing 🗖	Yes Ku
		s No Cover events			ormances Dyes	•
	lume of music, evo ound music. 🛛	ents, performances will h	e at background levels	only. If it can b	e heard outside, or hy n	eighbors, it is not
6) I wi	Il close all doors a	ind windows by	Mon- Thu	ır.	Fri - Sat	Sun.
		have open doors or win				
	0.1	I' I'		Mo	rning time	
		regular supplies, goods				
		llected during the hours			huilding haa m	anagamant
		an security personnel or				
(1) [will actively man	age crowds congregatin	g on the street at night	, to minimize d	isturbances to residents.	
		the SLA for an alteratio	n to the method of ope	ration agreed to	by this stipulation with	iout first notifying
	nity Board I. 🖾					in the second second
2) [will not apply for	a sidewalk café license	until at least a year aft	ter beginning of	peration.	No
3) [will conspicuous	ly post this stipulation f	orm beside my liquor l	icense inside of	my business. 🛛	
4)	l confirm that I ha	ve 0 violations f	rom previous establish	ments for which	I have served as a prin	cipal.
5)	l will (additionally	():				
						•
16) Re ne abo	ve-stated method	ct the manager owner at of operation if necessary	the below number. Co in order to minimize n	mplaints will b ny establishmer	e addressed immediately it's impact on my neigh	and I will revisit bors.
ame	Sam Yan		1	hone Number:	917-691-3882	
Itema	te Contact. She	ггу Хи		Phone Nur	mber: 718-097-99	25
hereb	y certify that the	information provided	above is truthful and	accurate base	d upon my personal be	dief.
•	5	and the second		6/21/20	124	A Carlos Contractor
<	sul-			0	RUXIN	LIN
iened		day of June 2	.74	Pated	Notary Public. Sta No. 01LI5	068006
	to this 214	day of ILLE	014	Kut X	Ouslified in K	ings-County
	-411	uny or	Notary Public	V	Certificate Filed in	Now York County

1- Applicant Name

Learan Kahanov and Alexandra Davis

2- Establishment Name (Corporate & DBA) Suite T, IIc dba Peck Slip Social

3- Address for Proposed License 36 Peck Slip New York NY 10038 United States

Type of License (Full liquor/OP, beer and wine, etc.)

7.1 Type of application ■New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change

5- Proposed Days/Hours of Operation Fri 11am - 1am

Mon - Thurs 11am-12am Fri - Sat S

Fri 11am - 1am Sat 11am - 1am Sun

11am - 12am

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

6- Square Footage of Location 1232

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

Bar serving food (small plates)

8- Outdoor Seating? Sidewalk Roadbed □Rooftop, □Terrace, or Sother outside

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

9- Type of Music? Ø 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? Full ventilation pre-existing, sidewalk

12- Applicant's Previous Licensed Establishments and Addresses

n/a

100.000	at 36 Peck Slip		a fair a state of the	New York, New Yo	rk, agree to
the foli	owing stipulations for the applicant's	s Method of Oper-	ation for their Full	Liquor	license
(1) My	requested hours of operation are	Monday -	Thursday, 11a-1a	Friday - Saturday, _1	1a-12a Sunday
(La) C	B approved hours of operation <u>11a-</u> (I understand this to mean that all pa				
(2) I wi Bar	ll operate a full-service, (please describ	e type of establish	ment): with full food so	ervice until 1 hour	(s) before closing.
(3) I wi	ll install soundproofing (please describe	e type) extra in		and the second	
	describe location)				
Prom (5) Vol	Il have: DJs Yes No Live Music oted events Yes No Cover event ume of music, events, performances will sund music.	ts 🗗 Yes 🗖 No	Scheduled per	formances DYes	io .
	ll close all doors and windows by		an Thur 1am	Fri - Sat	Sun.
(0) I WI	I will not have open doors or v		on- inur,	Fn - Sal	Sun.
	I will not have open doors or v	windows.			
(7) I wi	Il have delivery of regular supplies, goo	ads and services du	ring the hours of 7a	m- 2pm	
(8) I wi	Il have garbage collected during the hou	ars of As per I	.andlord/Lease		
(9) I wi	Il employ a doorman/security personnel	on the following	days and hours:	ur-Sat 5pm-close a	s needed
(10)	I will actively manage crowds congrega	ating on the street	at night, to minimize	disturbances to resident	
	I will not apply to the SLA for an altera				
	nity Board 1.				
(12)	I will not apply for a sidewalk café lice	ense until at least a	year after beginning	operation. Yes	No September and
(13)	I will conspicuously post this stipulatio	on form beside my	liquor license inside o	of my business 🕅	wan to miss at summer 20
1.000	i win conspicaçãos post uns aupunino			ch I have served as a pri	Incipal
0.0	and from that I have 0 violation		REDUSTRINCIDES FOR WITH	an i nave served as a pri	neipui.
		as nom previous es			
(15)	I will (additionally):			Disian out som	
(15)	I will (additionally): Return to community board	d when applyi		Dining out pern	nit
(15)	I will (additionally):	d when applyi		Dining out perm	nit
(15)	I will (additionally): Return to community board	d when applyi		Dining out perm	nit
(15)	I will (additionally): Return to community board	d when applyi		Dining out perm	nit
(15) - (16) Re	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner	d when applyi v a month r at the below num	ing for the DOT	be addressed immediate	ly and I will revisit
(15) (16) Re the abo	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner ve-stated method of operation if necess	d when applyi v a month r at the below num	ing for the DOT ber. Complaints will l imize my establishme	be addressed immediate ent's impact on my neig	ly and I will revisit
(15) (16) Re the abo	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner	d when applyi v a month r at the below num	ing for the DOT ber. Complaints will l imize my establishme	be addressed immediate	ly and I will revisit
(15) (16) Re the abo Name:	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner ve-stated method of operation if necessa Learan Kahanov	d when applyi v a month r at the below num	ing for the DOT ber. Complaints will imize my establishme Phone Number	be addressed immediate ent's impact on my neig 917-680-4272	ly and I will revisit hbors.
(15) (16) Re the abo Name: Alterna	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner ve-stated method of operation if necessa Learan Kahanov te Contact: Alexandra Davis	d when applyi v a month r at the below num ary in order to min	ing for the DOT ber. Complaints will 1 imize my establishme Phone Number Phone Nu	be addressed immediate mt's impact on my neig 917-680-4272 mber: 646-522-12	ly and I will revisit hbors.
(15) (16) Re the abo Name: Alterna	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner ve-stated method of operation if necessa Learan Kahanov	d when applyi v a month r at the below num ary in order to min	ing for the DOT ber. Complaints will 1 imize my establishme Phone Number Phone Nu	be addressed immediate mt's impact on my neig 917-680-4272 mber: 646-522-12	ly and I will revisit hbors.
(15) (16) Re the abo Name: Alterna	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner ve-stated method of operation if necessa Learan Kahanov te Contact: Alexandra Davis	d when applyi v a month r at the below num ary in order to min	ing for the DOT ber. Complaints will 1 imize my establishme Phone Number Phone Nu	be addressed immediate mt's impact on my neig 917-680-4272 mber: 646-522-12	ly and I will revisit hbors.
(15) (16) Re the abo Name: Alterna I hereb	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner ve-stated method of operation if necessa Learan Kahanov te Contact: Alexandra Davis	d when applyi v a month r at the below num ary in order to min	ing for the DOT ber. Complaints will 1 imize my establishme Phone Number Phone Nu	be addressed immediate mt's impact on my neig 917-680-4272 mber: 646-522-12	ly and I will revisit hbors.
(15) (16) Re the abo Name: Alterna	I will (additionally): Return to community board Have only one comedy show sidents may contact the manager/owner ve-stated method of operation if necessa Learan Kahanov te Contact: Alexandra Davis y certify that the information provide OUTED	d when applyi v a month r at the below num ary in order to min	ing for the DOT ber. Complaints will f imize my establishme Phone Number Phone Number Phone Nu ful and accurate base	be addressed immediate mt's impact on my neig 917-680-4272 mber: 646-522-12	ly and I will revisit hbors.

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: Peck Slip Social

Address: 36 Peck Slip

(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: as per Lease/Landlord

(4) I will have delivery of any event supplies, goods and services during the hours of 8am-2pm

(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: Learan Kahanov	Phone Number: 917-680-4272	-
Alternate Contact: Alexandra Davis	Phone Number: 646-522-1209	w York 05
I hereby certify that the information provided above is	s truthful and accurate based upon my personal belief.	an 100 100 100 100 100 100 100 100 100 10
> > > > > > > > > > > > > > > > > > >	6/24/2024	Bowen Chy City -14505 Jaw York (Jaw York (Jaw York (Jam York) Also (Storto)
Signed	Dated	0 10 20 20 20 20 20 20 20 20 20 20 20 20 20
Sworn to this 24 th day of JUNC 20	24 My Ban	Commanioner Commanioner Commania

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.

. . .