| 1- | Applicant Name 120-122 Water Street LLC | | | | | |
|-----|--|--|--|--|--|--|
| 2- | Establishment Name (Corporate & DBA) | | | | | |
| 3- | Address for Proposed License 120 Water Street New York, NY 10005 | | | | | |
| 4- | Proposed Days/Hours of Operation Sunday -Thursday 12am-12pm and 7am to 12am Friday-Saturday 12pm to 1am and 7am to 1am | | | | | |
| | 4.1 What floor(s) is the establishment on? Entire Building | | | | | |
| | 4.2 Any rooftop, terrace, or other outside usage? Rooftop | | | | | |
| 5- | Square Footage of Location 55,302 sq. ft. | | | | | |
| 6- | Method of Operations (bar restaurant, Catering, etc) | | | | | |
| 7- | 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) Alteration | | | | | |
| 8- | Sidewalk Café? Yes/No No | | | | | |
| 9- | Type of Music? ☐ Live ► Recorded ☐ DJ | | | | | |
| 10- | Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors) | | | | | |
| | □ Other | | | | | |
| 11- | Where will the kitchen exhaust system vent to? West side of building by the terrace | | | | | |
| 12- | Applicant's Previous Licensed Establishments and Addresses | | | | | |
| | YYY Atlas 48 LLC 305 W. 48th Street, New York, NY (pending) | | | | | |

| 1- | Applicant Name More Peas LLC | | | | | |
|-----|---|--|--|--|--|--|
| 2- | Establishment Name (Corporate & DBA) More Peas LLC d/b/a tbd | | | | | |
| 3- | Address for Proposed License 6 Stone Street, New York, NY 10004 | | | | | |
| 4- | Proposed Days/Hours of Operation 11am-2am (Sun-Wed), 11am-4am (Thurs-Sat) | | | | | |
| 5- | 4.1 What floor(s) is the establishment on? Ground floor, second floor and basement 4.2 Any rooftop, terrace, or other outside usage? Applicant will utilize Open Restaurants, Open Streets Programs Square Footage of Location | | | | | |
| | 3,376 sq.ft. | | | | | |
| 6- | Method of Operations (bar restaurant, Catering, etc) Restaurant | | | | | |
| 7- | 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) Alteration | | | | | |
| 8- | Sidewalk Café? Yes No Applicant will utilize Open Restaurants, Open Streets Programs | | | | | |
| 9- | Type of Music? ☐ Live ☑ Recorded ☐ DJ | | | | | |
| 10- | 10- Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors) | | | | | |
| | ☐ Other | | | | | |
| 11- | Where will the kitchen exhaust system vent to? Exterior of building | | | | | |
| 12- | · Applicant's Previous Licensed Establishments and Addresses None | | | | | |

Manhattan Community Board 1 Liquor License Stipulations

| L Robert Mahon | , as a qualified repres | entative of | More Peas | LLC | |
|---|--|--|------------------------------------|---|-----------------|
| located at 6 Stone Street | ,, | | New Yor | k, New York, agree to | 1 |
| the following stipulations for the app | licant's Method of Op | eration for their | on-pr | cinise | |
| To tompared schemes see | | | | | ****** |
| My hours of operation will be understand this to mean that all patrons | Sunday will be cleared from th | y – Thursday and to establishment at the | e specified hour | Priday - Saturday (I | |
| 2) I will operate a full-service restaura | mt. (please describe typ | e of restaurant):gas | tropub serving | American-style food | |
| 2) I will operate a fun service i amen | | | od service until | • | _ |
| | | | | 2 hour(s) before clo | sing. |
| I will install soundproofing (please Acoustic foam and quiet rock st | heeting in accordan | ce with NYC fire | and safety co | ode. | - |
| (4) I will have: DJs CYes Wo Live | music Dyes Wo Re | corded Music WYes | □No | Dancing OYes ONo | - |
| Promoted events TYes TNo | Cover fee events | | Sched | uled performances DYes | MNo |
| (5) Volume of all music, events or per | formances will be at ba | ckground levels only. | | | |
| is not background music. | Marie Value | | | , , <u>g</u> | 3 , 16 |
| (6) I will close all doors and windows | by Sun-Thurs an | d Fri-Sat. OI | will not have Pr | ench doors or windows | |
| (6) I will close all doors and windows (7) I will have delivery of supplies, go | bySui-Indis an | the hours of | | a waranwa. | |
| 7AM - 9AM | | | | | |
| (8) I will employ a doorman/security p | personnel on the following | ing days and hours: _ | none | | |
| (9) I will actively manage crowds con | | | | residents 🔯 | |
| (10) I will not apply to the SLA for an | | | | | <u>.</u> |
| (10) I will not apply to the SLA for an Community Board 1. | Michanon to the memo | d of operation agrees | wo oj una supu | MILLIOUI IIIM DOULY | mg |
| (11) I will not apply for a sidewalk car | & license until et leest (| vece ofter beginning | operation W | m □No | |
| | | | | | |
| (12) I will conspicuously post this stip | | | | | |
| (13) I confirm that I have vic | olations from previous e | stablishments for wh | ich I have serve | d as a principal. | |
| (14) I will (additionally): | | | | | |
| * Hours of operation will be from opening to 4AM closing Thursday two as the hours of operation | | | | | |
| ** Only one front open window | that will be onen way | the nemitting for | en noon to ODI | | |
| Only one front open window | mat will be oben wes | mea-beammig no | an noon to all | M | |
| | | | | | |
| | | | | | |
| | | | | | |
| (15) Residents may contact the mans the above-stated method of operation | iger/owner at the below if necessary in order to | number. Complaints minimize my establi | will be addresse shment's impac | d immediately and I will r t on my neighbors. | evisit |
| Name: Robert Mahon | | Phone Nu | mber: (917) | 790-3472 | _ |
| Alternate Contact: | | TM | na Novak | | |
| I hereby certify that the information | | | | | - |
| | I- ALTONI SPORE IS (I | EURO ECCUPETO | nesen ebon m | à basanin namer | |
| Pohut Malin | | 4 | 126/2021 | - | |
| Signed | | Dest | ed | CHDADHATAA | |
| Swom to this 26th day of | APRIL 2021 | Shall | | SHRADHA LAM NOTARY PUBLIC, STATE OF Registration No. 01LA63 | NEW YO 72555 |
| | | Notary Public | | Qualified in QUEENS Co Commission Expires 03/19 | |
| Community Board 1 remarks that at | | | the shows | | |
| Community Board 1 requests that the stipulations and board resolution sha | ं अ.A. add these stipula ill supersede all other के | nons to the license of coments. | THE STONE-HIGH | Rev. | . 12/18 |
| | | or en comment 10 000 50 1900 600 50 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |

| 1- | Applicant Name Hide Lounge Inc |
|----|---|
| 2- | Establishment Name (Corporate & DBA) |
| 3- | Address for Proposed License 24 John Street, 20th and 21st Floors |
| 4- | Proposed Days/Hours of Operation Sun-Wed: 12pm-12am and Thursday-Saturday: |
| | 4.1 What floor(s) is the establishment on? 20th and 21st Floors |
| | 4.2 Any rooftop, terrace, or other outside usage? N/A |
| 5- | Square Footage of Location 3776 Total Square Footage |
| 6- | Method of Operations (bar restaurant, Catering, etc.) Bar/Tavern |
| 7- | Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor License |
| | 7.1 Type of application New Alteration, Change in Method of Operation, Corporate Change, Class Change) |
| 8- | Sidewalk Café? Yes/No |
| 9- | Type of Music? ☐ Live ► Recorded * DJ * Private Events Only |
| 10 | -Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors) |
| | □ Other |
| 11 | - Where will the kitchen exhaust system vent to? Roof |
| 12 | - Applicant's Previous Licensed Establishments and Addresses |
| | Piping Rock Restaurant: 130 Post Avenue, Westbury, NY 11590 Best Ray Pizza: 874 Ave of the Americas, New York, NY 10001 |

12pm-1am

| Manhattan Community Board 1 Liquor License Stipulations | | | | | | |
|---|-----|--|--|--|--|--|
| r, Salvatore LoDuca as a qualified representative of Hide Lounge Inc. | | | | | | |
| located at, New York, New York, agree to | | | | | | |
| the following stipulations for the applicant's Method of Operation for their Liquur License | | | | | | |
| "12pm-10pm Sunday, 12pm-11pm Monday, Tuesday, Wednesday, 12pm-12am Thursday, Friday and Saturday | 1 | | | | | |
| (1) My hours of operation will be See above Spadage Alwayday and xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | | | | | |
| (2) I will operate a full-service restaurant, (please describe type of restaurant): N/A This is a Bar/Lounge not | | | | | | |
| a full-service restaurant with full food service until hour(s) before closing. | | | | | | |
| (3) I will install soundproofing (please describe type and locations) | | | | | | |
| (4) I will have: DJs Wyes ONo Live music Gyes ONo Recorded Music Gyes ONo Dancing Gyes ONo *DJ-Private | | | | | | |
| Promoted events DYes DNo Cover fee events DYes DNo Scheduled performances DYes DNo Events Only* | | | | | | |
| (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. | | | | | | |
| (6) I will close all doors and windows bySun-Thurs and Fri-Sat. QI will not have French doors or windows. | | | | | | |
| (7) I will have delivery of supplies, goods and services during the hours of Morning to Early Afternoon | | | | | | |
| (8) I will employ a doorman/security personnel on the following days and hours: At All Times | | | | | | |
| (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. | | | | | | |
| (10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. ☒ | | | | | | |
| (11) I will not apply for a sidewalk café license until at least a year after beginning operation. SeYes CNo | | | | | | |
| (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. | | | | | | |
| (13) I confirm that I have violations from previous establishments for which I have served as a principal. | | | | | | |
| (14) I will (additionally): (A) Limit private events to a maximum of 2 per month; (B) No promoted events, no promoters, no ticketed events, no scheduled performances; (C) No outdoor space, no open windows at any point; (D) No outdoor queuing or wait lines, any queuing will be cointained within hotel lobby; (E) Will follow all recomendations of traffic study submitted by applicant to Manhattan CB1, including assignment of hotel security to monitor sidew in front of the premises to facilitate drop offs and pick ups; (F) Limit maximum occupancy to 100 | alk | | | | | |
| *Applicant does not agree to these stipulations if Manhattan CB1 does not recommend | | | | | | |
| approval or "deny unless" to SLA on the same terms as these stipulations* | | | | | | |
| approvar or derry diffess to BEPT on the same terms as these supulations | | | | | | |
| | | | | | | |
| (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: Salvatore LoDuca Phone Number: 212-818-0249 | | | | | | |
| Alternate Contact: Philip Loria Phone Number: 917-363-5827 | | | | | | |
| I hereby certify that the information provided above is truthful and accurate based upon my personal belief. | | | | | | |
| Sa Duastore Lo Juca 6/24/2022 FARIBA ZEINALI-NAMIN | | | | | | |
| Signed Salvatore LoDuca Pated // Motary Public, State of New York: | | | | | | |
| No.01ZE6147309 Qualified in Queens County Qualified in Queens County Commission Expires 5-30-2026 | | | | | | |
| 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.

| 1- | Applicant Name York Street Lessee DE LLC, York Street LLC and Hersha Hospitality Management LP |
|-----|---|
| 2- | Establishment Name (Corporate & DBA) Hilton Garden Inn Tribeca |
| 3- | Address for Proposed License 39 Avenue of the Americas, New York, NY 10013 |
| 4- | Proposed Days/Hours of Operation Hotel: 24 hrs/Daily; Restaurant: 11AM - 2AM daily |
| | 4.1 What floor(s) is the establishment on? Entire Hotel and Restaurant |
| | 4.2 Any rooftop, terrace, or other outside usage? Only sidewalk as per DOT Open Restaurants Program |
| 5- | Square Footage of Location 65,660 |
| 6- | Method of Operations (bar restaurant, Catering, etc) Hotel with restaurant |
| 7- | Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor - Hotel Liquor License |
| | 7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) Alteration Application |
| 8- | Sidewalk Café? Yes No Possibly DOT Open Restaurants Program |
| 9- | Type of Music? ☐ Live ☑ Recorded ☐ DJ |
| 10- | Volume of Music? Background (no sound from events, performances or music will be heard outside the premises or by neighbors) |
| | □ Other |
| | Where will the kitchen exhaust system vent to? Main Kitchen Exhaust – vents from Hotel Main Roof Pizza oven vents from hotel 2 nd floor Roof 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 rider annexed

Manhattan Community Board 1 Liquor License Stipulations

| I, Ashish R. Parikh | , as a qualified represe | ntative of York Street Le | ssee DE, LLC | |
|--|---|--|----------------------------------|---|
| located at 39 Avenue of the | Americas | , N | ew York, New York, agree t | 0 |
| the following stipulations for t Hotel: 24 hours daily with | the applicant's Method of Ope a alcohol service limited to | ration for their Hotel Li room service 12Noon | iquor to 12AM daily | _ license |
| understand this to mean that all | be 11AM -2AM Sunday patrons will be cleared from the | establishment at the specifi | ied hour). | (I |
| (2) I will operate a full-service i | restaurant, (please describe type | of restaurant): American | Bistro | |
| | | with full food service | ce until <u></u> hour(s) before | closing. |
| | (please describe type and location | | | |
| | pen and operating - no serv | | | |
| (4) I will have: DJs □Yes ☒No | Live music □Yes ☒No Rec | orded Music M Yes □No | Dancing □Yes X N | 0 |
| Promoted events □Yes ▼No | Cover fee events \square | ∕es MaNo | Scheduled performances | ∕es ⊠ No |
| (5) Volume of all music, events is not background music. | or performances will be at back | ground levels only. If it can | be heard outside, or by neigh | ıbors, it |
| (6) I will close all doors and wi | ndows bySun-Thurs and | Fri-Sat. 🛛 I will not l | have French doors or window | S. |
| (7) I will have delivery of supp. 5:00 am - 10:00 am | lies, goods and services during the | he hours of | | |
| (8) I will employ a doorman/see | curity personnel on the following | g days and hours: None-H | otel management on site 24 | <u>!/</u> 7 |
| (9) I will actively manage crow | rds congregating on the street at | night, to minimize disturbar | nces to residents. | |
| (10) I will not apply to the SLA Community Board 1. ⊠ | A for an alteration to the method | of operation agreed to by th | is stipulation without first not | ifying |
| (11) I will not apply for a sidew | valk café license until at least a y | year after beginning operation | on. 🗆 Yes 🔊 No DOT Open | Restaurants Program |
| (12) I will conspicuously post t | this stipulation form beside my li | iquor license inside of my b | usiness. 🛛 | |
| (13) I confirm that I have 0 | violations from previous est | tablishments for which I have | ve served as a principal. | |
| (14) I will (additionally): | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | e manager/owner at the below nu eration if necessary in order to m | | | rill revisit |
| Name: Hiram A. Negron | | Phone Number: (9 | 914) 960-7611 | |
| | D' 1 | | (201) 402 2146 | |
| Alternate Contact Elizabeth | | | er: (201) 492-3146 | |
| I hereby certify that the into | rmation provided above is trut | thful and accurate based u | - | Co. Land Co. |
| 11/1/1/1/1/1/ | | 05/26/2022 | EMUVEM | of Pennsylvania - Notary Seal ANNIX - Notary Public |
| Signed | | Dated | My Commission | adelphia County Expires December 2, 2025 ion Number 1411296 |
| Sworn to this <u>26</u> day | of May 2022 | Cerlylle | iniz | |
| | No | otary Public | | |

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

Rev. 12/18

| 1- | Yuji Fukushima | | | | | |
|----|--|--|--|--|--|--|
| 2- | Establishment Name (Corporate & DBA) All Blues Inc. d/b/a All Blues | | | | | |
| 3- | Address for Proposed License 87 Walker Street, New York, NY 10013 | | | | | |
| 4- | Proposed Days/Hours of Operation Monday to Sunday 12PM - 2AM | | | | | |
| | 4.1 What floor(s) is the establishment on? Ground floor | | | | | |
| | 4.2 Any rooftop, terrace, or other outside usage? No. | | | | | |
| 5- | Square Footage of Location 1,700 sq ft. | | | | | |
| 6- | Method of Operations (bar restaurant, Catering, etc) Bar/ Tavern | | | | | |
| 7- | Type of License (Full liquor/OP, beer and wine, etc.) Full liquor/OP | | | | | |
| | 7.1 Type of application (New, Alteration, Change in Method NEW. of Operation, Corporate Change, Class Change) | | | | | |
| 8- | Sidewalk Café? Yes No | | | | | |
| 9- | Type of Music? Live Recorded DJ | | | | | |
| 10 | -Volume of Music? ABackground (no sound from events, performances or music will be heard outside the premises or by neighbors) | | | | | |
| | ☐ Other | | | | | |
| 11 | - Where will the kitchen exhaust system vent to? Rear of the premises. | | | | | |
| 12 | 12- Applicant's Previous Licensed Establishments and Addresses | | | | | |
| | See Attached. | | | | | |

Manhattan Community Board 1 Liquor License Stipulations YUJI FUKUSHIMA, as a qualified representative of All Blues INC. located at 87 Walker Street New York, New York, agree to Liquor the following stipulations for the applicant's Method of Operation for their_ _Monday-- Thursday and ______ (1) My hours of operation will be 12PM - 11PM Sunday, 12PM-12AM Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). with full food service until _____ hour(s) before closing. (3) I will install soundproofing (please describe type and locations) (4) I will have: DJs \(\text{DYes \text{SNO}} \) Live music \(\text{DYes \text{SNO}} \) Recorded Music \(\text{DYes \text{LNO}} \) Dancing Tyes No Promoted events Tyes No Cover fee events Tyes No Scheduled performances Tyes No (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. (6) I will close all doors and windows by Sun-Thurs and _____ Fri-Sat. DI will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of (8) I will employ a doorman/security personnel on the following days and hours: NA (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. The Two (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have ______ violations from previous establishments for which I have served as a principal. (14) I will (additionally): (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: 917-449-4655 Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

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

Signed

Notary Public - State of New York No. 01GA6391193 Qualified in Kings County

RONGSHENG GAO

Dated

| 1- Applicant Name NANAHENGE LLC |
|---|
| 2- Establishment Name (Corporate & DBA) AJISAI ON DUANE |
| 3- Address for Proposed License 183 DUANE ST, NEW YORK NY 10013 |
| 4- Proposed Days/Hours of Operation MONDAY TO SUNDAY 11:30AM TO 10PM |
| 4.1 What floor(s) is the establishment on? Ground Floor & basement |
| 4.2 Any rooftop, terrace, or other outside usage? No |
| 5- Square Footage of Location 1000 sq ft for ground and 1000 sq ft for basement |
| 6- Method of Operations (bar restaurant, Catering, etc) Full Service Japanese Cuisine Restaurant |
| 7- Type of License (Full liquor/OP, beer and wine, etc.) Restaurant beer and wine |
| 7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) |
| 8- Sidewalk Café? Yes No sidewalk cafe |
| 9- Type of Music? ☐ Live ☐ Recorded ☐ DJ |
| 10-Volume of Music? XXBackground (no sound from events, performances or music will be heard outside the premises or by neighbors) |
| ☐ Other |
| 11- Where will the kitchen exhaust system vent to? To the roof |
| 12- Applicant's Previous Licensed Establishments and Addresses None. |
| The previous operator of the premises is called TOKYO BAY ENTERPRISE NY INC DBA Tokyo Bay who had restaurant wine and beer license as well. |

Manhattan Community Board 1 Liquor License Stipulations

| | I, LAI KING SO , as a qua | lified representative of _ | NANAHENG LLC I | DBA AJISAI ON DUAN | <u>E</u> , |
|---|---|--------------------------------|-------------------------|--|--|
| | located at 183 DUANE ST | | | ork, New York, agree to | |
| | the following stipulations for the applicant's M | lethod of Operation for t | their RESTAURAN | T BEER & WINE | license |
| A THE STAGE | (1) My hours of operation will be 11:30AM TO understand this to mean that all patrons will be clearly | eared from the establishme | ent at the specified ho | ur). | I |
| and the second of the second | (2) I will operate a full-service restaurant, (please | | | | <u> </u> |
| | | | n full food service unt | half hour(s) before | closing. |
| | (3) I will install soundproofing (please describe ty | pe and locations) | | | |
| era da en | (4) I will have: DJs \(\square\) Yes \(\square\) Live music \(\square\) Y | es 🖎 No Recorded Music | c ÖlYes OlNo | Dancing □Yes ■No | |
| | Promoted events ☐Yes ☑No Cover | fee events □Yes ¬No | Sche | duled performances TY | es 🖎 No |
| same of the second of the court | (5) Volume of all music, events or performances is not background music. | _ | · | - | |
| | (6) I will close all doors and windows by 10pms | un-Thurs and 10pm Fri-S | at. I will not have I | rench doors or windows. | Landa de la companya |
| कुर एको प्रभूतिको हो सम्बोद्धा व द्वीवित्र केन्द्रकर अनुस्तर | (7) I will have delivery of supplies, goods and ser monday to sunday: 11:30am to 10pm | vices during the hours of | ್ - ೧೯೯೮ ಕನ್ನಡಚಿತ್ರಗಳು | भीता है नार भरते हैं। अनेते हत्ती एक क्षेत्र के विश्व के हैं | on propose in the property property of the second of a |
| | (8) I will employ a doorman/security personnel or | n the following days and h | nours:n/a | | |
| | (9) I will actively manage crowds congregating o | n the street at night, to mir | nimize disturbances to | residents. 🛛 | |
| | (10) I will not apply to the SLA for an alteration to Community Board 1. ☒ | to the method of operation | agreed to by this stip | ulation without first notif | ying |
| | (11) I will not apply for a sidewalk café license us | ntil at least a year after beg | ginning operation. 🛎 | ∕es ⊑No | |
| e territorio de la compansión de la com | (12) I will conspicuously post this stipulation for | m beside my liquor license | e inside of my busines | s. 🛛 | |
| | (13) I confirm that I have violations from | n previous establishments | for which I have serv | ed as a principal. | |
| an in the area of the | (14) I will (additionally): | | | · · · · · · · · · · · · · · · · · · · | en e |
| | | | | | |
| | | | | | |
| in the second second | | | | هوره دادان والعام | enga pro-responsación de la companyación de la comp |
| | | | | | |
| spain e prote | | | | | |
| | | | | | |
| ् राजनिक्तानस्रात्रस्य । विदेशीयोक्तानस्य १ विदेशीय | (15) Residents may contact the manager/owner at | t the helow number. Comn | alainte will be addrace | ed immediately and I will | ermanica incompleying and the environment Provides |
| | the above-stated method of operation if necessary | | | | icvisit |
| | Name: LAI KIN4 51 |)Pho | one Number: 64 | 6-422-71 | 66 |
| | Alternate Contact: Kenji King (9) h I hereby certify that the information provided | • | | 9 (7 – 968 – ny personal belief. | <u>6</u> 980 |
| en e | | | 1216 | 77 - | |
| | 7, , | | 2/1/1/ | | www. |
| | Signed | \mathcal{L} | Dated ' | Leter Line Land | - TARANA |
| | Sworn to this 3/5/ day of May 7 | 2022 \ | | KALUN CHAN | |
| | 2 | Notary Public | Nota | y Public New York St No. 01CH6116304 | are Constitution |
| | Community Board 1 requests that the SLA add the | ese stipulations to the lice | ense of the above the | | Aty 24 |
| e all light on outstanding the area. | stipulations and board resolution shall supersede | all other documents. | Commis | Re Re | v.tižis |