MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

1-	Applicant Name
	P2 Hospitality LLC
2-	Establishment Name (Corporate & DBA)
	Tribeca Social
3-	Address for Proposed License
	6 Murray Street, New York, NY 10007
4-	Proposed Days/Hours of Operation Sunday - Thursday 11:30AM - 1AM Friday - Saturday 11:30 AM - 2AM
	4.1 What floor(s) is the establishment on? ground floor and basement
	4.2 Any rooftop, terrace, or other outside usage? No.
5-	Square Footage of Location 1,584 sq. ft.
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full liquor
8-	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) NEW Sidewalk Café? Yes 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?
12	The second floor sub roof - Applicant's Previous Licensed Establishments and Addresses WESTBURY HOSPITALITY LLC 270-272 POST AVE Westbury,NY 11590

. Peter	Rafano	, as a qualified representati	ve of P2 Hospita	lity LLC,		
ocated at	6 Murray St	reet, New York, NY 10007	, Ne	v York, New York, agree to		
	stipulations for the a	applicant's Method of Operatio	n for their on-premi	selicen	se	
inderstand this	to mean that all patr	1:30AM - 12AM Sunday - Thu ons will be cleared from the establication, (please describe type of re-	olishment at the specified staurant):modern Am	d hour).	eg.	
(3) I will instal	ll soundproofing (plea	ase describe type and locations)			Ü	
		ive music Tyes No Recorded		Dancing Yes o	, Jo	
(5) Volume of	ents □Yes ♥No all music, events or p und music. ☒	Cover fee events ☐Yes ♥ performances will be at background	70.7	be heard outside, or by neighbors, i		
		ws bySun-Thurs and	_ Fri-Sat. □ I will not ha	we French doors or windows.		
(7) I will have		goods and services during the ho				
		y personnel on the following day	rs and hours: N/A			
		ongregating on the street at night				
Community Be	oard 1. 🛛			stipulation without first notifying		
				. □Yes ♥No No sidewalk cafe		
	2) I will conspicuously post this stipulation form beside my liquor license inside of my business.					
(13) I confirm	that I have 0	violations from previous establis	hments for which I have	served as a principal.		
(14) I will (add	E					
× Windo	ws will be closed a	t 8PM on the weekdays and 9	PM on weekends.			
		ger 9		- 6		
		4 4				
(15) Residents the above-stat	s may contact the ma ted method of operati	nager/owner at the below number on if necessary in order to minim	r. Complaints will be add ize my establishment's i	dressed immediately and I will revi mpact on my neighbors.	sit	
Name: 5	ergei Bez	rukov	Phone Number:	G46 945 8383		
THEOTHER CO.				= G46 240 OFFE		
I hereby cert	ify that the informa	on provided above is truthful	and accurate based up	on my personal belief.		
	6/1		11/10	Kalpesh S. Bod NOTARY PUBLIC, STATE- Registration No. 01B	OF NEW	
C: am ad	/		Dated	Qualified in New Yor		
Signed		November 2021	Dated	Commission Expires Septe		

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

Manhattan Community Board 1 Liquor Lice	
I, 20 Scott , as a qualified representative of AVS In located at 96 Lafayette Street	New York New York agree to
the following stipulations for the applicant's Method of Operation for their	on-premise license
10AM - 2AM Monday through Thursday, 10AM -2:30 AM Friday (1) My hours of operation will be Sunday - Inursday and understand this to mean that all patrons will be cleared from the establishment at the	y and Saturday, and 10AM to 12:30AM on Sur Friday Saturday (I specified hour).
(2) I will operate a full-service restaurant, (please describe type of restaurant):	
with full food (3) I will install soundproofing (please describe type and locations)	
(4) I will have: DJs Wes No Live music Wes No Recorded Music Wes Promoted events Wes No Cover fee events Wes No	Dancing Vyes DNo Scheduled performances Dyes VNo
(5) Volume of all music, events or performances will be at background levels only. I is not background music.	
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. I will have delivery of supplies, goods and services during the hours of	ill not have French doors or windows.
(8) I will employ a doorman/security personnel on the following days and hours:	
(9) I will actively manage crowds congregating on the street at night, to minimize dis	sturbances to residents.
(10) I will not apply to the SLA for an alteration to the method of operation agreed to Community Board 1. \boxtimes	by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at least a year after beginning o	peration. 🗆 Yes 📢 No Sidewalk cafe
(12) I will conspicuously post this stipulation form beside my liquor license inside of	f my business. 🛛
(13) I confirm that I have violations from previous establishments for which (14) I will (additionally):	n I have served as a principal.
The applicant also agreed to employing security personnel to guard the pre problems from occurring outside the property.	mises and prevent any
(15) Paridade and the state of	
(15) Residents may contact the manager/owner at the below number. Complaints wil the above-stated method of operation if necessary in order to minimize my establishment.	nent's impact on my neighbors.
Name: Zec Segel Phone Number	er: 9/7-941-8/7
Alternate Contact: Phone N	Jumber:
I hereby certify that the information provided above is truthful and accurate ba	sed upon my personal belief.
210 10j	902/21
Signed	MEI XUE LIN Notary Public - State of New York
Sworn to this O2 day of NOV. 2621 X Notary Public	NO. 01Li6400355 Qualified in Kings County My Commission Expires Nov 12, 2023
Community Board 1 requests that the SLA add these stipulations to the license of the stipulations and board resolution shall supersede all other documents.	above-mentioned applicant. These Rev. 12/18

MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 4/2018

1-	BARS AND EVENTS PEARL STREET LLC
2-	Establishment Name (Corporate & DBA)
	URBANSPACE (FOOD HALL)
3-	Address for Proposed License
	100 PEARL STREET
4-	Proposed Days/Hours of Operation
	FOOD HALL: 7AM - 12AM ALL DAYS BAR: 10AM-12AM ALL DAYS
5-	Square Footage of Location
	3,200 SQ FEET
6-	Method of Operations (bar restaurant, Catering, etc)
	THIS IS A FOOD HALL THAT WILL HAVE ONE BAR SERVING FULL LIQUOR. THIS BAR WILL OPERATE AS A RESTAURANT WITH A FULL FOOD MENU.
7-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR
Ω	Sidewalk Café? Yes/No
0-	NONE
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
10-	- Volume of Music? 🖾 Background 🗖 Other
11	- Applicant's Previous Licensed Establishments and Addresses
	URBANSPACE HAS FOOD HALLS THAT ARE CURRENTLY OPERATING IN NYC AND OTHER AREAS OF THE U.S.
	https://www.urbanspacenyc.com/

MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

1-	Applicant Name Sodexo Operations, LLC
2-	Establishment Name (Corporate & DBA) TBD
3-	Address for Proposed License
	52 Broadway, 2nd and 3rd Floors, New York, NY 10004
4-	Proposed Days/Hours of Operation 8AM - 8PM all days of the week
	4.1 What floor(s) is the establishment on? 2nd and 3rd Floors
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location 46,082 square feet
6-	Method of Operations (bar restaurant, Catering, etc) Catering facility
7-	Type of License (Full liquor/OP, beer and wine, etc.) OP full liquor
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New
8-	Sidewalk Café? Yes/No No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ None
10-	Volume of Music? ☐ Background (no sound from events, performances or music will be heard outside the premises or by neighbors) None
	☐ Other
11-	Where will the kitchen exhaust system vent to? East side of building facing New Street
12-	Applicant's Previous Licensed Establishments and Addresses
	See Questionnaire form

Manhattan Community Board 1 Liquor License Stipulations Thomas R. Morse Sodexo Operations LLC , as a qualified representative of 52 Broadway, 2nd & 3rd Floors, New York, NY 10004 located at New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premise liquor 8AM to 8PM all days of the week for hours of operation, food service and bar service Thursday and understand this to mean that all patrons will be cleared from the establishment at the specified hour). (2) I will operate a full-service restaurant, (please describe type of restaurant): with full food service until 1-1.5 hour(s) before closing. N/A- premises is located on the 24th floor. (3) I will install soundproofing (please describe type and locations) Live music Tyes No Recorded Music Tyes No Dancing UYes Promoted events Tyes Vo 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. windows will be closed ri-Sat. MI will not have French doors or windows. (6) I will close all doors and windows by (7) I will have delivery of supplies, goods and services during the hours of 7AM - 5PM Monday through Friday (8) I will employ a doorman/security personnel on the following days and hours: N/A (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. Tyes No No Sidewalk Cafe (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. 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. Thomas R. Morse (301) 987-4504 Name: Phone Number: Alternate Contact: I hereby certify that the information provided above is truthful and accurate based upon my personal BRAH ROWLES Notary Public-Maryland Prince George's County 11/9/2021 My Commission Expires April 09, 2022 Signed Dated

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.

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MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

1-	MATTHEW PUMCRANTZ
2-	Establishment Name (Corporate & DBA) ZUCKETS FUHOW LLC
	ZUCKETS BYGGES FULTON ST.
3-	Address for Proposed License 125 Fulton St.
4-	Proposed Days/Hours of Operation $7 \text{Am} - 230 \text{ Cm}$
	4.1 What floor(s) is the establishment on? Bsmr + Isr
	4.2 Any rooftop, terrace, or other outside usage?
5-	Square Footage of Location 2,750
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)
8-	Sidewalk Café? Yes(No) JUST OPEN LESTANDANTS SCATTING
9-	Type of Music? Live Recorded DJ
	Volume of Music? 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
	ZUCKER'S BYGOTS CHELSER - 242 8Th Lue MY MY
	Zucker's BABOUS CHEISER - 242 8Th Ave MY MY Zucker's Columbus lie - 273 commous Ave my My Zucker's BABOUS GRAND CONTRAR LIC -370 Lexing for Ave my my
	ZUCILETS BYGELS GRAND CENTRAL LIC - 370 LEXING FOR AUX MY
Lic	mor Licence Application Questionnaire Summer will be used a seed by the Lite

M	Manhattan Communit	ty Board 1 Liquor	License Stipulati	ons
I, MATTHE	VOMERANT2, as a qualified	l representative of	Zucker's Bagels F	ulton St ,
located at	123 Fulton Street, New York, NY		, New York	, New York, agree to
the following s	tipulations for the applicant's Metho	d of Operation for the	on-premise	license
(I) Mark	7AM	- 2:30PM all days	of the week	
understand this	f operation will be to mean that all patrons will be cleared			
(2) I will operat	e a full-service restaurant, (please descr	ribe type of restaurant)	appetizina	+ Bagel
NAMES OF STREET			ıll food service until 💆	2 hour(s) before closing.
(3) I will install	soundproofing (please describe type an	d locations)		
(4) I will have:	DJs Yes No Live music Yes	No Recorded Music V	Nes ONIO	Dancing Tyes No
Promoted even		vents Tyes No		ed performances Tyes No
(5) Volume of a is not backgroun	Il music, events or performances will be nd music. Windows	e at background levels s will be closed	only. If it can be heard	outside, or by neighbors, it
(6) I will close a		Fri-Sat.	I will not have French	ch doors or windows
(7) I will have de 7AM -	elivery of supplies, goods and services	during the hours of		and decision windows.
(8) I will employ	y a doorman/security personnel on the f	ollowing days and hou	rs:	
(9) I will activel	y manage crowds congregating on the s	treet at night, to minin	ize disturbances to res	dents.
(10) I will not ap Community Boa	oply to the SLA for an alteration to the r	nethod of operation ag	reed to by this stipulati	on without first notifying
X(11) I will not ap	oply for a sidewalk café license until at	least a year after begin	ning operation. Myes [⊒No
	icuously post this stipulation form besic			
	at I have violations from previous			
(14) I will (addit			The boll of the	s a principal.
The application City's Op-	cant does not intend to utilize outdo en Restaurants Program if applicabl	or space on the Fulto	on Street side; howev	er, they may apply to the
				8
(15) Residents m	ay contact the manager/owner at the bel	low number. Complain	ts will be addressed im	mediately and I will revisit
and above-stated l	method of operation if necessary in order	er to minimize my esta	olishment's impact on	my neighbors.
Name:	ATTHEW POMERANT	2 Phone ?	Number: 212 -	661-1520 EX
Alternate Contact	711100		one Number: 212	
Hereby certify	that the information provided above i	is truthful and accura	te based upon my per	sonal belief.
11 at	to 1		11/12/21	Qual My Com
Signed	11	D	aten	NO. Cualified i
Sworn to this	2th day of November	92021	HUX	6
Community Board stipulations and bo	d I requests that the SLA add these stipt oard resolution shall supersede all other	Notary Public utations to the documents.	The above-mentioned	applicant These Rev. 12/18 25
			\vee	25
		2		