1-	Applicant Name Pizza Yard Holdings LLC
2-	Establishment Name (Corporate & DBA) Pizza Yard
3-	Address for Proposed License 402 Comfort Road, Governors Island, NY 10004
4-	Proposed Days/Hours of Operation 11am-7pm daily 4.1 What floor(s) is the establishment on? Outdoor only
	4.2 Any rooftop, terrace, or other outside usage?  Premises is outdoors
5-	Square Footage of Location 3500 SF
6-	Method of Operations (bar restaurant, Catering, etc) Seasonal tavern/pizzeria
7-	Type of License (Full liquor/OP, beer and wine, etc.)  Beer, wine, cider  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 *private events only
10-	Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	☐ Other
11-	Where will the kitchen exhaust system vent to?
	Chimney
12-	Applicant's Previous Licensed Establishments and Addresses
ı	Pataca Restaurant Corp. d/b/a Piadina; 57 West 10th Street, NY, NY 10011
	landestino Corp. d/b/a Celestino; 562 Halsey Street, Brooklyn, NY 11233 carlo Martello LLC d/b/a Union Pizza Works; 423 Troutman Street, Brooklyn, NY 11237

## **Manhattan Community Board 1 Liquor License Stipulations**

I, MASSINI	ICIANON	ANNI, as a que	alified represent	ative ofP	izza Yard He	oldings LL	<u>.c</u>	_
located at	402 Cc	omfort Road, Gov	ernors Island		, New	York, New	York, agree to	
the following sti	pulations for	the applicant's N	Method of Opera	tion for thei	r on-premis	se beer and w	rine	license
(1) My hours of o understand this to	mean that all	patrons will be c	leared from the es		at the specified	hour).	lay - Saturday (	I
(2) I will operate	a full-service	restaurant, (please	e describe type of			_		
				with fu	ll food service u	intil 0	hour(s) before o	losing.
(3) I will install s	oundproofing	(please describe t	ype and locations	s) <u>n/a</u>				_
(4) I will have: D	Js □Yes ♥No	Live music 🗹	es □No Recon	ded Music 🗹	Yes □No	Danci	ng □Yes ■No	
Promoted events	s TyesXINo	Cover	r fee events □Yes	s <b>X</b> No	S	cheduled per	formances □Ye	s Mano
(5) Volume of all is not background		or performances	will be at backgr	ound levels o	only. If it can be	heard outside	le, or by neighb	ors, it
(6) I will close all	doors and wi	ndows byS	Sun-Thurs and	Fri-Sat 2	will not hav	e French doo	ors or windows.	*pickup count
(7) I will have de during	livery of supp the morning		rvices during the	hours of				only
(8) I will employ	a doorman/se	curity personnel o	on the following d	lays and how	s: **only fo	r private e	events	
(9) I will actively	manage crow	ds congregating of	on the street at nig	ght, to minim	ize disturbance:	s to residents	. 🗵	
	(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. Myes \(\sigma\) *the premises is located							
(12) I will conspi	outdoors  [12] I will conspicuously post this stipulation form beside my liquor license inside of my business.							
(13) I confirm that							incipal.	
(14) I will (additi	-							
		:11 h a Guann 1	1AM opening to	o 7DM alos	ng all days of	the week	and the hours	v.f.
	-		me as the hours			me week, a	and the notis	)1
** Employ o	ne security g	uard at private e	events that are a	bove 50 par	rons			
2		-						
(15) Residents matthe above-stated in	ny contact the nethod of ope	manager/owner a ration if necessar	t the below numb y in order to mini	per. Complain mize my esta	nts will be addre blishment's im	essed immed pact on my n	iately and I will eighbors.	revisit
Name: <u>#469</u>	MICIAR	O NAN	WI	Phone	Number: 9/	7 535	9142	
Alternate Contact	: :	-		P	hone Number: _			
Lhereby certify	that the infor	mation provided	above is truthfu	ul and accur	ate based upon	my person	al belief.	
tun.	11	~	Heren how	Men:	8/17/20	02		
Signed			,	I	Dated	ADA ***=	<b>-</b> 111.	
	7 day	of Angu	1st 7.0	021	NOTA	ARY PUBLIC	TINS MONTO C-STATE OF NE MO6398889	NERI W YORK
		J	Notar	y Public		Qualified	in Kings Coun	ty
					My (	Commissio	n.Exnires 10 o	7.0000

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These -07-2023 stipulations and board resolution shall supersede all other documents.

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1-	Applicant Name
	Fulton Seafood Market LLC & Creative Culinary Management Company LLC
2-	Establishment Name (Corporate & DBA)
	Tin Building by Jean Georges
3-	Address for Proposed License
	96 South Street, New York, NY 10038
4-	Proposed Days/Hours of Operation
	4.1 What floor(s) is the establishment on? All 3 floors of building
	4.2 Any rooftop, terrace, or other outside usage? Space outside the marketplace
5-	Square Footage of Location 54,494 sq ft
6-	Method of Operations (bar restaurant, Catering, etc) Food Hall/Marketplace
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)
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? To the roof
12	- Applicant's Previous Licensed Establishments and Addresses
	See attached packet
	1

Manhattan Community Board 1 Liquor License Stipulations \_\_\_, as a qualified representative of \_\_\_\_\_ Fulton Scafood Market LLC & Creative Culinary Management Company LLC David O'Reilly 96 South Street located at , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premises liquor (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): marketplace will full service and fast casual grab-and-go restaurants with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Sound level limiters and building construction material (4) I will have: DJs Wes UNo Live music Wes UNo Recorded Music Wes UNo Dancing UYes No Promoted events Tyes No Cover fee events □Yes XXNo Scheduled performances TYes XNo (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it not background music. \*\*\*(6) I will close all doors and windows by \_\_\_\_Sun-Thurs and \_\_\_\_ Fri-Sat. \(\mathbb{M}\) I 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: Seaport Security will be present during all hours of operation. (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. 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. Alyes INo (12)I will conspicuously post this stipulation form beside my liquor license inside of my business. violations from previous establishments for which I have served as a principal. (13)I confirm that I have (14)I will (additionally): \* The hours of operation will be from 6AM opening to 1AM Sunday through Wednesday, and 6AM opening to 2AM closing Thursday through Saturday, and the hours of food service and bar service will be the same as the hours of operation \*\* Also include a jukebox, and non-musical entertainment in the form of live cooking shows that can be filmed and broadcasted with audience \*\*\* Open seasonally: May through October, from 6AM to 10PM Monday through Thursday, and 6AM to 11PM Friday through Sunday The applicant agreed to provide a 30-days notice in advance to the Community Board for a venue that intends to play music outside of the premises (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. DAVID R. O'REI'lly Phone Number: (917) 583-504 Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. **REBECCA MISTY ABASTA NOTARY PUBLIC** STATE OF NEVADA Signed Commission Expires: 12-10-24 Certificate No: 17-4216-1

Notary Public

1-	Applicant Name  Jakob Trummer
2-	Establishment Name (Corporate & DBA)
3-	Trummer Rx LLC 0/6/9 Rx (064 Pending) Address for Proposed License  220 Front Street, New York, NY 10038
4-	Proposed Days/Hours of Operation
	4.1 What floor(s) is the establishment on? Ground
	4.2 Any rooftop, terrace, or other outside usage?
5-	Square Footage of Location  800 Square Feet
6-	Method of Operations (bar restaurant, Catering, etc)  COLKTAIL GOT SECVING Small Plates and Sushi roll
7-	Type of License (Full liquor/OP, beer and wine, etc.)  On premises (1940) (1845)
8-	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)
	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
	Where will the kitchen exhaust system vent to?  NO KITCHEN VEAT [COLON KITCHEN]  Applicant's Previous Licensed Establishments and Addresses
	NA

Manhattan Community Board 1 Liquor License Stipulations I, Jakob Trumper, as a qualified representative of Trumper RX LCC located at 220 Front Stillet, New York, NY 1038, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on Premises (1940) 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): CCCX+TUI'L GOT SETVING Small Plates of 54542 rolls with full food service until All hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Promoted events Tyes No Cover fee events TYes No Scheduled performances Wes 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. 12PM-10PM all days of the week (6) I will close all doors and windows by \_\_\_\_Sun-Thurs and \_\_\_\_ Fri-Sat. UI 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: on an on-needed basis (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. Myes CNo (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have violations from previous establishments for which I have served as a principal. (14) I will (additionally): \* The hours of operation will be from 12PM opening to 12AM closing Sunday through Thursday, and 12PM opening to 1AM closing Friday and Saturday, and the hours of food service and bar service will be the same as the hours of operation for the days mentioned \*\* Delivery of supplies, goods and services will be done about one to two times per week, with food purveyors delivering to other restaurants, and deliveries will be made starting at 12PM, and liquor delivery once a week from 12PM to 2PM (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. Trummer +1(347)4453476 Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These

Rev: 12/18...

stipulations and board resolution shall supersede all other documents.

1- Applicant Name

An NFP to be formed by David Litwak

2- Establishment Name (Corporate & DBA)
Maxwell

3- Address for Proposed License

451 Washington Street, NY, NY 10013

- 4- Proposed Days/Hours of Operation 9am-1am daily
  - 4.1 What floor(s) is the establishment on? Ground
  - 4.2 Any rooftop, terrace, or other outside usage? Outdoor patio
- 5- Square Footage of Location 4900 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, outdoor patio within property line

- 9- Type of Music? \(\mathbb{\text{Live}}\) Live \(\mathbb{\text{X}}\) Recorded \(\mathbb{\text{X}}\) DI
- 10- Volume of Music? Background (no sound from events, performances or music will be heard outside the premises or by neighbors)

∆ Other Amplified for private events only

- 11- Where will the kitchen exhaust system vent to?

  Exhaust vents to exterior of building (the roof or the courtyard with adequate clearance from surrounding buildings and windows)
- 12- Applicant's Previous Licensed Establishments and Addresses n/a

## **Manhattan Community Board 1 Liquor License Stipulations**

ocated at 451 Washington Street	, New York, New York, agree to
he following stipulations for the applicant's Method of Operation	for their Members club license
1) My hours of operation will be 9AM -1 AM Sunday – Thurs anderstand this to mean that all patrons will be cleared from the establish	day and 9AM - 1AM Friday – Saturday (I shment at the specified hour).
2) I will operate a full-service restaurant, (please describe type of resta	with full food service until 0 hour(s) before closing.
3) I will install soundproofing (please describe type and locations) _n/	
4) I will have: DJs \(\sqrt{Y}\) es \(\sqrt{N}\) No Live music \(\sqrt{Y}\) es \(\sqrt{N}\) No Recorded M	Music Wes ©No Dancing ©Yes Wo
Promoted events ☐Yes ☑No Cover fee events ☐Yes ☑No	Scheduled performances Types Two
5) Volume of all music, events or performances will be at background s not background music.   *** windows will not be open	levels only. If it can be heard outside, or by neighbors, it
	ri-Sat. □I will not have French doors or windows.
7) I will have delivery of supplies, goods and services during the hours after 7:30AM Monday - Friday	s of
8) I will employ a doorman/security personnel on the following days a	nd 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 opera Community Board 1.	ation agreed to by this stipulation without first notifying
11) I will not apply for a sidewalk café license until at least a year after	
12) I will conspicuously post this stipulation form beside my liquor lic	ense inside of my business.
13) I confirm that I have N/A violations from previous establishmen	ents for which I have served as a principal.
14) I will (additionally):	
** DJ on the weekends, live music in the form of jazz and not bands the special programming or special events only, non-musical entertainment and dinners celebrating culinary and creative talent	nat will be generating amplified noise, which will play during nt such as comedy nights, quarterly supper clubs, idea dinners,
* The hours for the outdoor patio will be from 9AM opening to 10PM opening to 11PM closing Friday through Sunday.	closing Monday through Thursday, and 9AM
	, mill
15) Residents may contact the manager/owner at the below number. Contact the above-stated method of operation if necessary in order to minimize	
Name: David Litwak	Phone Number: (310) 625 - 4916
Alternate Contact: Joelle Fuchs	Phone Number: (646) 203 97
hereby certify that the information provided above is truthful and	4 2 2 a
8/ 2-2/	Taccurate based upon my personal benefit.  7/28/702/  Dated
Hamanu	a n 2.00
Signed Signed	Dated  Dated  Dated
Sworn to this	Dated

Revised 8/2019
1- Applicant Name Possidon MOSPITALITY LLC
2- Establishment Name (Corporate & DBA) Poseidon Restaurant
3- Address for Proposed License 124 chambers Street Nyc, Ny 12007
4- Proposed Days/Hours of Operation SUN-THURS 12pm-2em 4.1 What floor(s) is the establishment on? Rround; beservent
4.1 What floor(s) is the establishment on? Sround besement
4.2 Any rooftop, terrace, or other outside usage? Covid usage
5- Square Footage of Location
6- Method of Operations (bar restaurant, Catering, etc) Restaurant
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 N/A, unaroilable
9- Type of Music?  Live  Recorded  D
The second secon
10-Volume of Music? Reackground (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- Applicant's Previous Licensed Establishments and Addresses 239 Enterte: Numer + LLC 239 Nicol Are NYC 239 114-116 E. 1644 A NYC
LIC COMEDY LLC 47-38 Vernon Blod

	0/			rd 1 Liquor License S			•
	1, raolo			entative of Poseidon H		uls parage to	
	located at	124 Chambers	s Street plicant's Method of Op		New York, New Yo remises liquor	rk, agree to license	4
*	(1) My hours of on	peration will be	2000 Lana Sunda	v – Thursday and 12ni	m - /am Friday	- Saturday (I	•
	understand this to r	mean that all patron	swill be cleared from the	he establishment at the speci	fied hour). restaurant	. * `	
			7.	with full food serv	rice until ho	ur(s) before closing.	
	(3) I will install so	undproofing (pleas	e describe type and loca	tions) ceiling			
	(4) I will have: DJ:	s OYes Who Live	e music DYes Wo R	ecorded Music Myes CNo	Dancing	Clyes ONo	
	Promoted events		Cover fee events	_		rmances Ciyes De o	e A
	(5) Volume of all is not background		rformances will be at be Windows will	ackground levels only. If it c	an be heard outside	, or by neighbors, it	
計	(6) I will close all	doors and windows		nd Tri-Sat. OI will no	ot have French door	s or windows.	
	(7) I will have deli 10AM-4PM		oods and services durin	g the hours of		n La la participa de la companya de l La companya de la companya d	
	(8) I will employ a	a doorman/security	personnel on the follow	ving days and hours:	N/A		
	(9) I will actively	manage crowds co	ngregating on the street	at night, to minimize distur	bances to residents.	×	
	(10) I will not app Community Board		n alteration to the meth	od of operation agreed to by	this stipulation wi	thout first notifying	
	(11) I will not app	oly for a sidewalk c	afé license until at leas	t a year after beginning oper	ation. UYes UNo	NA	
				ny liquor license inside of m	A Company of the Comp		
			· ·	s establishments for which I		incipal.	
	(14) I will (addition	onally):		: :	* *		
	opening to 1 AM of days of the week,	losing Friday and S and bar service wil	Saturday, and the hours Il be the same as the ho	M opening to 1AM closing of food service will be from the off operation they wish to alter their hour	n 12PM opening to	1AM closing all	·
	the date of comme		•			: 1	•
		•			.*		
		:	- *	*2			
	the above-stated	method of operation	ager/owner at the belown if necessary in order	w number. Complaints will to minimize my establishm Phone Numbe	ent's impact on my	ediately and I will rev neighbors. 4/5-0530	
	Name:	2010	<u> </u>	1 HOMO 140MID	w	<u> </u>	<del>-</del>
	Alternate Contac	<b></b>		Phone N	Number:		
			lon provided above is	truthful and accurate ba		onal belief.	•
	1/		1		-27-21	•	
	×			Dated			
	Signed	`		Dated		,	NOTARIZE
	Sworn to this	2714 day of_	July		$\rightarrow$		REMOTELY
				Notary Public			- 1E 10
	Community Boar stipulations and b	rd 1 requests that t board resolution sh	he SLA add these stips all supersede all other	ulations to the license of the documents.	FRANK W.	PALILLO	1.12/18
				ţ	Notary Public, St Na. 24-4 Qualified in N Commission Expire	794182 A	
						1/ 1/2	

	1-	Applicant Name
		Fonda Avenue B LLC
	2-	Establishment Name (Corporate & DBA)
		d/b/a Fonda
	3-	Address for Proposed License
		139 Duane Street Proposed Days/Hours of Operation
Monday - Thursd Friday: 12 pm - 1 Saturday: 11 am Sunday: 11 am -	am - 1	4.1 What floor(s) is the establishment on?  am ground and basement
	5-	Square Footage of Location
		Approx 2500 total  Method of Operations (bar restaurant, Catering, etc)
		Full Service Restaurant (relocating Fonda)  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
		Fonda (Park Slope) Fonda (Chelsea)

# Manhattan Community Board 1 Liquor License Stipulations

I, Roberto Santibanez, as a qua	lified representative of		
located at139 Duane Street		, New York, New Y	
the following stipulations for the applicant's $\boldsymbol{M}$	lethod of Operation for their	on-premise liquor	license
(1) My hours of operation will be understand this to mean that all patrons will be cl (2) I will operate a full-service restaurant, (please	eared from the establishment at edescribe type of restaurant):	the specified hour).  upscale Mexican restaurant food service until ho	
(3) I will install soundproofing (please describe ty	ype and locations) <u>n/a (no a</u> backgrou	dditional soundproofing nd/ambient music only)	- recorded
(5) Volume of all music, events or performances	refee events Tyes No will be at background levels on ndows will be closed that Thurs andFri-Sat.	Scheduled perfolly. If it can be heard outside	
(8) I will employ a doorman/security personnel o	——— In the following days and hours	none	
(9) I will actively manage crowds congregating o			
(10) I will not apply to the SLA for an alteration of Community Board 1.   ✓			
(11) I will not apply for a sidewalk café license u	ntil at least a year after beginni	ng operation. 🗆 Yes 🕬 o	
(12) I will conspicuously post this stipulation for	m beside my liquor license insi	de of my business. 🗵	
(13) I confirm that I have violations from			icipal.
(14) I will (additionally):			
* The hours of operation will be from 12PM op- closing Fridays, 11AM to 1AM closing Saturday be the same as the hours of operation, except for	vs. and 11AM to 12AM Sunday	, and the hours of food servi	ice and bar service will
(15) Residents may contact the manager/owner a the above-stated method of operation if necessary  Name: Roberto Santibanez	t the below number. Complaint y in order to minimize my estab Phone N	lishment's impact on my ne	ighbors.
Alternate Contact: <u>Erika Flores</u> I hereby certify that the information provided		one Number: 917-822 te based upon my personal	
Roberto Contibanes		7/2/2021	
tte & Time: July 02, 2021 12:54:06 EDT  Signed		ated	
Sworn to this 2pd day of 4My Community Board 1 requests that the SLA add the	Notary Public \ hese stipulations to the license	PUBLIC * QI	ELKE HOFMANN istration #02H06176688 Jalified in Kings County y Commission Expires April 27, 2024
stipulations and board resolution shall supersede	all other documents.		Rev. 12/18

	1- Applicant Name Fathelbab, Inc.	
	2- Establishment Name (Corporate & DBA) Pending	
	3- Address for Proposed License 102 Greenwich St, New York	NY
	4- Proposed Days/Hours of Operation Seven days per week-at has Akobol will be served weekdays untildam twe 4.1 What floor(s) is the establishment on? ground Fl + basem	ekendsIAM ent
	4.2 Any rooftop, terrace, or other outside usage?	
	5- Square Footage of Location Approximately 3000 Sq. Ft.	
	6- Method of Operations (bar restaurant, Catering, etc) Restaurant Duch	
	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 DJ	
	10- Volume of Music? Dackground (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- Applicant's Previous Licensed Establishments and Addresses	1
	2 - The Direct to conge Inc 1801 Richard the SI, DY	10314
-	2-One Diner + Lounge Inc 1821 Richard Ave SI, NY 2-Two Dinert Lounge Inc. 2925 Veterons Rd West SI, NY 2 Restaurent + Lounge Inc. 2939 Cropsey Ave Brooklyn A	10309
Thi	s Liquor License Application Questionnaire Summary will be made available to the public one	7
	ek 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.

				rd 1 Liquor Licenso			•
1	, raolo	Italia	💪 as a qualified repre	sentative of Poseidon			
1	ocated at	124 Chambers	Street		New York, New Y	ork, agree to	
1	he following stip	ulations for the app	dicant's Method of O	peration for theiro	n-premises liquor	license	
				ny – Thursday and		y - Saturday (I	
(	2) I will operate a	a full-service restaur	ant, (please describe ty	pr 01 145tatatata,	od restaurant	our(s) before closing.	
(	3) I will install so	oundproofing (please	describe type and loca			our(s) belote closing.	
	4) I will have: Di	Is CIVes VINo Live	musia DVas MNo. I	Recorded Music Wyes Ch	No Dancin	g Clyes OKVo	
•	Promoted events	_	Cover fee events			ormances OYes ON	e e
	(5) Volume of all s not background		rformances will be at b Windows will	ackground levels only. If not be onen	it can be heard outsid	e, or by neighbors, it	
ķ (	(6) I will close all	doors and windows		nd Tri-Sat. OI wil	l not have French doc	rs or windows.	•
•	(7) I will have del 10AM-4P)		oods and services durin	ng the hours of			
			personnel on the follo	wing days and hours:	NA		
		. •	•	t at night, to minimize dis	turbances to resident	. 🛛	
1		ply to the SLA for a		nod of operation agreed to			
			afé license until at leas	st a year after beginning o	neration. UYes UNo	NA	•
				ny liquor license inside o		, · · · · · · · · · · · · · · · · · · ·	
				s establishments for whic		rincinal	
	(13) I continu in (14) I will (additi		ioistions itout bresion	2 estitonsimienta toi Muc	II I IMVO SOLVOU US A P	rmorpus.	
	ays of the week,  *** The applica	and bar service wil	l be the same as the ho	s of food service will be i ours of operation they wish to alter their h			
1	he date of comm	encing operations		4			
		:	- '	est.			·
•	(15) Residents m the above-stated	method of operatio	agon/owner at the belon if necessary in order	w number. Complaints v to minimize my establis	shment's impact on n	nediately and I will rev ny neighbors. インダー ひろろ	·
	Name:	2010	14/114	Phone Nu	mber:		<b>-</b>
	Alternate Contac	1. 154		Phor	ne Number:		
			lon provided above i	s truthful and accurate	•	sonal belief.	
	I Helena octura	<b>X</b> /	1	•			
	×			<u> </u>	7-27-21		
	Signed			Dat	ed		. 40
			- 1				NOTARIZE
	Sworn to this	2714 day of_	2014			_' .	NOTARIZO REMOTELY
				Notary Public		,	DJE 10
	Community Boa	rd 1 requests that t	he SLA add these stir	ulations to the license o	f the above-mention	ed applicant. These	DJE TO COVID
	stipulations and	board resolution sh	all supersede all othe	r documents.	FRANK W Notary Public, S	Z PALILLO tale of New York	r. 12/18
					Qualified in Sommission Expir	Kinds County res Avril 300 VAZ	,