1-	Applicant Name Forge 30 Hudson LLC
2-	Establishment Name (Corporate & DBA)
_	d/b/a Restaurant Marc Forgione
3-	Address for Proposed License
Ü	•
4-	30 Hudson Street Proposed Days/Hours of Operation Mon-Thurs., 11am-1am, Friday/Sat.: 11 am - 2 am.
	<ul><li>4.1 What floor(s) is the establishment on?</li><li>ground and basement</li><li>4.2 Any rooftop, terrace, or other outside usage?</li><li>sidewalk</li></ul>
5-	Square Footage of Location
	Approx 5500 total  Method of Operations (bar restaurant, Catering, etc)
	Full Service Restaurant (relocating Restaurant Marc Forgione)  Type of License (Full liquor/OP, beer and wine, etc.)  OP252 (On Premises Liquor)  7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)  New
8-	Sidewalk Café? Yes/No Yes
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-	Roof (existing black iron venting)  Applicant's Previous Licensed Establishments and Addresses
	Restaurant Marc Forgione Khe Yo

, Marc Forgione , as	a qualified representative of Fo	rge 30 Huds	on LLC	,
ocated at 30 Hudson Street		, New Y	ork, New Yo	rk, agree to
he following stipulations for the applica	nt's Method of Operation for their	on-premises		license
My hours of operation will be  understand this to mean that all patrons wil	Sunday – Thursday and _ I be cleared from the establishment at	the specified h	Friday -	- Saturday (I
2) I will operate a full-service restaurant, (	please describe type of restaurant):	American fine	dining full ser	vice restaurant
	with full	food service un	til hou	r(s) before closing
(3) I will install soundproofing (please desc	ribe type and locations)			
(4) I will have: DJs Tyes To Live mus		es □No	Dancing	LlYes <b>V</b> No
110	Cover fee events □Yes □No		_	mances
(5) Volume of all music, events or perform s not background music.				
(6) I will close all doors and windows by _		II will not have	French doors	or windows.
(7) I will have delivery of supplies, goods a 7AM - 5PM	and services during the hours of			
(8) I will employ a doorman/security perso	nnel on the following days and hours	:		
(9) I will actively manage crowds congrega				_
(10) I will not apply to the SLA for an alter				
Community Board 1. 🛛				
(11) I will not apply for a sidewalk café lic	ense until at least a year after beginni	ng operation.	Yes □No	
(12) I will conspicuously post this stipulati	on form beside my liquor license insi	de of my busine	ess. 🛛	
(13) I confirm that I have violatio	ns from previous establishments for v	which I have ser	ved as a princi	pal.
(14) I will (additionally):				
* The hours of operation will be from 11.7 Friday through Saturday, and the hours of through Thursday and 11AM opening to 1	food service and bar service will be f	rom 11AM ope	11AM opening ning to 12AM	to 2AM closing closing Sunday
** The applicant confirmed that they will	make sure to follow proper garbage	disposal		
The applicant commined that they was	maio de la company part de la company de la	•		
(15) Residents may contact the manager/or the above-stated method of operation if ne	wner at the below number. Complaint cessary in order to minimize my estat	s will be addres blishment's imp	ssed immediate act on my neig	ely and I will revis hbors.
Name: Britta Priest	Phone N	Tumber: 9	17-449-563	0
Alternate Contact: Marc Forgione	Ph	one Number:	646-709-0	134
I hereby certify that the information pro				
Mitan		7/31/21		
Signed	D	ated	ATE OF	ELKE HOFMA Registration #02HC
Sworn to this 31st day of	m, 2021 9/		NOTARY PUBLIC	Qualified in Kings My Commission April 27, 20
Bwoin to and	Notary Public		ANT THE PARTY NAMED IN	

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 BL 109 WBroadway NY LLC
2-	Establishment Name (Corporate & DBA)
	Bluestone Lane
3-	Address for Proposed License
	109 West Broadway New York, NY
4-	Proposed Days/Hours of Operation
	7am-10pm all days 4.1 What floor(s) is the establishment on? Ground
	4.2 Any rooftop, terrace, or other outside usage?
5-	Parklet during Open Restaurants program Square Footage of Location
_	1526sqft
6-	Method of Operations (bar restaurant, Catering, etc)
•	Restaurant
7_	Type of License (Full liquor/OP, beer and wine, etc.)
, -	OP
	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
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
	See attached Rider

I, Hari Nathan Kalyan , as a qualified representative of _	BL 109 WBroadway NY LLC,			
located at 109 West Broadway	, New York, New York, agree to			
the following stipulations for the applicant's Method of Operation for t	heir on-premises license			
(1) My hours of operation will beSunday – Thursday a understand this to mean that all patrons will be cleared from the establishment.	ent at the specified hour).			
(2) I will operate a full-service restaurant, (please describe type of restaurant	t): _Australian Cafe			
with	full food service untilall_ hour(s) before closing.			
(3) I will install soundproofing (please describe type and locations) <u>Inst</u>	alled in ceiling			
(4) I will have: DJs \( \text{DYes} \) \( \text{No} \) Live music \( \text{DYes} \) \( \text{No} \) Recorded Music				
Promoted events \(\sigma\)Yes \(\sigma\)No \(\cong \)Cover fee events \(\sigma\)Yes \(\sigma\)No	Scheduled performances Tyes No			
(5) Volume of all music, events or performances will be at background leve is not background music. $\boxtimes$	ls only. If it can be heard outside, or by neighbors, it			
(6) I will close all doors and windows bySun-Thurs and Fri-Sa	at. $\square$ I will not have French doors or windows.			
(7) I will have delivery of supplies, goods and services during the hours of 7AM - 10AM				
(8) I will employ a doorman/security personnel on the following days and h	ours: N/A			
(9) I will actively manage crowds congregating on the street at night, to min	imize disturbances to residents. 🖂			
(10) I will not apply to the SLA for an alteration to the method of operation Community Board 1. $\boxtimes$	agreed to by this stipulation without first notifying			
(11) I will not apply for a sidewalk café license until at least a year after beg	ginning operation. □Yes □No			
(12) I will conspicuously post this stipulation form beside my liquor license	inside of my business. $\boxtimes$			
(13) I confirm that I have o violations from previous establishments	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 and food service will be from 7AM opening to 10 bar service will be from 11AM opening to 10PM closing all days of the we				
	,			
(15) Residents may contact the manager/owner at the below number. Comp the above-stated method of operation if necessary in order to minimize my of				
Name:Tom Selementi, SVP RetailPho	ne Number:551-208-5228			
Alternate Contact: Hari Nathan Kalyan, General Counsel	Phone Number: 917-653-0633			
I hereby certify that the information provided above is truthful and acc	urate based upon my personal belief.			
02	6/24/2			
Signed	Dated			
	1/M A// WELLY KALYAN			
Sworn to this 27th day of June 2021	NOTARY PUBLISHED NOTARY			
Notary Public	State of 1836 Comm Exp. 09-20			
Community Board 1 requests that the SLA add these stipulations to the licer	nse of the above-mentioned application These			
stipulations and board resolution shall supersede all other documents.	Rev. 12/18			

1-	Applicant Name DELLASNYC LLC
2-	Establishment Name (Corporate & DBA) DELLAS NYC
3-	Address for Proposed License 66 WEST BROADWAY, NEW YORK, NY 10007
4-	Proposed Days/Hours of Operation 12PM TO 12 AM - TUESDAY - SUNDAY CLOSED MONDAY 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 580 SQUARE FEET
6-	Method of Operations (bar restaurant, Catering, etc) BAR
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? 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
	N/A

I, ELIZABETH NICHOLSON as a qualified representative of DELLASNYC LLC
located at 66 WEST BROADWAY, NEW YROY, NY , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their TAVERN WINE license
12PM opening to 12AM closing all days of the week
(1) My hours of operation will beSunday 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  UNTIL CLOSING with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs \( \sqrt{Y}\) es \( \sqrt{N}\) to Live music \( \sqrt{Y}\) es \( \sqrt{N}\) Recorded Music \( \sqrt{Y}\) es \( \sqrt{N}\) Dancing \( \sqrt{Y}\) es \( \sqrt{N}\) O
Promoted events \( \sqrt{Y}\) es \( \sqrt{N}\) Over fee events \( \sqrt{Y}\) es \( \sqrt{N}\) O
(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 morning time
(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. Yes 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):
** Windows will be open 12PM with a closing time of 10PM during the weekdays and 11PM during the weekends.
(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: ELIZABETH NICHOLSON Phone Number: 917-558-3787
Alternate Contact: THOMAS BURKE Phone Number: 212-521-0828
I hereby certify that the information proyided above is truthful and accurate based upon my personal belief.
Signed  Signed  Dated  NOTARY PUBLIC-STATE OF NEW YOR  No. 02WE6056328  No. 02WE6056328  Qualified in New York County  Qualified in New York County
Sworn to this 25 day of May 2021  Notary Public  No. 02WE00355  Qualified in New York County  And Public My Commission Expires March 19, 2
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-	Applicant Name Stacey Sosa or Entity to be Formed
2-	Establishment Name (Corporate & DBA) North Bar
3-	Address for Proposed License 458 Greenwich St, New York, NY 10038
4-	Proposed Days/Hours of Operation
	4.1 What floor(s) is the establishment on? Ground floor
5-	4.2 Any rooftop, terrace, or other outside usage? outdoor space for future sidewalk cafe license Square Footage of Location 1,500 sq ft
6-	Method of Operations (bar restaurant, Catering, etc) bar 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? (es/No
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 jukebox
11-	Where will the kitchen exhaust system vent to?
12-	Applicant's Previous Licensed Establishments and Addresses
	460 Greenwich St, New York, NY 10013

	Signor License Stipulations	
	1. STA CO. SO. S. as a qualified representative of Work Road	
	located at UCX Greenwich Strate	,
	the following stipulations for the applicant's Method of Operation for their IGIIAY license	
	119 UT INCENSE	
**	(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):	
	with full food service until hour(s) before closing.  (3) I will install soundproofing (please describe type and locations) 0 Ven (1) 8 + 5	
	(4) I will have: DJs CIYes Wo Live music CIYes CIYO Recorded Music XIYes CINO Dancing CIYes No	
	Promoted events CIYes (No Cover fee events CIYes (No Scheduled performances CIYes (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 12 Sun-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	
	- 10 cm to 3 pm	
	(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. Tyes ANO	
	(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):	
7	** The hours of operation are 4PM opening to 12AM closing Sunday through Thursday and 4PM opening to 1AM closing Friday and Saturday, and the hours of food service are 5PM opening to 11PM closing Sunday through Thursday and 5PM opening to 12AM closing Friday and Saturday, and the hours of bar service are the same as the hours of operation.  ** Windows will not be open  VINCENT J. LICATA  Notary Public, State of New York  No. 021.6321250  Qualified in New York County  Commission Expires Mar. 16, 23	ŗ
(	(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.	
	Varne: Elias 5059 Phone Number: 917 216 806	
	halis Comado Phone Number 910 446 5540	)
A	hereby certify that the information provided above is truthful and accurate based upon my personal belief.	
1	hereby certify that the into martin protest	
	Stacy Saa 5 35 RATERYNA SKLIARENKO Dated Notary Public - State of New Y	ork .
S	Signed No. 01SK6404402  Date of Date of Sufficient in Suffolk Country  Of Date of Suff	v 9
	Mail 2021 Commission Expires Feb. 18	2024
S	1 Gth day of 11/1004	
C	Notary Public  Notary	.8
	Scanned with CamScanne	er,

..

1-	Applicant Name
	Food First LLC.
2-	Establishment Name (Corporate & DBA)
3 <b>-</b>	Food First LLC d/b/a Blue Ribbon Sushi Address for Proposed License
	84 William Street, New York, New York 10038
4-	Proposed Days/Hours of Operation 11:00am - 11:00pm (daily)
	4.1 What floor(s) is the establishment on? Ground floor & cellar (Ground floor only for patrons)
	4.2 Any rooftop, terrace, or other outside usage?
5-	Square Footage of Location 3,843 SF (appx. 1,410 SF for public)
6-	Method of Operations (bar restaurant, Catering, etc)  Sushi restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full OP license
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)  New Application
8-	Sidewalk Café? Yes No
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?  Roof (existing system for previous restaurant by same operators)
12-	Applicant's Previous Licensed Establishments and Addresses  Flexible Fish Corp. 119 Sullivan Street, Food First LLC 34 Downing Street, Broffish LLC 308 W. 58th Street  The Crystal Room LP 97 Sullivan Street, Cosmic Debris LLC 187 Orchard Street, Broffish LLC 6 Columbus Circ.  BB Chicles Machinery LLC 32 F. 44 Street The Bibbes Weddwide LLC 80 W. 73rd Street

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.

Fast Fish LLC 225 Liberty Street, Sushi Rock 30 Rockefeller Plaza

I, Eric Bromberg , as a qualified representative of F	ood First LLC
	, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their	on-premises license
* 11AM - 11PM all days of the week. Hours	
(1) My hours of operation will be Sunday Thursday and understand this to mean that all patrons will be cleared from the establishment a	Priday Saunday (I t the specified hour).
(2) I will operate a full-service restaurant, (please describe type of restaurant): _	sushi restaurant
with full	food service untilhour(s) before closing.
(3) I will install soundproofing (please describe type and locations) Walls with	acoustic fabric
(4) I will have: DJs \( \textstyre{\textsty}	es □No Dancing □Yes ☑No
Promoted events, Tyes No Cover fee events Tyes No	Scheduled performances □Yes ♥No
(5) Volume of all music, events or performances will be at background levels or is not background music.	aly. If it can be heard outside, or by neighbors, it
(6) I will close all doors and windows bySun-Thurs andFri-Sat.	II will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of 8AM to noon	
(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 minimiz	ze disturbances to residents.
(10) I will not apply to the SLA for an alteration to the method of operation agree Community Board 1. $\boxtimes$	eed to by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at least a year after beginni	ng operation. XIYes □No
(12) I will conspicuously post this stipulation form beside my liquor license insi	de of my business. 🗵
(13) I confirm that I have <u>had two</u> violations from previous establishments for v	which I have served as a principal.*
(14) I will (additionally):	*Principals of applicants were co-licensees on a hotel license with an operator that received two violations for activity concerning the hotel, not Principal's restaurant
W.	
(15) Residents may contact the manager/owner at the below number. Complaint the above-stated method of operation if necessary in order to minimize my estab	s will be addressed immediately and I will revisit lishment's impact on my neighbors.
Name: ERIC BROMBERG Phone N	Tumber: 1212-229-0404
Alternate Contact:Pho	one Number:
I hereby certify that the information provided above is truthful and accurate	
Signed Da	ited No. 01LA4846182 Qualified in Nassau County Commission Expires November 30, 20
Sworn to this day of July, 2021 / MAN	MY Clar
Notary Hublic	rio i womo

Rev. 12/18

1-	Applicant Name Karty McNulty
2-	Establishment Name (Corporate & DBA)
	THE PIXIE AND THE SCOUT LLC CANOUSEL KIUSK
3-	Address for Proposed License
	BATTERY PL., STATEST. + WHITEHALL ST.
4-	Proposed Days/Hours of Operation Qam ZPm, 7 days a week
	4.1 What floor(s) is the establishment on?
	4.2 Any rooftop, terrace, or other outside usage? OUTDOON SCATCHE ON THE PACK
5-	Square Footage of Location
	450
6-	Method of Operations (bar restaurant, Catering, etc)  Food + BWEM6E IZIOSK
7-	Type of License (Full liquor/OP, beer and wine, etc.)  いいも + らどに  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?
	□ Other Nowle
11-	Where will the kitchen exhaust system vent to? $\sim$ $\sim$ $\sim$
12-	Applicant's Previous Licensed Establishments and Addresses

located at <u>BATTERY PL</u> , STATE ST. + WHITEHALL ST (CANOUSEL KIOSE), New York, New York, agree to the following stipulations for the applicant's Method of Operation for their <u>TAYSNU</u> SIMMEN license		Wannattan Community Board 1 Liquor License Stipulations					
(1) My hours of operation will be		1, NATY WE NOTTY as a qualified representative of THE PIXIE AND THE SCOUT LLE					
(1) My hours of operation will be		the fill					
and estand 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;		TANGET OF THE APPRICANT S MICHOGO OF Operation for their					
(3) I will install soundproofing (please describe type and locations)  There is no bounds of the control of the	**	understand this to mean that all patrons will be cleared from the establishment at the specified hour)					
(4) I will law content and the service surpressions of the service surpression surpression of the service surpression surpr		(2) I will operate a full-service restaurant, (please describe type of restaurant): KIOSK					
(4) I will law content and the service surpressions of the service surpression surpression of the service surpression surpr		with full food service until O hour(s) before closing					
Community Board 1.   Communi		(3) I will illistall soundproofing (please describe type and locations) To offe 15 No. 1413610					
(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 7 pm. Sun-Thurs and 7 pm. Fri-Sat. 201 will not have French doors or windows.  (7) I will have delivery of supplies, goods and services during the hours of 7.4M—8.4M  (8) I will employ a doorman/security personnel on the following days and hours: We do not employ a doorman. Our super-hours will be entile 83-7p day.  (9) I will servively 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 I.   (11) I will not apply for a sidewalk case license until at least a year after beginning operation.   (12) I will conspicuously post this stipulation form beside my fiquor license inside of my business.   (13) I confirm that I have 9 violations from previous establishments for which I have served as a principal.  (14) I will (additionally):  ** The hours of operation, food service and bar service will be from 9AM opening to 7PM closing all days of the week  ** The applicant has represented that there will not be any kind of music or non-musical entertainment that will be played, no dancing, and no TV monitors; and  (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.  (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.  (15) Residents may contact the manager/owner at the below number. Phone Number: 100 pm. 100 pm		(4) I will have: DJs DYes ZNO Live music DVes DAL D					
(6) I will close all doors and windows by *pm* Sun-Thurs and *pm* Fri-Sat. 21 will not have French doors or windows.  (7) I will have delivery of supplies, goods and services during the hours of *TAM = 8kM*  (8) I will employ a doorman/security personnel on the following days and hours: *we do not employ a doorman. Our supervisors will be onside 2a-76 daily.  (9) 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. **\infty\$  (11) I will not apply for a sidewalk cafe license until at least a year after beginning operation. *\infty\$ Syes UNO  (12) I will conspicuously post this stipulation form beside my liquor ticense inside of my business. *\infty\$  (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, food service and bar service will be from 9AM opening to 7PM closing all days of the week  *** The applicant has represented that there will not be any kind of music or non-musical entertainment that will be played, no dancing, and no TV monitors; and  (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.  (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.  (15) Residents may contact the manager/owner at the below number. 646-389-5845  Alternate Contact: **Jonathan Histinger** Phone Number: \$\frac{973-780-0911}{2}\$  The reby certify that the information provided above is truthful and accurate based upon my personal belief.  O6/28/2021  Dated  O6/28/2021  Dated  O6/28/2021  Dated  O6/28/2021  Community Board I requests that the SLA add		Cover fee events Lyes ZNo Scheduled performance Lyes ZNo					
(8) I will employ a doorman/security personnel on the following days and hours: We do not employ a doorman. Our supervisor will be coreile Sta-76 deally.  (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 I.  (11) I will not apply for a sidewalk cafe 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 have0violations from previous establishments for which I have served as a principal.  (14) I will (additionally):  ** The hours of operation, food service and bar service will be from 9AM opening to 7PM closing all days of the week  ** The applicant has represented that there will not be any kind of music or non-musical entertainment that will be played, no dancing, and no TV monitors; and  (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.  (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:		(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it					
(8) I will employ a doorman/security personnel on the following days and hours: We do not employ a doorman. Our supervisor will be coreile Sta-76 deally.  (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 I.  (11) I will not apply for a sidewalk cafe 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 have0violations from previous establishments for which I have served as a principal.  (14) I will (additionally):  ** The hours of operation, food service and bar service will be from 9AM opening to 7PM closing all days of the week  ** The applicant has represented that there will not be any kind of music or non-musical entertainment that will be played, no dancing, and no TV monitors; and  (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.  (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:		(6) I will close all doors and windows by 7 pm Sun-Thurs and 7 pm Fri-Sat. ☑ I will not have French doors or windows					
Sharm   AAM	1	that derivery of supplies, goods and services during the hours of					
(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 cafe 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, food service and bar service will be from 9AM opening to 7PM closing all days of the week  *** The applicant has represented that there will not be any kind of music or non-musical entertainment that will be played, no dancing, and no TV monitors; and  (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: Kathiyn McNulty	(	7AM - 8AM  (8) I will employ a doorman/security personnel on the following days and hours: We do not employ a doorman. Our supervisors will be onsite 9a-7p daily.					
(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 conspicuously post this stipulation form beside my liquor license inside of my business.   (13) I confirm that I have	(	(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.					
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.   (13) I confirm that I have	(	Community Board 1. 🛮					
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.   (13) I confirm that I have	(	11) I will not apply for a sidewalk café license until at least a year after beginning operation. Aves [No.					
(13) I contirm that I have	(	12) I will conspicuously post this stipulation form beside my liquor license inside of my business.					
** The hours of operation, food service and bar service will be from 9AM opening to 7PM closing all days of the week  ** The applicant has represented that there will not be any kind of music or non-musical entertainment that will be played, no dancing, and no TV monitors; and  (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: Kathryn McNulty Phone Number: 646-389-5845  Alternate Contact: Jonathan Hittinger Phone Number: 973-760-0911  I hereby certify that the information provided above is truthful and accurate based upon my personal belief.  O6/28/2021  Signed Dated  Sworm to this Abd day of June 2021  Notary Public  Community Board I requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	(	(13) I confirm that I have violations from previous establishments for which I have					
(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: Kathryn McNulty  Phone Number: 646-389-5845  Alternate Contact: Jonathan Hittinger  Phone Number: 973-760-0911  I hereby certify that the information provided above is truthful and accurate based upon my personal belief.  Signed  O6/28/2021  Dated  Sworn to this Aday of June 2021  Signed Dated  Notary gublic  Community Board I requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	(	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: Kathryn McNulty  Phone Number: 646-389-5845  Alternate Contact: Jonathan Hittinger  Phone Number: 973-760-0911  I hereby certify that the information provided above is truthful and accurate based upon my personal belief.  Signed  O6/28/2021  Dated  Sworn to this Aday of June 2021  Signed Dated  Notary gublic  Community Board I requests that the SLA add these stipulations to the license of the above-mentioned applicant. These		** The hours of operation, food service and bar service will be from 9AM opening to 7PM closing 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: Kathryn McNulty Phone Number: 646-389-5845  Alternate Contact: Jonathan Hittinger Phone Number: 973-760-0911  I hereby certify that the information provided above is truthful and accurate based upon my personal belief.  O6/28/2021  Signed Dated  Notary Public  Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These		** The applicant has represented that there will not be apprizing of any bind					
Name:		played, no dancing, and no TV monitors; and					
Name:							
Name:							
Alternate Contact: Jonathan Hittinger  I hereby certify that the information provided above is truthful and accurate based upon my personal belief.  Signed  Dated  Notary Public  Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	(1)	5) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit e above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.					
Alternate Contact: Jonathan Hittinger  I hereby certify that the information provided above is truthful and accurate based upon my personal belief.  Signed  Dated  Sworn to this Abelia Substitutions to the license of the above-mentioned applicant. These  Stipulations and board resolution shall supersede all other documents	Na						
Sworn to this day of fine 202 Assemary Meleuna  Notary Public  Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These		Phone Number: 646-389-5845					
Sworn to this day of fine 202 Assemary Meleuna  Notary Public  Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These		ternate Contact: Jonathan Hittinger  Phone Number: 973-760-0911					
Sworn to this day of fine 202 Assemary Melecuse  Notary Public  Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	Ih	ereby certify that the information provided above is truthful and accurate based upon my personal heliof					
Sworn to this day of fine 202 Assemary Melecuse  Notary Public  Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These		Public Of No. 01					
Sworn to this day of fine 202 Assemary Melecuse  Notary Public  Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	Sig	med Dated					
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.	Swe						
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.		Notary Public					
	Con	nmunity Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These ulations and board resolution shall supersede all other documents.					

Rev. 12/18

1-	Applicant Name  KATY McNUlty
2-	Establishment Name (Corporate & DBA)  THE PIKIE AND THE SCOUT LLC FOUNTAIN KIOSK
	Address for Proposed License
	BATTERY PL., STATE ST. + WHITEHALL ST.
4-	Proposed Days/Hours of Operation 1/Am - 9pm 7 days a veek
	4.1 What floor(s) is the establishment on?  KIOCK  4.2 Any rooftop, terrace, or other outside usage?  OUTDOOL SOID IC ID PANC
5-	Square Footage of Location  APPROX 450 SQ A
6-	Method of Operations (bar restaurant, Catering, etc)  FOUD + BEVERAGE KLOSK
7-	Type of License (Full liquor/OP, beer and wine, etc.)  いんと + ほどに  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 ~りんご
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? $\sim$ $\sim$
12-	Applicant's Previous Licensed Establishments and Addresses

Manhattan Community Board 1 Liquor License Stipulations  1, KATY MENULTY  , as a qualified representative of THE PIXIE AND THE SCOUT LLC located at BATTOLY PC, STATE ST. + WHITEHALL ST (FOUNTAY) KIOSK, New York, New York, agree to the following stipulations for the applicately Medical States and the stipulations for the applicately Medical States and the stipulations for the applicately Medical States and the states are stipulations for the applicately Medical States and the states are stipulations for the applicately Medical States and the states are stipulations.
the following stipulations for the applicant's Method of Operation for their THIER SUMMER licens
** (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): COST
with full food service until hour(s) before closing with full food service until hour(s) before closing (3) I will install soundproofing (please describe type and locations)  Our entire premises are outdoors in a NYC Park Department property.  We will have tables and chairs in a crowd barrier stanchioned area, There are several established trees and heavy tandscaping surcunding the entire area that isn't directly on the harbor.
(4) I will have: DJs UYes UNO Live music UYes UNO Recorded Music UYes UNO Dancing UYes UNO  Promoted events UYes UNO Cover fee events UYes UNO Scheduled parties.
(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it
(6) I will close all doors and windows by 200 gm Sup Thurs and
(6) I will close all doors and windows by 9:00 pm Sun-Thurs and 9 pm Fri-Sat. All will not have French doors or windows.  (7) I will have delivery of supplies, goods and services during the hours of 9AM - 10AM
(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.   ☑Yes □No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) I confirm that I have 0 violations for your live in the large 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 applicant has represented that there will not be any kind of music or non-
musical entertainment that will be played, no dancing, and no TV monitors.
** The hours of operation, food service and bar service will be from 11AM opening to 9PM all days of the week

Jame: Kathryn McNulty	Phone Number: 646-389-5845
Alternate Contact Jonathan Hittinger	
The contact.	Phone Number: 973-760-0911
distribution provides	d above is truthful and accurate based upon my personal belief
	June 28, 2021
ined"	Dated

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, State of New York
No. 01MC6385474
Qualified in Bronx County
Commission Expires January 7, 2023

1-	- Applicant Name Missy Robbins and Sean Feeney - Establishment Name (Corporate & DBA) - Misnesta LLC - Address for Proposed License 928 Craig Road S New York, NY 10004				
2-					
3-					
4-	Proposed Days/Hours of Operation Wed-Sat 5PM-11:30PM				
5-	4.1 What floor(s) is the establishment on? Ground Floor, Governors' Island Picnic Area 4.2 Any rooftop, terrace, or other outside usage? Yes, Outdoor Picnic Area of Governor's Island Square Footage of Location				
	500 sq feet				
6-	Method of Operations (bar restaurant, Catering, etc)  Seasonal OP Restaurant License				
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor				
Seasonal	OP Restaurant 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 N/A No Music				
10	-Volume of Music?  Background (no sound from events, performances or music will be heard outside the premises or by neighbors)  N/A No Music  Other				
11	- Where will the kitchen exhaust system vent to?  Open Air Cooking				
12	- Applicant's Previous Licensed Establishments and Addresses  MisiDomino LLC, 325 Kent Avenune Brooklyn 11249  Woodfire Collision LLC, 567 Union St Brookyln 11221				

# Manhattan Community Board 1 Liquor License Stipulations , as a qualified representative of Misipasta LLC Sean Feeney 928 Craig Road S New York, NY 10004 New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Seasonal OP license 5PM to 11:30PM all days of the week \*(1) My hours of operation will be Sunday and Friday Counday (1 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): seasonal picnic style restaurant prepared by celebrity chef Missy Robbins with full food service untill 1:30PMur(s) before closing. (3) I will install soundproofing (please describe type and locations) N/A NO WUSIC, But door Space, Seasonal Space (4) I will have: DJs Tes To Live music Tes To Recorded Music Tes To Dancing OYes Wo Promoted events OYes MNo Cover fee events Tyes Wio Scheduled performances Tyes Wo (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. 5-7pm Via Ferni (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. Ayes No (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: 347.244.9046 Sean Freney Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. day of /4060(1 2020 Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned approximation of the above-mention of th

NOTARY PUBLIC STATE OF NEW JERSEY My Commission Expires June 5, 2024

1- Applicant Name

	AB Fulton Nominee LLC and Hersha Hospitality Management LP
2-	Establishment Name (Corporate & DBA)
	Moxy NYC Downtown
3-	Address for Proposed License
	26 Ann Street, New York, NY 10038
4-	Proposed Days/Hours of Operation
	4.1 What floor(s) is the establishment on? Entire hotel
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location
	128,690 sq ft
6-	Method of Operations (bar restaurant, Catering, etc)
	Hotel bar restaurant/lounge
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full 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? 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
	See attached list

Manhattan Community Board 1 Liquor License Stipulations AB Fulton Nominee LLC and Hersha Hospitality Management LP 1. Yanshu Li 26 Ann Street located at , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their hotel liquor license \*\* (1) My hours of operation will be Sunday 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): restaurant with lounge located in a boutique hotel Continental Menu with full food service until 1/2 hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Sound proofing already installed throughout hotel - Acoustic plaster used for ceiling and exterior walls are fully insulated (4) I will have: DJs Yes \(\subsetention\) Live music \(\text{Yes} \subsetention\) Recorded Music \(\text{Yes} \subsetention\) No Dancing Tyes No. Promoted events Tyes No. Cover fee events Tyes Wo Scheduled performances Tyes Tho (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 not be open (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 Regular business hours (8) I will employ a doorman/security personnel on the following days and hours: 24 hours/7 days a week (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 N/A (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have **zero** violations from previous establishments for which I have served as a principal. (14) I will (additionally): \*\* The hours of operation are 24 hours 7 days a week for the hotel, and hours of food service are from 8AM opening to 12AM closing all days of the week, and the hours of bar service are from 8AM opening to 2AM closing Monday through Saturday, and 10AM to 2AM on Sundays. There will be a grab-and-go station for guests only located on the third floor next to the bar area for the sale of bottled alcoholic beverages that will be open until 4AM for hotel guests only after the restaurant with lounge closes \*\*\* Will have occasional live music in the form of jazz, acoustic, piano, and guitar, DJs, no non-musical entertainment, and TV monitors in the basketball room and event space (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: Yanshu Li Phone Number: 212 823 3747 Hiram A Negron Alternate Contact: Phone Number: 914 960 7611 JOSHUA DAVILA I hereby certify that the information provided above is truthful and accurate based upon my personal bediefay Public-State OF NEW YORK No. 01DA6397671 Qualified in Bronx County My Commission Expires 09-09-2023 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.

Rev. 12/18

1-	Applicant Name BL 2 River NY LLC
2-	Establishment Name (Corporate & DBA)
	Bluestone Lane
3-	Address for Proposed License
	2 River Terrace New York, NY
4-	Proposed Days/Hours of Operation
	7am-10pm all days 4.1 What floor(s) is the establishment on? Ground
	4.2 Any rooftop, terrace, or other outside usage? Outdoor annex area
5-	Square Footage of Location
	1100sqft
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	OP 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
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
	See attached Rider

Ι,	Hari Na	than Kalyan	, as a qualified representative of	BL 2 River N	Y LLC		
loca	ted at	2 River	Геттасе	, New !	York, New York, agree t	0	
the f	following	stipulations for t	he applicant's Method of Operation for the	neir on-premise	S	license	
unde	(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) 1	2) I will operate a full-service restaurant, (please describe type of restaurant): cafe serving Australian-inspired cuisine						
(2) I	with full food service until all hour(s) before closing.						
(3) 1	3) I will install soundproofing (please describe type and locations) <u>installed in ceiling</u>						
. ,		DJs □Yes ☑No ents □Yes ☑No	Live music Tyes No Recorded Music Cover fee events Tyes No		Dancing Yes Noneduled performances		
. ,		all music, events and music.	or performances will be at background level	s only. If it can be h	neard outside, or by neigh	bors, it	
(6) I	will close	all doors and win	dows bySun-Thurs and Fri-Sa	t. 🗹 I will not have	French doors or windows	S.	
(7) I		delivery of suppli M - 10AM	ies, goods and services during the hours of				
(8) I	will empl	oy a doorman/sec	urity personnel on the following days and he	ours: N/A			
			s congregating on the street at night, to min				
, ,		apply to the SLA pard 1. $\boxtimes$	for an alteration to the method of operation	agreed to by this sti	pulation without first not	fying	
(11)	I will no:	apply for a sidewa	alk café license until at least a year after beg	inning operation.	IYes ♥No		
(12)	I will con	spicuously post th	is stipulation form beside my liquor license	inside of my busine	ess. 🗵		
100		that I have0 ditionally):	violations from previous establishments	for which I have ser	ved as a principal.		
			ood service will be from 7AM opening to 10 10PM closing all days of the week	PM all days of the v	week, and the hours of bar	service	
					٠.		
			nanager/owner at the below number. Compl ation if necessary in order to minimize my e			ll revisit	
Nam	ne: Tom	Selementi, SVP I	Retail Phon	ne Number:551-	208-5228		
	rnate Cont			Phone Number:			
I he	reby certi	ty that the inform	nation provided above is truthful and acc	urate based upon	my personal belief.		
		1//		6/24/21		ALL VAN	
Sign	ied			Dated	N.	ELLY KALYAN TARY PUBLIC 10# 131730732	
Swo	rn to this	241 day o	of Jun 2021	MALLA	Com	State of Texas m. Exp. 09-20-2022	
		•	Notary Public		M		

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.