Manhattan Community Board 1 Liquor License Stipulations

_{I,} Da	vid O'Reilly	_, as a qualified representative of _	HHC Fulton Retail LI	.C
located	1 Eulana Chana			ew York, agree to
the follo	owing stipulations for the ap	plicant's Method of Operation for t	heir on-premise	license
		2AM Monday through Saturd	W *	•
(1) My	hours of operation will be	s will be cleared from the establishme	ent at the specified hour)	Saturday (I
	-	ant, (please describe type of restauran	-	mfort food
	ndoor lawn games		full food service until XXX	
		describe type and locations) exis		
on c	eiling			
• (4) I wi	ll have: DJs V es □No Live	music Yyes QNo Recorded Music	c MYes □No Dar	ncing OYes Wo
Promo	ted events Tyes No	Cover fee events □Yes ♥No	Scheduled j	performances Tyes No
is not b	ackground music. 🛛	formances will be at background leve		
(6) I wi	ll close all doors and windows	bySun-Thurs and Fri-S	at. I will not have French	doors or windows.
(7) I wi _typi	ll have delivery of supplies, go cal Seaport times	ods and services during the hours of		
(8) I wi	li employ a doorman/security	personnel on the following days and h	nours: 24 hour Seapo	rt security_
(9) I wi	ll actively manage crowds con	gregating on the street at night, to min	nimize disturbances to reside	nts. 🛮
, ,	vill not apply to the SLA for ar unity Board 1.	alteration to the method of operation	agreed to by this stipulation	without first notifying
(11) I v	vill not apply for a sidewalk ca	fé license until at least a year after be	ginning operation. □Yes 🖎	
(12) I v	vill conspicuously post this stip	oulation form beside my liquor license	e inside of my business. 🛛	cafe
(13) I c	onfirm that I have0 vi	olations from previous establishments	for which I have served as a	principal.
(14) I v	vill (additionally):			
	 Have live music play in (no longer limited to tw 	the form of a local act or jazz banice a year).	nd, and will be played indo	oors only
				£0
		ger/owner at the below number. Comp if necessary in order to minimize my		
Name:	Elizabeth Higgins	Pho	one Number: (917) 484	1-0060
Altern	ate Contact:	aci — mcTopani (111)	Phone Number	
		n provided above is truthful and ac		
		·		
- 1	2	>	10-25-21	
Signed			Dated	
Sworn	to this 25th day of	October, 2021	Maril	m.P. Danis
Comm	unity Board I requests that the	Notary Public SLA add these stipulations to the lic	ense of the above-menuo	
		SLA add these stipulations to the lic	STOTARY PUBLIC	MARILYN FODAVIS Notary Public, State of Texas Comm. Expires 02-13-2023
			L	Notary ID 740998-5

1-	Applicant Name REFAEL HASID
2-	Establishment Name (Corporate & DBA) HBM TRIBECA LLC DBA HOMEMADE BY MIRIAM
3-	Address for Proposed License 88 W BROADWAY NEW YORK, NY 10007
4-	Proposed Days/Hours of Operation MONDAY-SUNDAY 7AM-9PM
	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 1,000 SQUARE FEET
6-	Method of Operations (bar restaurant, Catering, etc) BAR RESTAURANT
7-	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) NEW
8-	Sidewalk Café? Yes/No NO
9-	Type of Music? Live X 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
	Where will the kitchen exhaust system vent to? N/A We do not have a kitchen exhaust system. Food is coming from a commissary kitchen in Brooklyn and only being reheated and served at the restaurant. Applicant's Previous Licensed Establishments and Addresses
	REFAEL HASID: SAMI AND SUSU FOOD INC DBA MIRIAM 79 5TH AVENUE BROOKLYN, NY 11217

, 100 6	el l'asta	_, as a qualified represe	ntative of	HBM Tribeca	LLC	
ocated at	88 West Broa	dway		, New Yorl	k, New York, agree	e to
he following stip	pulations for the app	olicant's Method of Ope	ration for their _	on-premise be	eer and wine	license
(1) My hours of cure of the condition of	operation will be o mean that all patron	Sunday s will be cleared from the	- Thursday and _	he specified hour)	Friday – Saturda	y (I
		ant, (please describe type			•	
		, ф. с.		And the state of t	0 hour(s) befor	e closing
(3) I will install s		describe type and location				
(4) I will have: D	Js □Yes No Live	music Tyes No Rec	orded Music Ye	s □ No	Dancing □Yes ♥	lo .
Promoted event	s □Yes ♥No	Cover fee events	res No	Schedu	led performances 🗆	Yes 🗫 o
(5) Volume of all is not background	l music, events or per d music.	formances will be at back	ground levels only	v. If it can be heard	l outside, or by neigl	bors, it
(6) I will close al	ll doors and windows	bySun-Thurs and	Fri-Sat.	will not have Fren	ch doors or window	s.
(7) I will have de	elivery of supplies, go ours of operation	oods and services during the	he hours of			
(8) I will employ	a doorman/security p	personnel on the following	g days and hours:	N/A		
(9) I will actively	y manage crowds con	gregating on the street at	night, to minimize	disturbances to res	idents. 🛛	
(10) I will not ap Community Boa	oply to the SLA for and 1. 🛛	alteration to the method	of operation agreed	l to by this stipulat	ion without first noti	ifying
(11) I will not ap	pply for a sidewalk ca	fé license until at least a y	ear after beginning	g operation. \(\sigmaY\)es	□No	
(12) I will consp	picuously post this stip	oulation form beside my li	quor license inside	of my business.		
(13) I confirm th	nat I have <u>0</u> vie	olations from previous est	ablishments for wh	ich I have served a	s a principal.	
(14) I will (addi						
* The hours of bar service	of operation and foo will be from 10AM	d service will be from 7	7AM opening to 9	9PM all days of t week	he week, and the h	ours
** Window t	hat is to be used wi	Il be open for coffee ser	vice only and wi	ll close after brur	ich hours	
			,	ar diode and brai	ion nours	
(15) Residents r	nay contact the manag	ger/owner at the below nur	mber. Complaints v	will be addressed in	nmediately and I will	1 =0
the above-stated	d method of operation	if necessary in order to m	ınımıze my establis	shment's impact on	my neighbors.	i ievisit
Name: R	eforel	Has, E	Phone Nur	mber: <u>417</u>	64817	84
Alternate Conta						
I hereby certify	y that the informatio	n provided above is trutl	iful and accurate	based upon my pe	ersonal belief.	
	SI		10	16/21		
Signed			Date		ILIYA NI	SEN
	6th day of	Octoba	2021		Notary Public, State Reg. No. 01N Qualified in Kir Commission Everi	16310525
Sworn to this _	Uay 01		ary Public		Commission Expir	es 08/25/2

1-	Applicant Name: CASA CARMEN LLC
2-	Establishment Name (Corporate & DBA): CASA CARMEN LLC D/B/A PENDING
3-	Address for Proposed License: 114 FRANKLIN STREET
4-	Proposed Days/Hours of Operation: 10AM - 12AM MONDAY-SUNDAY
	4.1 What floor(s) is the establishment on?: GROUND FLOOR AND BASEMENT
	4.2 Any rooftop, terrace, or other outside usage?: NONE
5-	Square Footage of Location: 2,500
6-	Method of Operations (bar restaurant, Catering, etc): RESTAURANT
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)
8-	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?: THROUGH CEILILNG TO OUTSIDE
12-	Applicant's Previous Licensed Establishments and Addresses: Restaurante el Bajio, with 17 locations in Mexico City

Manhattan Community Board I Liquor License	Supulations
1, Sebastian Ramirez Degolado, as a qualified representative of Casa (
located at	New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their <u>on-pr</u>	remise liquor license
(1) My hours of operation will be 10AM-12AM Sunday - Thursday and 10AM understand this to mean that all patrons will be cleared from the establishment at the spec (2) I will operate a full-service restaurant, (please describe type of restaurant): restaurant	med nour).
	vice until Mom hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) Sound proof	
(4) I will have: DJs Tyes Tho Live music Tyes Tho Recorded Music Tyes Tho Promoted events Tyes Tho Cover fee events Tyes Tho	Dancing Tyes No Scheduled performances Tyes No
(5) Volume of all music, events or performances will be at background levels only. If it can is not background music. ✓	
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. WI will no	t have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of 8AM-11AM	
(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 disturbations	ances to residents.
(10) I will not apply to the SLA for an alteration to the method of operation agreed to by t Community Board 1. ⊠	
(11) I will not apply for a sidewalk café license until at least a year after beginning operation	ion. Dyes No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my l	
(13) I confirm that I have O violations from previous establishments for which I ha	
(14) I will (additionally):	
 Outdoor space will be used for roadway dining via the City's Open Restathere will be 6 tables and 24 seats 	aurants program, and
there will be o tables and 2 , seems	
(15) Residents may contact the manager/owner at the below number. Complaints will be a the above-stated method of operation if necessary in order to minimize my establishment's	addressed immediately and I will revisit is impact on my neighbors.
Name: Sebastian Ramivez Degillado Phone Number:	
Alternate Contact: Santiago Ramivet Degollado Phone Numb	per: <u>†52 55 1048 8305</u>
I hereby certify that the information provided above is truthful and accurate based to	upon my personal belief.
STORE O WWW.	A PERRY
Signed Dated	DONDRE STEVEN PERRY NOTARY PUBLIC-STATE OF NEW YORK NO. 01 PE6368561
War was a state of the state of	No. of the County
Sworn to this day of day of day of Notary Public	Oualified in New York My Commission Expires 12 114 2011
Community Board 1 requests that the SLA add these stipulations to the license of the abo	
stipulations and board resolution shall supersede all other documents.	Rev. 12/18

1-	Applicant Name
2-	Tribeca Hospitality Group LLC Establishment Name (Corporate & DBA)
3-	135 Address for Proposed License
4-	135 Reade Street New York, NY 10013 Proposed Days/Hours of Operation
	4.1 What floor(s) is the establishment on? Ground floor and basement
	4.2 Any rooftop, terrace, or other outside usage? Sidewalk
5-	Square Footage of Location 3,700 sq. ft.
6-	Method of Operations (bar restaurant, Catering, etc)
7-	Restaurant 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) Application
8-	Sidewalk Café? Yes/No
	Yes
9-	Type of Music? ☐ Live
10	-Volume of Music? 🛮 Background (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?

□ Other

Vents to the roof of the building.

12- Applicant's Previous Licensed Establishments and Addresses

Velibor Bulajic- 241 Sullivan St Cafe Corp D.B.A. Shade 241 Sullivan Street New York, NY 10012

							-	icense Stipulat		
	I,	Jude S	Sheehan		, as a qualifi	ed representative	ofTr	ibeca Hospitalit	y Group I	LLC,
		ed at		Reade Str				, New Yor		
	the fo	llowing	stipulatio	ns for the ap	plicant's Metl	nod of Operation 1	for their	on-premise l	iquor	license
								the specified hour		Saturday (I
	(2) I v	vill opera						American rest		
	6776 10		ll soundpr	oofing (pleas	e describe type	and locations)		food service until _		
				,				es 🗆 No		
	Pron	noted ev	ents 🗆 Yes	Mo	Cover fee	e events 🗆 Yes 🖫 🗸)	Schedu	iled perform	nances DYes DNo
_	is not	backgro	und music	. 🛛	open 11A	M-10PM weathe	er permi			
*					-			I will not have Fre	nch doors o	r windows.
		8AM-	5PM Mo	nday throug	h Friday	es during the hours —		1 security personnestablishment for	ID and COV	/ID-19 vaccine
	(8) I v	vill empl	loy a door	nan/security	personnel on th	e following days a	nd hours	verification Thurs	day through	Sunday
	(9) I v	vill activ	ely manag	e crowds co	gregating on th	ne street at night, to	minimiz	e disturbances to re	esidents. 🛭	
	1000		apply to to		n alteration to the	he method of opera	tion agre	ed to by this stipula	ation withou	t first notifying
	(11) I	will not	apply for	a sidewalk ca	fé license until	at least a year after	r beginni	ng operation. □Yes	s W o	
								de of my business.		
								which I have served		sal
			ditionally)		olutions from p	revious establishin	cins for v	vinen i nave served	as a princip	
						service will be fr closing on Sunda		M opening to 2A	M closing	Monday
	(15) R	Residents	e may cont	act the mana	ger/owner at the	a helow number. C	omplaint	s will be addressed	immediately	y and I will revisit
					if necessary in	order to minimize	my estab	lishment's impact o	on my neigh	bors.
	Name	jS	1100	5/1	ochA		Phone N	umber: 9/7	204	-35/2
		nate Con	1//	MS O	NIC	USUB	Pho Pho	one Number: 7/7	4-321	-1191
	I here	by certi	fy that th	e informatio	n provided ab	ove is truthful and	accurat	e based upon my p	personal be	lief.
		So	M					10/10/	21	
	Signe	d					Da	ted $t = 0$	NOTA	NATALIE PERRIN RY PUBLIC-STATE OF NEW
	Sworn	n to this	10th	_ day of _	ctober	2021	\wedge	Palalle Pt		No. 01PE6389422 Qualified in Bronx County
						Notary Pub	lic		МуС	ommission Expires 03-25-

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 Dinex Beekman Street LLC
2-	Establishment Name (Corporate & DBA) Dinex Beekman Street LLC d/b/a TBD
3-	Address for Proposed License 5 Beekman Street, New York, NY 10038
4-	Proposed Days/Hours of Operation Sun-Thurs: 11am -11pm Fri & Sat: 11am - 12am
	4.1 What floor(s) is the establishment on? 1st floor and cellar
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location 4,513 sq ft
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant
7-	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)
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? Roof
12-	Applicant's Previous Licensed Establishments and Addresses DB Bistro Moderne - 55 W 44th Street Bar Boulud - 1900A Broadway Daniel - 60 E. 65th Street Epicerie Boulud - 768 5th Avenue Le Pavillon Daniel Boulud - 1 Vanderbilt Ave, 1st and 2nd Floors Addresses Cafe Boulud - 20 E. 76th Street DBGB Kitchen and Bar - 299 Bowery Epicerie Boulud - 185 Greenwich Street La Terrace by DB - 1 Vanderbilt Ave, 3rd Floor

Manhattan Community Board 1 Liquor License Stipulations

I, Brian Diamond	, as a qualified repr	esentative of Dine	x Beekman Str	eet, LLC
located at				New York, agree to
the following stipulat	ions for the applicant's Method of (Operation for their _	full liquor	license
understand this to mea	tion will be 11AM-11PM Sund in that all patrons will be cleared from	the establishment at t	he specified hour).	Friday – Saturday (I
(2) I will operate a full	l-service restaurant, (please describe ty			
			ood service until	hour(s) before closing.
(3) I will install sound	proofing (please describe type and loc	ations)		
(4) I will have: DJs 🗆	Yes ⊠No Live music □Yes ⊠No I	Recorded Music WYes	s □No D	Dancing Tyes Wo
Promoted events TY	es No Cover fee events	□Yes ⊠No	Schedule	d performances TYes KNo
is not background mus	(WILLIAMS WILL DE	closed)		
	rs and windows by ^Sun-Thurs a		will not have French	h doors or windows.
(7) I will have delivery 7AM - 5PM	y of supplies, goods and services durin	ng the hours of		
(8) I will employ a doo	orman/security personnel on the follow	ving days and hours: _		<u> </u>
(9) I will actively man	age crowds congregating on the street	at night, to minimize	disturbances to resid	dents. 🛛
(10) I will not apply to Community Board 1.	o the SLA for an alteration to the meth	od of operation agreed	d to by this stipulation	on without first notifying
(11) I will not apply fo	or a sidewalk café license until at least	a year after beginning	g operation. 🗆 Yes 🕻	X 10
(12) I will conspicuous	sly post this stipulation form beside m	y liquor license inside	of my business. 🗵	1
(13) I confirm that I ha	ave violations from previous	establishments for wh	nich I have served as	a principal.
(14) I will (additionall	y):			
•				
(15) Residents may co the above-stated metho	ntact the manager/owner at the below od of operation if necessary in order to	number. Complaints on minimize my establis	will be addressed im shment's impact on	mediately and I will revisit my neighbors.
Name: Brian Diam	ond	Phone Nu	mber: <u>646-519-70</u>	73
Alternate Contact:		Phon	ne Number:	
	the information provided above is t			rsonal belief.
Thereby tertify that	are intermediate provided above as	_	(-/-/-	
		<u> </u>	101412	7
Signed		Date	xi .~ j	
Sworn to this	th day of Oct 2021	Moly	nan D	Bulany.
		Notary Public المنطقة	. ° 0 <u>8 _</u> 0 . ′ <u>.</u>	
Community Board 1 re	equests that the SLA add these stipula	tions to the license of	the above-mentione	d applicant. These Rev. 12/18

Wobam D. Buicani
Notary Public, State of New York
Registration No. 018U6266896
Qualified in New York County
Commission Expires August 06, 2024



1-	Applicant Name 100 Church Street Club, Inc.
2-	Establishment Name (Corporate & DBA) NEXUS Golf
3-	Address for Proposed License
	100 Church Street, basement, New York, NY 10007
4-	Proposed Days/Hours of Operation 9am-8pm daily
	4.1 What floor(s) is the establishment on? Basement
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location 3,450 SF
6-	Method of Operations (bar restaurant, Catering, etc) Private Members Club
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 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? n/a
12-	Applicant's Previous Licensed Establishments and Addresses
1	00 Church Street Club, Inc. 100 Church Street, 7th floor, New York, NY 10007

Manhattan Community Board 1 Liquor License Stipulations , as a qualified representative of 100 Church Street Club, Inc 100 Church Street, Cellar Space located at , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premise private members club liquor license * (1) My hours of operation will be Sunday - Thursday and Friday - Saturday (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 restaurant, (please describe type of restaurant): __private members club where members can play golf with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type and locations) (4) I will have: DJs \(\sigma\)Yes \(\sigma\)No Recorded Music Yes No Live music □Yes MNo Promoted events Tyes No Cover fee events ☐Yes ☑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. W 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: __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. The Section 11 will not apply for a sidewalk café license until at least a year after beginning operation. (12) 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 establishments for which I have served as a principal. (14) I will (additionally): * The hours of operation will be from 9AM opening to 8PM closing all days of the week, and bar service hours will be from 12PM opening to 8PM closing all days of the week; and there will be no food service • Will not be pursuing roadbed dining or sidewalk cafe (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	ze my establishment s impact on my neighbors.
Name: LEVI TONES	Phone Number: (646) 844-2925
Alternate Contact: Biy RENINGER	Phone Number: (929) 388 - 7037
I hereby certify that the information provided above is truthful a	nd accurate based upon my personal belief.
Signed	Donya N. MyRick Notary Public - State of Florida Commission # GG 199727
· · ·	My Comm. Expires kill 19, 2022

Bonded through National Notary Assn

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

Notary Public

day of Cobb

1-	Applicant Name 133 Greenwich, LLC.
2-	Establishment Name (Corporate & DBA) pending
3-	Address for Proposed License 133 Greenwich Street, New York, NY 10006
4-	Proposed Days/Hours of Operation • One Lounge Service – Monday-Thursday: 10am – 1am; Friday-Saturday: 11am-4am; Sunday: 11am – 1am 4.1 What floor(s) is the establishment on? 6th floor
	4.2 Any rooftop, terrace, or other outside usage? no
5-	Square Footage of Location 6,109
6-	Method of Operations (bar restaurant, Catering, etc) Tavern/bar located within hotel
7-	Type of License (Full liquor/OP, beer and wine, etc.) OP Tavern - Full Liquor
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New
8-	Sidewalk Café? Yes/No None
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
11	- Where will the kitchen exhaust system vent to? oven have built in extraction - not needed to vent outside
12	- Applicant's Previous Licensed Establishments and Addresses none in USA

Manhattan Community Board 1 Liquor License Stipulations JUNNIHM LBIM, as a qualified representative of 133 Greenwich LLC 133 Greenwich Street located at , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their <u>on-premise liquor</u> license **★**(1) My hours of operation will be Sunday - Thursday and Friday - Saturday (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 restaurant, (please describe type of restaurant): tavern within a hotel with full food service until (3) I will install soundproofing (please describe type and locations) Standard 50 und 100 fine to preserve quiet enjoyment of hotel (4) I will have: DJs Tyes No Live music Tyes No Recorded Music 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 ________ San Thurs and ______ Fri-Sat. WI 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: (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 No sidewalk cafe (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): * The hours of operation of the hotel and for the Lounge's non-alcoholic beverage and food service are 24 hours, 7 days a week. Indoor ** Hours of delivery of supplies, goods and services will be determined as opening date approaches and the applicant can coordinate

alcohol service will be permitted from 7AM to 2AM from Monday through Saturday, and from 10AM through 2AM on Sundays. Outdoor alcohol and food service will be permitted from 8AM to 10PM Monday through Friday, 8AM to 10PM on Saturdays, and from 10AM through 10PM on Sundays. Applicant will conclude all outdoor food and alcoholic and non-alcoholic beverage service at 10PM all days of the week.

individual supplier availability on delivery schedules.

(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:	Phone Number:
Alternate Contact:	Phone Number:
	ed above is truthful and accurate based upon my personal belief.
Ancolf &	11/5/21
Signal	Dated

Swom to this 15th day of November 2021 Milal Sut Michael Denton

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 **My Co**mmission Expires May 22,