1. Bying the presentative of 74 Parsens Corp leasted at Los Broad Dany for the following stipulations for the applicant's Method of Operation for their Del'Ngstavarat', Of license Sucond Floor 12: ph to 11: ph Toury at week. (1) My hours of operation will be grown in the substitution of the price of	Manhattan Community Board 1 Liquor License Stipulations
the following stipulations for the applicant's Method of Operation for their 1) to 1 flags and 1 flags	I, Byung Cho as a qualified representative of 74 Parsons Corp.
the following stipulations for the applicant's Method of Operation for their 1) to 1 flags and 1 flags	located at 65 Broadway , New York, New York, agree to
Second Floor 12. We to 11. M / Body's divided and Friday - Saturday (I (1) My hours of operation will be sunderstand this to mean that all patrons will be cleared from the establishment at the specified hour). (3) I will operate a full-service restaurant, (please describe type of restaurant): Bad / Restaurant (1) and (1) per described hour). (3) I will importate a full-service restaurant, (please describe type of restaurant): Bad / Restaurant (1) per described hour). (3) I will importate a full-service restaurant, (please describe type and locations) Radio to the specified hour). (3) I will importate a full-service restaurant, (please describe type and locations) Radio to the specified hour. (3) I will importate a full-service restaurant, (please describe type and locations) Radio to the specified hour. (3) I will service the service restaurant, (please describe type and locations) Radio to the specified hour. (4) I will have: Dis Dya (please describe type and locations) Radio to the specified hour. (5) I will have the service restaurant to the service described with a state of the state of the state of the service state of the state of	the following stipulations for the applicant's Method of Operation for their Deli/Kestauraat; Of license
(3) I will operate a full-service restaurant, (please describe type of restaurant): 30 a. f	Sucond Floor 12: pm to 11:1 m / days a week.
(3) I will operate a full-service restaurant, (please describe type of restaurant): 30 a. f	(1) My hours of operation will beSunday - Thursday andFriday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).
with full food service untilhour(s) before clossing. (3) I will install soundproofing (please describe type and locations) Randown provides the service untilhour(s) before clossing. (4) I will have: DIS DVa(B) Live music CIVe(B) Recorded Music CIVe(B) Scheduled performances DIVe CINO Scheduled performances DIVe CINO Scheduled performances DIVe CINO Scheduled performances CIVe CINO Scheduled performances CIVe CINO Scheduled performances CIVe CINO Scheduled performances DIVe CINO Scheduled performances CIVE CINO Scheduled CINO Scheduled CINO Scheduled CINO Scheduled CINO Scheduled CINO Scheduled CIVE CINO Scheduled CINO	(2) I will operate a full-service restaurant, (please describe type of restaurant): Bar / Restaurant
Solder S	ou 2 nd Floor with full food service until hour(s) before closing.
Promoted events IN COVER fee events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. (6) I will close all doors and windows by Sun-Thurs and Fri-Sat. If will not have French doors or windows. Closed (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: No (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. Community Board I. Community Board I. Community Board I requests that the SI.A add these stipulation form beside my liquor license inside of my business. Community Board I requests that the SI.A add these stipulations from previous establishments for which I have served as a principal. (14) I will (additionally): First Floor will any house beer service (NoWike/NoLique) - Second Floor will bee be allowed to have, beer, wine, Alternate Contact: Service (NoWike/NoLique) (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: Yello Service (NoWike/NoLique) Alternate Contact: Service (NoWike/NoLique) Alternate Contact: Service (NoWike/NoLique) Alternate Contact: Service (NoWike/NoLique) Alternate Contact: Service (NoWike/NoLique) Notary Public (STATE Of New York No.0.02ballaga.665) Qualified in New York State Community Board I requests that the SI.A add these stipulations to the license of the air-over-mentionic approach. Thuse	50 decivels
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(8) I will employ a doorman/security personnel on the following days and hours: No (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. (10) I will not apply for a sidewalk cafe license until at least a year after beginning operation. (11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (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): First Floor will all all y have been service (Nowing/Nollego) Second Floor will all all y have been service (Nowing/Nollego) Second Floor will all all y have been service (Nowing/Nollego) (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: Yellow Second Second State Office and Second Se	(6) I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows. Closed
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(13) I confirm that I have	
(13) I confirm that I have	(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(14) I will (additionally): First Floor will only have been service (NoWike/Nol ravo) Second Floor will been be allowed to have, been, wine, and liquor. (Mezzanine) (15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors. Name: Phone Number: Phone Number:	
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(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: X Phone Number: X Phone Number: 2/2 584-6035 I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-13-24 Signed AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK NO. 02Ald8348645 Qualified in New York State Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	- First Floor will only have been service (NoWine/NoLique
(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: X Phone Number: X Phone Number: 2/2 584-6035 I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-13-24 Signed AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK NO. 02Ald8/3:6845 Qualified in New York State Commission Expires 01/31/20 22 Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	- Second Floor will bee be allowed to have, beer, wine,
(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: X Phone Number: X Phone Number: 2/2 584-6035 I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-13-24 Signed AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK NO. 02Ald8348645 Qualified in New York State Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	and liquor. (Mezzanine)
the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors. Phone Number: YP/7, 656-386- Alternate Contact: SAWK-C AMME. Phone Number: 2/2 584-603. I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-13-248 Signed AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK No. 0/2AH4844645 Qualified in New York State Commission Expires 01/31/2022 Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	(16
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Alternate Contact: SAYWI-C AMAE Phone Number: 2/2 584-635 I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-13-208 Signed Dated AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK No. 02AH484:6645 Qualified in New York State Commission Expires 01/31/2022 Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	(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.
Alternate Contact: SAYWI-C AMAE Phone Number: 2/2 584-635 I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-13-208 Signed Dated AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK No. 02AH484:6645 Qualified in New York State Commission Expires 01/31/2022 Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	00 656 300
Alternate Contact: SAYWI-C AMAE Phone Number: 2/2 584-635 I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-13-208 Signed Dated AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK No. 02AH484:6645 Qualified in New York State Commission Expires 01/31/2022 Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	Name: X Phone Number: X 907, 038-388-0
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Signed Dated AHNE SAMUEL SANG HYUN NOTARY PUBLIC, STATE OF NEW YORK No. 02AH4844645 Notary Public Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
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Notary Public Qualified in New York State Commission Expires 01/31/20 22 Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	NOTARY PUBLIC, STATE OF NEW YORK
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	Qualified in New York State
	Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These

1-	Applicant Name
	Byung Cho
2-	Establishment Name (Corporate & DBA)
	74 Parsons Corp dba Pending
3-	Address for Proposed License
	65 Broadway, 1st floor & mezzanine
4-	Proposed Days/Hours of Operation
	24/7
5-	Square Footage of Location
	11,000 sq.ft.
6-	Method of Operations (bar restaurant, Catering, etc)
	deli/restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	full liquor
8-	Sidewalk Café? Yes/No
	NO
9-	Type of Music? ☐ Live 🏿 Recorded ☐ DJ
10	- Volume of Music? 🔏 Background 🚨 Other
11	- Applicant's Previous Licensed Establishments and Addresses
	48 Rockefeller Corp
	48 W 48th St

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.

1- Applicant Name

HC Downtown, Inc.

2- Establishment Name (Corporate & DBA)

HC Downtown, Inc. d/b/a High Court

3- Address for Proposed License

385 Broadway, New York, NY 10013

4- Proposed Days/Hours of Operation

Interior: Sunday- Thursday: 7am-1am; Friday-Saturday 7am-2am Rooftop: Sunday-Thursday 7am-11pm; Friday-Saturday 7am-12am

5- Square Footage of Location

5,713 square footage

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

Private Members Club with restaurant

7- Type of License (Full liquor/OP, beer and wine, etc.)

On- Premises full liquor

8- Sidewalk Café? Yes No

9- Type of Music ? Live Recorded DJ

10- Volume of Music? Background Dother

11- Applicant's Previous Licensed Establishments and Addresses

N/A

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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	Juthika Sanjeev Bedi Eric C. McCarthy
2-	Establishment Name (Corporate & DBA)	Paisley Restaurant LLC dba Paisley Restaurant
3-	Address of Proposed License	429 Greenwich Street New York, New York 10013
4-	Proposed Days/Hours of Operation	Sunday-Wednesday-11:00am to 1:00am Thursday-Saturday - 11:00am to 2:00am
5-	Square Footage of Location	2742
6-	Method of Operation (bar restaurant, Catering, etc.)	Full Restaurant with Bar
7-	Type of License (Full/liquor/OP, beer and wine, etc.)	Full Liquor/OP
8-	Sidewalk Cafe? Yes/No	No
9-	Type of Music?	_x_Live _x_ RecordedDJ
10-	Volume of Music?	_x_BackgroundOther:
11-	Applicant Previous Licensed Establishments and Addr	ess None

X

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committe 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 Committe of Community Board 1.

Manhattan Community Board 1 Liquor License Stipulations I, Grant Herlitz, as a qualified representative of Pier 17 GR Restaurant LLC & Seaport F & B LLC located at 89 South Street, Building A , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-Premise Liquor Thurs - Sat 10: am - Z! am Sun-Wed 10am-lan (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): Restaurant/Bar with full food service until tom(x) before closing. (3) I will install soundproofing (please describe type and locations) Live music Tyes ONO Recorded Music Tyes ONO (4) I will have: DJs TYes - ON Dancing TYCL IN Promoted events DYes DNo Cover fee events DYes DNo Scheduled performances DY & DNo (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. DoeCS Open in warm Sun-Thurs and Fri-Sat. I will not have French doors or windows. (6) I will close all doors and windows by ___ (7) I will have delivery of supplies, goods and services during the hours of Aprox 10'am (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 U/K 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: X 972.392.620 Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 3-18-19 Signed

2019

Notary Public

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

Sworn to this (844 day of M

MARISSA HENDERS CO. 18 Notary Public, State of Texas Comm. Expires 08-22-2022 Notary ID 124919062

1- Applicant Name Pier 17 GR Restaurant, LLC & Seaport F & B LLC		
2- Establishment Name (Corporate & DBA)		
3- Address for Proposed License 89 South Street, Building A New York, NY 10038		
4- Proposed Days/Hours of Operation Sun - Wed 10am - 1am Thurs - Sat 10am - 2am		
5- Square Footage of Location 1,962 ft		
6- Method of Operations (bar restaurant, Catering, etc) Restaurant/Bar		
7- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP		
8- Sidewalk Café? Yes No		
9- Type of Music? ☐ Live ☒ Recorded ☐ DJ		
10-Volume of Music? ☒ Background ☐ Other		
11- Applicant's Previous Licensed Establishments and Addresses		
Several affiliated licenses throughout the Seanort		

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.

I, JOSH GODMAN, as a qualified representative of WHITE WALKEL LLC DBA FRENCHEME
located at 241 WEST BROAD WAY, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their OP Sidewa (L. Cate license
(1) My hours of operation will be <u>IOAM - 10PM</u> Sunday - Thursday and <u>IOAM - 11PM</u> 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)
(4) I will have: DJs \(\text{DYe} \) \(\text{DNO} \) Live music \(\text{DYe} \) \(\text{DNO} \) Recorded Music \(\text{DYe} \) \(\text{DNO} \) Dancing \(\text{DYe} \) \(\text{DNO} \)
(4) I will have: DJs \(\text{Yes} \) \(\text{ONO} \) Live music \(\text{Yes} \) \(\text{NO} \) Recorded Music \(\text{Yes} \) \(\text{NO} \) \(\text{Scheduled performances } \(\text{Yes} \) \(\text{NO} \) \(\text{Scheduled performances } \(\text{Yes} \) \(\text{NO} \)
(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 Name 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
(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 violations from previous establishments for which I have served as a principal.
(14) I will (additionally):
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$\mathbf{y}^{m} = i \mathbf{x}^{m} \mathbf{x}_{0}$ (3)
The state of the s
(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.
// 1 / 1 / 2 / 2 / 2
Name: JOSIM GUODMAN Phone Number: 212-334-3883
Alternate Contact: John Connoccy Phone Number: 718-916-0454
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
3,14.19
Signed // Dated GOM TRAN
Sworn to this 14 day of 19wh 2019 Notary Public, State of New York Reg. No. 01TR6339431 Qualified in Queens County
Sworn to this day of day of

1- Applicant Name

	White Walker LLC
	2- Establishment Name (Corporate & DBA)
	Frenchette
*	3- Address for Proposed License
	241 W. Broadway, Newyork, Ny 10013
	4- Proposed Days/Hours of Operation Inside: SUN-Thurs 10 Am-2 Am Friday-Sat 10 Am-2 Am Outside: SUN-Thurs 10 Am-10 Pm Friday-Sat-10 Am-11 Pm
(*)	5- Square Footage of Location 3, 100 Ground Plow and 3, 300 lower level
83	6- Method of Operations (bar restaurant, Catering, etc)
	Restaurant
	7- Type of License (Full liquor/OP, beer and wine, etc.)
	Op license
	8- Sidewalk Café? (Yes)/No (pending)
	9- Type of Music? ☐ Live ★ Recorded ☐ DJ
	10-Volume of Music? Background Dother
	11- Applicant's Previous Licensed Establishments and Addresses
•	Mineta Towern 113 Macdongal street, NYC
	El Quijote 226 W. 23rd Street, NYC
	Sean Cunningham
	Tronuc 218/220 Bowery, NYC Brass Monkey 53 53 Withe West 12th street, UYC
*	Brass Monkey 53 53 WHE West 12th street, UYC Sad meatpacking UC 53 WHU West 12th street, UYC
	is Elquor Elcense Application Questionnaire Summary will be made available to the public one
	ek prior to the Licensing and Permits Committee meeting. Any information provided herein is perseded 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.