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

1-	Applicant Name
	Ani Liberty LLC
2-	Establishment Name (Corporate & DBA)
	Ani Ramen
_	
3-	Address for Proposed License
	225 Liberty St, #248 New York, NY 10281
4-	Proposed Days/Hours of Operation
	Sunday - Saturday: 10:00 am - 8:00 pm
_	Course France of Leasting
5-	Square Footage of Location
	700
6-	Method of Operations (bar restaurant, Catering, etc)
	Food kiosk
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Beer and wine
8-	Sidewalk Café? Yes/No
	No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ None
10-	Volume of Music? ☐ Background ☐ Other
	N/A
11-	Applicant's Previous Licensed Establishments and Addresses
	N/A

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Manhattan Community Board 1 Liquor License Stipulations							
I, IST WELL JILLS , as a qualified representative of Ani Liberty LLC							
located at, New York, New York, agree to							
the following stipulations for the applicant's Method of Operation for their <u>on-premise beer and wine</u> license							
* (1) My hours of operation will beSunday - Thursday andFriday - 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 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 Tyes No Live music Tyes No Recorded Music Tyes TNo Dancing Tyes No							
Promoted events Tyes Two Cover fee events Tyes Two Scheduled performances Tyes Two							
(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. 🗹 I will not have French doors or windows.							
*(7) I will have delivery of supplies, goods and services during the hours of -the morning to afternoon-							
(8) I will employ a doorman/security personnel on the following days and hours: No security							
(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. We see No							
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.							
(13) I confirm that I have0 violations from previous establishments for which I have served as a principal.							
(14) I will (additionally):							
* The hours of operation will be from 10AM to 8PM all days of the week. * The hours of operation will be from 10AM to 8PM all days of the week. * The hours of operation will be from 10AM to 8PM all days of the week. * The hours of operation will be from 10AM to 8PM all days of the week. * The hours of operation will be from 10AM to 8PM all days of the week. * The hours of operation will be from 10AM to 8PM all days of the week. * The hours of operation will be from 10AM to 8PM all days of the week.							
(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: Stad Jiles Phone Number: 446-320-8098							
Alternate Contact: LUCK Sarabhayavanija Phone Number: 446-320-1796							
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.							
Signed Signed							
Sworn to this 19th day of August 2021, Melanie Refman							

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 License Application Questionnaire Summary Revised 8/2019

1-	Applicant Name Tiny's Gumbo Bar NYC LLC							
2-	Establishment Name (Corporate & DBA) Filé Gumbo Bar							
3-	Address for Proposed License 275 Church Street, New York, NY 10013							
4- Proposed Days/Hours of Operation Monday-Sunday 10am-1am (service to patrons 1 4.1 What floor(s) is the establishment on? Ground floor and base								
5-	Square Footage of Location 3600 total square feet -1800 square feet- ground floor -1800 square feet- basement							
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) New Application							
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? Per NYC Code							
12-	Applicant's Previous Licensed Establishments and Addresses N/A							

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Manhattan Community Board 1 Liquor License Stipulations

I, Eric McCree , as a qualified representative of Tiny's Gumbo Bar NYC LLC	
located at 275 Church Street, New York, NY 10013 , New York, New York, agree to	
the following stipulations for the applicant's Method of Operation for their On-Premises Restaurant license	
Sun-Thus, 91 am-12, am Frit Sat. 9:am - 1:am	
(1) My hours of operation will be Sunday Thursday and Friday - Saturday (1) understand this to mean that all patrons will be cleared from the establishment at the specified hour) Sunday Start. 101	010
(2) I will operate a full-service restaurant, (please describe type of restaurant): Cajun & Creole Restaurant	
with full food service until 1 hour(s) before closing.	
— (3) I will install soundproofing (please describe type and locations) No Residents	
Promoted events Tyes To Cover fee events Tyes To Scheduled performances Tyes To	
(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. D1 will not have French doors or windows	
— (7) I will have delivery of supplies, goods and services during the hours of 9° an - 12'pm	
(8) I will emptoy 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. Wes ONo	
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.	
(13) I confirm that I have	
(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.	
Name: XEric MCCree Phone Number: 1206-300-5101	
Those Politice.	
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	
x 7/1/1/-	
Signed David C	
MICHELA PAGLIAR	A
Swom to this Q day of JULY 2021 NOTARY PUBLIC STATE OF NEW YOR Registration No. 01PA641	9424
Notary Public Notary Public Oualified in New York C My Commission Expir	
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.	

Rev. 12/18

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

1- Applicant Name tarida Ricciardelli
2- Establishment Name (Corporate & DBA) Farida Group Corp.
3- Address for Proposed License 32 Cedar Street NY. NY. 10005
4- Proposed Days/Hours of Operation 7 days From 11am - 11pm
4.1 What floor(s) is the establishment on? Bosement
4.2 Any rooftop, terrace, or other outside usage?
5- Square Footage of Location 2500 sq f.
6- Method of Operations (bar restaurant, Catering, etc) Restaurant full Seguice
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
9- Type of Music? Live Recorded D 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? Roof.
12- Applicant's Previous Licensed Establishments and Addresses Fakida Restaukant 498 9th Avenue NY NY 10018

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Manhattan Community Board 1 Liquor License Stipulations

I,_	Farida Ric	ciardelli	, as a qualified repre	sentative of Far	rida Group Corp	•
loca	ited at	32 Cedar St, I	Basement		, New York, New York,	agree to
the	following stip	oulations for the	e applicant's Method of O	peration for their	Restaurant Wine	license
(1) I unde	My hours of o	peration will be mean that all pa	11AM-11PM Sunda	y – Thursday and _ he establishment at	11AM-11PM Friday – Sa the specified hour).	aturday (I
			taurant, (please describe typ			
	Aı	uthentic Centra	l Asian Cuisine	with full	food service until1_ hour(s)	before closing.
(3) I						
(4) I	will have: D.	Js Tyes XINo	Live music □Yes ♥No R	ecorded Music XIY	es 🗆 No Dancing 🗆 Y	es XI No
Pro	omoted events	s Tyes Mino	Cover fee events [⊒Yes ⊠No	Scheduled performan	
	Volume of all of background		performances will be at ba	ckground levels on	ly. If it can be heard outside, or by	
(6) 1	will close all	doors and wind	ows by Sun-Thurs an	d Fri-Sat. 🛭	I will not have French doors or w	indows.
	will have del		s, goods and services during			
(8) 1	will employ	a doorman/secur	ity personnel on the following	ng days and hours:	N/A	
(9) 1	will actively	manage crowds	congregating on the street a	t night, to minimize	e disturbances to residents.	
	I will not app		or an alteration to the metho	d of operation agree	ed to by this stipulation without f	rst notifying
(11)	I will not app	oly for a sidewall	c café license until at least a	year after beginnir	ng operation. Tyes No	
(12)	I will conspic	cuously post this	stipulation form beside my	liquor license insid	le of my business.	
					hich I have served as a principal	
	I will (addition					
(15) the a	Residents ma bove-stated m	y contact the ma nethod of operati	nager/owner at the below n on if necessary in order to	umber. Complaints minimize my establ	will be addressed immediately a ishment's impact on my neighbound	and I will revisitors.
Namo	e: Farida	Ricciardelli		Phone Nu	umber: (646) 705-2261	
Alter	nate Contact:	ABC Licer	nse - Sam Park	Pho	ne Number: <u>(718)</u> 939-1400	
I her	eby certify th	nat the informa	tion provided above is tru	thful and accurate	e based upon my personal belie	f.
0	J. Ri	cciadt	Elli	8	3/12/2021	
Signe		2th day of	August, 2021	acy	RELEN LEE Notary Public, State of N No. 01LE610998 Qualified in Queens C Commission Expires May	7 county
J 11011	v us		\bigvee_{N}	otary Public		4-024

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.