MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

PM Tribeca LLC

2- Establishment Name (Corporate & DBA)

Paper Moon

3- Address for Proposed License

339 Greenwich Street

4- 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

5- Proposed Days/Hours of Operation

Mon - Thurs **11am-1am** Fri - Sat **11am-1am** Sun **11am-1am**

4.1 What floor(s) is the establishment on? **Ground Floor and Basement**

6- Square Footage of Location **8,991**

7- Method of Operations (bar restaurant, Catering, etc)

Full Service Restaurant

8- Outdoor Seating? ☒ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☒ Yes ☐ No

9- Type of Music ? ☒ Live ☒ Recorded ☒ DJ

10- Volume of Music? ☒ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? **The roof of the building**

12- Applicant's Previous Licensed Establishments and Addresses

The principals are also principals of BB Tribeca LLC DBA Beefbar, 105 Hudson Street, New York, NY 10013

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Tareef Rahman, as a qualified representative of PM Tribeca LLC dba Paper Moon, located at 339 Greenwich Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their liquor license

(1) My requested hours of operation are 11am-1a Monday – Thursday, 11am-1a Friday – Saturday, 11am-1 Sunday

(1.a) CB approved hours Monday to Thursday 11:00AM - 12:00AM, Friday to Saturday 11:00AM- 1:00AM, Sunday 11:00AM - 10:00PM
(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, (please describe type of establishment):
Restaurant with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type)_____
(please describe location)_____

(4) I will have: DJs ☒ Yes ☐ No Live Music ☒ Yes ☐ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☒ No
Promoted events ☐ Yes ☐ No Cover events ☐ Yes ☐ No Scheduled performances ☐ Yes ☐ No

(5) Volume of music, events, 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 _____ Mon- Thur, _____ Fri - Sat _____ Sun.
☑ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of _____

(8) I will have garbage collected during the hours of _____

(9) I will employ a doorman/security personnel on the following days and hours: Everyday 5pm until closing.

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒

(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 not apply for a sidewalk café license until at least a year after beginning operation. ☐ Yes ☐ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):
The applicant and the committee has agreed to 10 buyouts per year

(16) 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: Michael McDurmon Phone Number: 856-357-7448

Alternate Contact: Aqib Rahman Phone Number: 646-891-8434

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed Texas Kerr Dated 04/03/2025

Sworn to this 3rd day of April 2025

Notary Public

Camron Cook
ID NUMBER 12998668-4
COMMISSION EXPIRES October 8, 2026

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. 3/2024

Electronically signed and notarized online using the Proof platform.

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: PM Tribeca LLC dba Paper Moon

Address 339 Greenwich Street, New York, NY 10013

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: _____

(4) I will have delivery of any event supplies, goods and services during the hours of _____

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) 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: Michael McDurmon Phone Number: 856-357-7448

Alternate Contact: Aqib Rahman Phone Number: 646-891-8434

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

04/03/2025
Dated

Texas
Kerr
Sworn to this 3rd day of April 2025

Notary Public

Camron Cook
ID NUMBER
12998668-4
COMMISSION EXPIRES
October 8, 2026

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. 3/2024

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

Christina Risco-Turner

2- Establishment Name (Corporate & DBA)

EAD Entertainment LLC dba Muse Paintbar

3- Address for Proposed License

329 Greenwich Street NY, NY 10013

4- Type of License (Full liquor/OP, beer and wine, etc.) On-Premises Liquor

7.1 Type of application

☐New ☐Alteration ☐Change in Method of Operation, ☐Corporate Change, ☑Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs Mon-Tues 6:30P-9:15P Wed-Thurs 2:30P-9:15P Fri - Sat Fri 2:30P-9:30P Sat 11:30A-9:30P Sun 11:30A-7:30P

4.1 What floor(s) is the establishment on? 1St floor and Basement

6- Square Footage of Location 2200 sq ft

7- Method of Operations (bar restaurant, Catering, etc)

Tavern

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☑No

9- Type of Music? ☐ Live ☑ Recorded ☐ DJ

10- Volume of Music? ☑Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? n/a

12- Applicant's Previous Licensed Establishments and Addresses

329 Greenwich 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.

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: EAD Entertainment LLC dba Muse Paintbar

Address: 329 Greenwich Street

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: Sunday, Tuesday, Thursday nights between 10:45P-1:30P

(4) I will have delivery of any event supplies, goods and services during the hours of varies, mostly afternoons

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

The establishment is event based with timed ticketed entry catering to a max of 108 paying customers

(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: Whisper Blanchard Phone Number: 786-247-2891

Alternate Contact: Sara Bloem Phone Number: 240-997-2597

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed 3/30/2025 Dated

Sworn to this 30th day of March 2025

Notary Public

RAJESH DAYAL NOTARY PUBLIC GEORGIA GWINNETT COUNTY EXPIRES April 2, 2026

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. 3/2024

Manhattan Community Board 1 Liquor License Stipulations

I, Christine Risso-Turner, as a qualified representative of EAD Entertainment LLC, located at 329 Greenwich St. NY NY 10013, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Liquor License license

(1) My requested hours of operation are _____ Monday – Thursday, _____ Friday – Saturday, _____ Sunday

(1.a) CB approved hours of operation Monday to Tuesday 6:30PM - 9:15PM, Wednesday to Thursday 2:30PM - 9:15PM, Friday 2:30PM-9:30PM, Saturday 11:30AM-9:30PM, Sunday 11:30AM-8:30PM

(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, (please describe type of establishment): —

_____ _____ with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type)_____

(please describe location)_____

(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing ☐Yes ☐No

Promoted events Yes No Cover events ☐Yes ☐No Scheduled performances ☐Yes ☐No

(5) Volume of music, events, 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 _____ Mon- Thur, _____ Fri - Sat _____ Sun.

I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of _____

(8) I will have garbage collected during the hours of _____

(9) I will employ a doorman/security personnel on the following days and hours: _____

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒

(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 not apply for a sidewalk café license until at least a year after beginning operation. Yes No (N/A)

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have _____ violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

(16) 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: Whisper Blanchard Phone Number: 786-247-2891

Alternate Contact: Sara Bloem Phone Number: 240-997-2597

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

_____ 3/30/2025

Signed Dated

Sworn to this 30th day of March 2025 _____

Notary Public

RAJESH DAYAL NOTARY EXPIRES GEORGIA April 2, 2026 PUBLIC GWINNETT COUNTY

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. 3/2024

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

York Street Lessee DE LLC, York Street LLC & Hersha Hospitality Management LP

2- Establishment Name (Corporate & DBA)

Hilton Garden Inn Tribeca

3- Address for Proposed License

39 Avenue of the Americas, New York, New York 10013

4- Type of License (Full liquor/OP, beer and wine, etc.) **Full Liquor / HL (hotel liquor)**

7.1 Type of application

☐New ☒Alteration ☐Change in Method of Operation, ☐Corporate Change, ☒Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs 11am-2am Fri - Sat 11am-2am Sun 11am-2am

24 Hour Hotel / Room Service Unit Midnight

4.1 What floor(s) is the establishment on? **Entire hotel**

6- Square Footage of Location 65,660

7- Method of Operations (bar restaurant, Catering, etc)

Hotel with restaurant

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside N/A

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music? ☐ Live ☒ Recorded ☐ DJ

10- Volume of Music? ☒ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? Main kitchen vents to roof, pizza oven to 2nd fl. roof

12- Applicant's Previous Licensed Establishments and Addresses

Currently and previously licensed at this location (39 Avenue of the Americas).

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 for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: York Street Lessee DE LLC, York Street LLC & Hersha Hospitality Management LP

Address: 39 Avenue of the Americas, New York, New York 10013

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: appx 4am

(4) I will have delivery of any event supplies, goods and services during the hours of 5am-10am

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) 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: LaKasha Taylor Phone Number: 404-483-4623

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

X QRP Ashish Parikh (Mar 5, 2025 13:44 MST) Ashish R. Jl 4/3/25 Dated

Signed

Commonwealth of Pennsylvania - Notary Seal
EMILY S MANNIX - Notary Public
Philadelphia County
My Commission Expires December 2, 2025
Commission Number 1411296

Sworn to this 3rd day of April 2025 Emily Mannix

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. 3/2024

Manhattan Community Board 1 Liquor License Stipulations

I, Ashish Parikh, as a qualified representative of York Street Lessee DE LLC, York Street LLC & ~~Hersha Hospitality Management LP~~, located at ~~38 Avenue of the Americas~~ 39 Avenue of the Americas, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Hotel license

*24 HOUR HOTEL

(1) My requested hours of operation are 11a-2a Monday – Thursday, 11a-2a Friday – Saturday, 11a-2a Sunday Restaurant
Hotel Room Service - 12pm-12am daily

(1.a) CB approved hours of operation 11am-2am Monday – Thursday, 1am-2am Friday – Saturday, 11am-2am Sunday

(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, (please describe type of establishment):
Hotel with restaurant with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type) N/A

(please describe location) _____

(4) I will have: DJs ☐ Yes ☒ No Live Music ☐ Yes ☒ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☒ No
Promoted events ☐ Yes ☒ No Cover events ☐ Yes ☒ No Scheduled performances ☐ Yes ☒ No

(5) Volume of music, events, 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 _____ Mon- Thur, _____ Fri - Sat _____ Sun.

☑ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of 5:00am - 10:00am

(8) I will have garbage collected during the hours of appx 4am

(9) I will employ a doorman/security personnel on the following days and hours: Employees on site 24 hours

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒

(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 not apply for a sidewalk café license until at least a year after beginning operation. ☐ Yes ☐ No N/A

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

incorporate the restaurant space (Botte Tribeca) into the hotel licensed premises for a liquor, wine, beer & cider license for York Street Lessee De LLC, York Street LLC and Hersha Hospitality Management LP dba Hilton Garden Inn Tribec

(16) 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: LaKasha Taylor Phone Number: 404-483-4623

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

X Ashish R. [signature] 4/3/25
Signed Dated

Sworn to this 3rd day of April 2025 [signature]
Notary Public

Commonwealth of Pennsylvania - Notary Seal
EMILY S MANNIX - Notary Public
Philadelphia County
My Commission Expires December 2, 2025
Commission Number 1411296

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. 3/2024

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

Tribeca Grand Hotel Inc & Hartz Hotel Services Inc.

2- Establishment Name (Corporate & DBA)

The Roxy Hotel, Roxy Bar, The Django, Roxy Cinema

3- Address for Proposed License

2 Avenue of the Americas, New York, New York 10007

4- Type of License (Full liquor/OP, beer and wine, etc.) **HL (Hotel Full Liquor License)**

7.1 Type of application

☐New ☒Alteration ☐Change in Method of Operation, ☐Corporate Change, ☐Class Change

5- Proposed Days/Hours of Operation ALCOHOL SERVICE

Mon - Thurs **8am-4am** Fri - Sat **8am-4am** Sun **10am-4am**

* 24 HOUR HOTEL * 4.1 What floor(s) is the establishment on? **Entire hotel**

6- Square Footage of Location **113,096 sq ft**

7- Method of Operations (bar restaurant, Catering, etc)

Hotel

8- Outdoor Seating? ☒ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☒ Yes ☐ No

9- Type of Music ? ☒ Live ☒ Recorded ☒ DJ

10- Volume of Music? ☒ Background ☒ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? **Existing / Exterior**

12- Applicant's Previous Licensed Establishments and Addresses

Applicant has been operating the hotel for more than 25 years.

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, Ellis Yee, as a qualified representative of Tribeca Grand Hotel Inc & Hartz Hotel Services Inc, located at 2 Avenue of the Americas, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Hotel license

*24 Hour Hotel

(1) My requested hours of operation are 8am-4am Monday – Thursday, 8am-4am Friday – Saturday, 10am-4am Sunday

(1.a) CB approved hours of operation 8a-4a **Monday – Thursday,** 8a-4a **Friday – Saturday,** 8a-4a **Sunday**
(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, (please describe type of establishment):
Hotel with full food service until 4 hour(s) before closing.

(3) I will install soundproofing (please describe type) as currently existing
(please describe location) in spaces current existing

(4) I will have: DJs ☒ Yes ☐ No Live Music ☒ Yes ☐ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☐ No
Promoted events ☒ Yes ☐ No Cover events ☒ Yes ☐ No Scheduled performances ☒ Yes ☐ No

(5) Volume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. ☒ Licensee also has entertainment level music.

(6) I will close all doors and windows by _____ Mon- Thur, _____ Fri - Sat _____ Sun.
☑ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of _____

(8) I will have garbage collected during the hours of approximately midnight

(9) I will employ a doorman/security personnel on the following days and hours: Hotel security 24 hours

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒

(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 not apply for a sidewalk café license until at least a year after beginning operation. ☐ Yes ☐ No N/A

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have _____ violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

There will be no changes to the current method of operation
The coffee bar on the ground floor will be converted to a stand up bar

(16) 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: Arleene Oconitrillo Phone Number: (212) 519-6600

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed 03/25/25 Dated

Sworn to this 24th day of March 2025

Notary Public

ANTHONY PALENCSAR
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in New York County
01PA0005733
MY COMMISSION EXPIRES 4/17/27

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. 5/2024

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: Tribeca Grand Hotel Inc & Hartz Hotel Services Inc.

Address: 2 Avenue of the Americas, New York, New York 10007

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: **daily approximately midnight**

(4) I will have delivery of any event supplies, goods and services during the hours of **daily 9am-5pm / int. dock**

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) 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: Arleene Oconitrillo Phone Number: (212) 519-6600

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

_____ 03/25/25

Signed Dated

Sworn to this 25th day of March 2025 _____

Notary Public

ANTHONY PALENCSAR
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in New York County
01PA0005733
MY COMMISSION EXPIRES 4/17/27
Reg. 3/2024

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.

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

LOBSTER SHACK LLC

2- Establishment Name (Corporate & DBA)

SEAMORE'S BAR AND LOBSTER SHACK

3- Address for Proposed License

100 PEARL ST UNIT 112

4- Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR/OP AND RESTAURANT WINE

7.1 Type of application

☑New ☐Alteration ☐Change in Method of Operation, ☐Corporate Change, ☐Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs 11AM-12AM Fri - Sat 11AM-12AM Sun 11AM-12AM

4.1 What floor(s) is the establishment on? 1ST FLOOR

6- Square Footage of Location 394 SQ FEET [ENTIRE FOOD HALL 6,135 SQ FEET]

7- Method of Operations (bar restaurant, Catering, etc)

RESTAURANT

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☑No

9- Type of Music? ☐ Live ☑ Recorded ☐ DJ

10- Volume of Music? ☑ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? EXISTING PRECIPITATOR VENTILATION PROVIDED BY THE BUILDING

12- Applicant's Previous Licensed Establishments and Addresses

SEE ATTACHED

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, Jonathan Wainwright, as a qualified representative of LOBSTER SHACK, LLC,
located at 100 Pearl St UNIT 112, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their _____ license

(1) My requested hours of operation are 11A-12AM Monday – Thursday, 11AM-1AM Friday – Saturday, 11AM-12AM Sunday

(1.a) CB approved hours of operation _____ Monday – Thursday, _____ Friday – Saturday, _____ Sunday
(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, (please describe type of establishment):
_____ RESTAURANT with full food service until ALL HOURS OF OPERATION hour(s) before closing.

(3) I will install soundproofing (please describe type) EXISTING
(please describe location) _____

(4) I will have: DJs ☐ Yes ☒ No Live Music ☐ Yes ☒ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☒ No
Promoted events ☐ Yes ☒ No Cover events ☐ Yes ☒ No Scheduled performances ☐ Yes ☒ No

(5) Volume of music, events, 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 _____ Mon- Thur, _____ Fri - Sat _____ Sun.
☒ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of 8AM- 12AM

(8) I will have garbage collected during the hours of LANDLORD CONTROLLED

(9) I will employ a doorman/security personnel on the following days and hours: N/A

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒

(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 not apply for a sidewalk café license until at least a year after beginning operation. ☑ Yes ☐ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

(16) 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: JONATHAN WAINRIGHT Phone Number: 917-647-9285

Alternate Contact: Tom Duffy Phone Number: 845 300 3207

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed 3/5/2025 Dated

Sworn to this 5th day of March 2025 Rosemary A McKenna 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. 3/2024

ROSEMARY A MCKENNA
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MC6385474
Qualified in Bronx County
My Commission Expires 01/07/2027

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: LOBSTER SHACK LLC

Address: 100 PEARL ST. UNIT 112 NY NY 10004

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: LANDLORD CONTROLLED

(4) I will have delivery of any event supplies, goods and services during the hours of 8AM - 12AM

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) 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: JONATHAN WAINWRIGHT Phone Number: 917-647-9285

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

April 7, 2025
Dated

Sworn to this 7TH day of April, 2025

Margaret Angela Freeman
Notary Public

MARGARET ANGELA FREEMAN
Notary Public - State of New York
NO. 01FR6184460
Qualified in Queens County
My Commission Expires Apr 7, 2028

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. 3/2024

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

Italian Food Zone USA Corp.

2- Establishment Name (Corporate & DBA)

Nerolab Italian Food Zone

3- Address for Proposed License

40 Wall Street, Suite 100, New York, NY 10005

4- 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

5- Proposed Days/Hours of Operation

Mon - Thurs 7am - Midnight Fri - Sat 7am - 1am Sun 7am - Midnight

4.1 What floor(s) is the establishment on? Ground floor with basement

(basement is BOH/storage only)

6- Square Footage of Location basement: 721.18sf; ground fl: 17,188.56 sf

7- Method of Operations (bar restaurant, Catering, etc)

Full-service restaurant

8- Outdoor Seating? ☒ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☒ Yes ☐ No

9- Type of Music? ☒ Live ☒ Recorded ☒ DJ

10- Volume of Music? ☒ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? to the 6th floor roof

12- Applicant's Previous Licensed Establishments and Addresses

The current Restaurant Wine license at the premises

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, Pavel Sas, as a qualified representative of Italian Food Zone USA Corp.,
located at 40 Wall Street, Suite 100, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their On-Premiess Liquor license

(1) My requested hours of operation are 7am-Midnight Monday – Thursday, 7am-1am Friday – Saturday, 7am-Midnight Sunday

(1.a) **CB approved hours of operation** 7am-12am **Monday – Thursday,** 7am-1am **Friday – Saturday,** 7am-12am **Sunday**
(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, (please describe type of establishment):
Italian Restaurant with full food service until ~~xxxxx hour(s) before~~ closing.

(3) I will install soundproofing (please describe type)_____
(please describe location)_____

(4) I will have: DJs ☒ Yes ☐ No Live Music ☒ Yes* ☐ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☒ No
Promoted events ☐ Yes ☒ No Cover events ☐ Yes ☒ No Scheduled performances ☐ Yes ☒ No
*once per week

(5) Volume of music, events, 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 _____ Mon- Thur, _____ Fri - Sat _____ Sun.
☒ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of After 7am, coordinated with neighboring establishments

(8) I will have garbage collected during the hours of 12am-5am

(9) I will employ a doorman/security personnel on the following days and hours: n/a

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒

(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 not apply for a sidewalk café license until at least a year after beginning operation. ☒ Yes* ☐ No

*including the time the premises has already been open and operating

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

Have cooking classes, approximately 20-30 persons per class.
The basement is not open to the public - is back of house storage only.
There can be 12 buyouts per year, applicant will be responsible for traffic control during such buyouts.
Delivery bikes will have reflective tape and noise makers so pedestrians can see and hear them coming; bikes are not to ride on the sidewalk.

(16) 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: Pavel Sas Phone Number: 917-673-2263/bkpavelsas@gmail.com

Alternate Contact: Alfredo Polizzi Phone Number: +39 335 7320202

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

X _____ 03/05/2025
Signed Dated

Sworn to this 31 day of March 2025

Notary Public

State of New York
County of New York

Jenice Hernandez
Notary Public State Of New York
No. 01HE6359254
Qualified in Bronx, Cert. Kings, NY Counties
Commission Expires May 22nd 2025
The UPS Store @ 82 Nassau 212.406.9010

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

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: Italian Food Zone USA Corp. d/b/a Nerolab Italian Food Zone

Address: 40 Wall Street, Suite 100

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment. n/a

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity. n/a

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: Between 12am - 5am (in coordination with neighboring establishments services)

(4) I will have delivery of any event supplies, goods and services during the hours of After 7am

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons. Premises will not employ security personnel; staff will provide any oversight necessary.

(10) 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: Pavel Sas Phone Number: 9176732263/bkpavelsas@gmail.com

Alternate Contact: Alfredo Polizzi Phone Number: +39 335 7320202

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

State of New York
County of New York

X _____ 03/05/2025

Signed Dated

Sworn to this 31 day of March 2025 _____

Notary Public

Jenice Hernandez
Notary Public State Of New York
No. 01HE6359254
Qualified in Bronx, Cert. Kings, NY Counties
Commission Expires May 22nd 2025
The UPS Store @ 82 Nassau 212.406.9010

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

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

Haunted Melodies LLC

2- Establishment Name (Corporate & DBA)

TBD

3- Address for Proposed License

110 Andes Road, New York, NY 10004

4- 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

5- Proposed Days/Hours of Operation

Mon - Thurs 5pm - 10:30pm Fri - Sat 2pm-10:30pm Sun 2pm-7pm

4.1 What floor(s) is the establishment on? **ground floor, second floor**

6- Square Footage of Location **12,400 sq ft**

7- Method of Operations (bar restaurant, Catering, etc)

theatre with bar

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music ? ☐ Live ☒ Recorded ☐ DJ

10- Volume of Music? ☒ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? **n/a**

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 Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

ABC & E Joint Venture, LLC

2- Establishment Name (Corporate & DBA)

Taco Vista

3- Address for Proposed License

125 Carder Road, New York, NY 10004 (Governors Island)

4- Type of License (Full liquor/OP, beer and wine, etc.) Summer On-Premise Liquor

7.1 Type of application

☒New ☐Alteration ☐Change in Method of Operation, ☐Corporate Change, ☐Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs 11AM - 9:30PM Fri - Sat 11AM - 10:30PM Sun 11AM - 9:30PM

4.1 What floor(s) is the establishment on? No interior space for customer.

6- Square Footage of Location No interior seating; ~1/2 acre grounds

7- Method of Operations (bar restaurant, Catering, etc)

Restaurant / concession

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☒other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music? ☒ Live ☒ Recorded ☒ DJ

10- Volume of Music? ☐ Background ☒ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? Kitchen equipped with a precipitator

12- Applicant's Previous Licensed Establishments and Addresses

Taco Vista. 140 Carder Road, New York, NY 10004 (Governors Island)
Governors Beer Co. 517 Carder Road, New York, NY 10004 (Governors Island) **Not active**
Schilling Restaurant & Bar. 109 Washington St, New York, NY 10006
Alphabet City Beer Co. 96 Avenue C, New York, NY 10009
Lois Bar. 98 Avenue C, New York, NY 10009
Alphabet City Wine Co. 100 Avenue C, New York, NY 10009

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 for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: ABC & E Joint Venture LLC

Address: 125 Carder Road, New York, NY 10004 (Governors Island)

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: daily routes by Governors Island

(4) I will have delivery of any event supplies, goods and services during the hours of 6:30am - 9:30am

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

(11) 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: David Hitchner Phone Number: (917) 318-5256

Alternate Contact: Edi Frauneder Phone Number: 646-552-3692

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

David Hitchner 4/01/2025

Signed Dated

Sworn to this 1st day of April 2025

Notary Public

LAURA A CAYTON - NOTARY PUBLIC NEW JERSEY No. 2318107 MY COMMISSION EXPIRES AUGUST 10, 2028

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. 3/2024

Manhattan Community Board 1 Liquor License Stipulations

I, David Hitchner, as a qualified representative of ABC & E Joint Venture LLC, located at 125 Carder Road, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Summer Seasonal Restaurant OP license

(1) My requested hours of operation are 11am - 9:30pm Monday – Thursday, 11am - 10:30pm Friday – Saturday, 11am - 9:30pm Sunday

(1.a) CB approved hours of operation 11a-9:30p Monday – Thursday, 11a-10:30p Friday – Saturday, 11a-9:30p Sunday
(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, (please describe type of establishment):
Mexican Bar and Grill with full food service until 30 ~~hour(s)~~ before closing.

(3) I will install soundproofing (please describe type) N/A
(please describe location) _____

(4) I will have: DJs ☒ Yes ☐ No Live Music ☒ Yes ☐ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☒ No
Promoted events ☐ Yes ☒ No Cover events ☐ Yes ☒ No Scheduled performances ☒ Yes ☐ No

(5) Volume of music, events, 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 N/A Mon- Thur. N/A Fri - Sat N/A Sun.
☐ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of 6:30am - 9:30am

(8) I will have garbage collected during the hours of daily routes by Governors Island

(9) I will employ a doorman/security personnel on the following days and hours: For normal operations, we will be relying on

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒

(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 not apply for a sidewalk café license until at least a year after beginning operation. ☐ Yes ☐ No (N/A)

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

(16) 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: David Hitchner Phone Number: (917) 318-5256

Alternate Contact: Eduard Frauneder Phone Number: 646-552-3692

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

David Hitchner 4-01-2025
Signed Dated

Sworn to this 1st day of April 2025

Notary Public

LAURA A CAYTON - NOTARY PUBLIC
NEW JERSEY
COMM. NO. 2218101
EXP. AUGUST 18, 2026

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