1-	Applicant Name
	VB Pier 16 LLC
2-	Establishment Name (Corporate & DBA)
	VB Pier 16 LLC doa Cobblefish
3-	Address for Proposed License
	Pier 16, 89 South Street
4-	Proposed Days/Hours of Operation Q COOM - \ COOM ; 7 CV
	4.1 What floor(s) is the establishment on?
	4.2 Any rooftop, terrace, or other outside usage?
_	yes, Pier
5-	Square Footage of Location
	3,200 sf
6-	Method of Operations (bar restaurant, Catering, etc)
	Mestaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	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 be determined
12-	- Applicant's Previous Licensed Establishments and Addresses
	See Attached

the following stipulations for the applicant's Method of Operation for their	on-premise license Priday – Saturday (I	
(1) My hours of operation will beSunday – Thursday and understand this to mean that all patrons will be cleared from the establishment at the (2) I will operate a full-service restaurant, (please describe type of restaurant):re		The state of the s
understand this to mean that all patrons will be cleared from the establishment at the (2) I will operate a full-service restaurant, (please describe type of restaurant):re		
(2) I will operate a full-service restaurant, (please describe type of restaurant):	etaurant gerging seanort-style cuisine	
ALL HOURS OF & FERHIJON with full fo	Charles and the second of the	
。在2016年1月1日,1月1日,1月1日,1月1日,1月1日,1月1日,1月1日,1月1日	ood service untilhour(s) before closing.	
(3) I will install soundproofing (please describe type and locations)	SOUNDPROOFING	
(4) I will have: DJs Tyes To Live music Tyes To Recorded Music Tyes Promoted events Tyes Two Cover fee events Tyes Two	Dancing Yes No Scheduled performances Yes QH6	
(5) Volume of all music, events or performances will be at background levels only is not background music.		
	will not have French doors or windows.	
(7) I will have delivery of supplies, goods and services during the hours of 7AM - 9AM		
(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 agree Community Board 1.		
(11) I will not apply for a sidewalk café license until at least a year after beginnin	g operation. MY cs UNo	
(12) I will conspicuously post this stipulation form beside my liquor license inside	e of my business. 🖾	
(13) I confirm that I have violations from previous establishments for w	hich I have served as a principal.	
(14) I will (additionally):		
* Hours of operation will be from 9AM opening to 1AM closing all days service will be the same as the hours of operation, and hours of bar service closing all days of the week	of the week, and hours for food be will be from 11AM opening to 1AM	
** Windows will be open during all hours of operation		
*** Three licensed security guards will be employed to oversee crowd co	entrol and keep day-to-day business in	
order		
(15) Residents may contact the manager/owner at the below number. Complaint	s will be addressed immediately and I will revis	
(15) Residents may contact the manager owner at the below humber. Completely the above-stated method of operation if necessary in order to minimize my estab	lishment's impact on my neighbors.	
Name: Rence Lee Phone N	Tumber: (917) 887-9065	
Alleliale Collect.	one Number:	
I hereby certify that the information provided above is truthful and accura	te based upon my personal belief.	1014 107 W
(10/11/h)	4/20/21 Notary F	unit. S
X // C/VVVVIV	Cural	ited in tring
Signed	ated	
worm to this day of (A) \ \ \ \ \ \ \ \ \ \		
Notary Public		

	Applicant Name Tower 4 Liberty Market 220
2-	Establishment Name (Corporate & DBA) Tower 4 Liberty Merket LLC elbla Gansevoort Liberty Market
3-	Address for Proposed License 185 Greenwich Street 12 2465 NYC, NY
4-	Proposed Days/Hours of Operation 11AM-12AM 7 Days per week
	4.1 What floor(s) is the establishment on? /over level
	4.2 Any rooftop, terrace, or other outside usage? $ u_{\circ}$
5-	Square Footage of Location 11,000 SF
6-	Method of Operations (bar restaurant, Catering, etc) Fool Holl
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? ¥45/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? 4th floor venting
12	- Applicant's Previous Licensed Establishments and Addresses 50HO NY LODSING LLC 151 E. Houston St NYC 2012-2014
	W14 Market LLC 353 W. 14th St MC, 2018 - 5/20

Manhattan Community Board 1 Liquor License Stipulations

185 Greenwich Street	Tower 4 Liberty Market LLC
peated at 185 Greenwich Street	, New York, New York, agree to
e following stipulations for the applicant's Method of Operation for	their on-premise license
) My hours of operation will beSunday - Thursday aderstand this to mean that all patrons will be cleared from the establishm	y and Friday – Saturday (I ment at the specified hour).
2) I will operate a full-service restaurant, (please describe type of restaura	ant): food hall serving
different food cuisines wit	th full food service until hour(s) before closing.
s) I will install soundproofing (please describe type and locations)	Jo Sound Proofing
4) I will have: DJs Tyes No Live music Tyes No Recorded Mus	sic Myes UNo Dancing UYes Mo
Promoted events Tyes To Cover fee events Tyes To	Scheduled performances □Yes □No
(5) Volume of all music, events or performances will be at background leves not background music. ⊠	
(6) I will close all doors and windows bySun-Thurs andFri-	Sat. M will not have French doors or windows. Clawer law
(7) I will have delivery of supplies, goods and services during the hours of hours of operation	f
8) I will employ a doorman/security personnel on the following days and	hours: No security personnel
9) I will actively manage crowds congregating on the street at night, to m	inimize disturbances to residents. 🗵
(10) I will not apply to the SLA for an alteration to the method of operatio Community Board 1. ⊠	n agreed to by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at least a year after be	eginning operation. Wes UNO
(12) I will conspicuously post this stipulation form beside my liquor licens	
(13) I confirm that I have	_
(14) I will (additionally):	a de la principal.
* Hours of operation will be from 11AM opening to 12AM closin service and bar service will be the same as the hours of operation	g all days of the week, and hours of food
,	
· · · · · · · · · · · · · · · · · · ·	
(15) Residents may contact the manager/owner at the below number. Com the above-stated method of operation if necessary in order to minimize my	plaints will be addressed immediately and I will revisit y establishment's impact on my neighbors.
(15) Residents may contact the manager/owner at the below number. Comthe above-stated method of operation if necessary in order to minimize my Name:	y establishment's impact on my neighbors.
(15) Residents may contact the manager/owner at the below number. Com the above-stated method of operation if necessary in order to minimize my Name: Ph	restablishment's impact on my neighbors. none Number: (917) 734-900/ Phone Number: (7/8) 772-2833
(15) Residents may contact the manager/owner at the below number. Comthe above-stated method of operation if necessary in order to minimize my Name:	restablishment's impact on my neighbors. none Number: (91) 734-900/ Phone Number: (7/8) 7) 2 - 2833 ccurate based upon my personal belief.
(15) Residents may contact the manager/owner at the below number. Com the above-stated method of operation if necessary in order to minimize my Name: Ph	restablishment's impact on my neighbors. none Number: (91) 734-900/ Phone Number: (7/8) 7) 2 - 2 833 ccurate based upon my personal belief.
(15) Residents may contact the manager/owner at the below number. Complete above-stated method of operation if necessary in order to minimize my Name: Phase: Alternate Contact: Thereby certify that the information provided above is truthful and action provided above is truthful action provided acti	restablishment's impact on my neighbors. none Number: (917) 734-900 / Phone Number: (7/8) 77 2 2 833 ccurate based upon my personal belief. Notary Public, Str., Op.
(15) Residents may contact the manager/owner at the below number. Complete above-stated method of operation if necessary in order to minimize my Name: Phase Contact: Alternate Contact: The Alternate Contact: Thereby certify that the information provided above is truthful and action provided above is truthful and action.	restablishment's impact on my neighbors. tone Number: (91) 734-900/ Phone Number: (7/8) 7) 2 - 2 833 ccurate based upon my personal belief. May 17, 202/ Notary Public, Sec. (Dec.)

1-	Applicant Name
	Barry Lipsitz or Entity to be Formed
2-	Establishment Name (Corporate & DBA)
	TBD
3-	Address for Proposed License
	41 Murray Street, New York, NY 10007
4-	Proposed Days/Hours of Operation Noon to 2AM Sunday-Thursday, noon to 3AM Friday-Saturday
	4.1 What floor(s) is the establishment on?Ground floor, sub basement and basement4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location
	1,250 sq ft ground floor and basement, 500 sq ft in sub cellar
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant/sports bar
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full liquor/OP
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New
8-	Sidewalk Café? Yes/No No
9-	Type of Music? ☐ Live ☑ Recorded ☐ DJ
	Volume of Music? ✓ Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	☐ Other
11.	Where will the kitchen exhaust system vent to? Roof
12-	· Applicant's Previous Licensed Establishments and Addresses

Manhattan Community Board 1 Liquor License Stipulations

I,		, as a qualified rep	resentative of Barr	y Lipsitz or an E	ntity to be Formed,
located at					k, New York, agree to
the following stip	ulations for the appl	icant's Method of	Operation for their		licen
(1) My hours of cunderstand this to	peration will be mean that all patrons	Sundwill be cleared from	day – Thursday and _ the establishment at	the specified hour	Friday – Saturday (I).
(2) I will operate American-s	ı full-service restaurar				
					hour(s) before closin
(4) I will have: D	s □Yes ♥No Live r	music □Yes ☑No	Recorded Music Y Y		Dancing □Yes □No
Promoted events		Cover fee events			led performances □Yes □N
(5) Volume of all is not background		ormances will be at l	packground levels on	ly. If it can be hear	d outside, or by neighbors, i
	ivery of supplies, good				nch doors or windows. closed at all times
(8) I will employ	doorman/security pe	rsonnel on the follo	wing days and hours:		
(9) I will actively	manage crowds congr	egating on the stree	t at night, to minimiz	e disturbances to re	esidents. 🗵
(10) I will not app Community Boar		lteration to the meth	od of operation agree	ed to by this stipula	ation without first notifying
(11) I will not app	ly for a sidewalk café	license until at leas	t a year after beginnir	ng operation. 🏽 Yes	s □No
(12) I will conspi	cuously post this stipu	lation form beside n	ny liquor license insic	de of my business.	\boxtimes
(13) I confirm that	I have viola	ntions from previous	establishments for w	hich I have served	as a principal.
(14) I will (addition	nally):				
	ration will be from I		•	~ ~	e e
	ittee explained that rs, the Committee v	•			
(15) Residents mathe above-stated in	y contact the manager nethod of operation if	owner at the below necessary in order t	number. Complaints o minimize my establ	s will be addressed lishment's impact of	immediately and I will revis on my neighbors.
Name:			Phone N	umber:	
Alternate Contact			Pho	one Number:	
	hat the information				
Signed				ted	
-					
Sworn to this	day of				
			Notary Public		

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

Rev. 12/18

1-	Applicant Name More Peas LLC
2-	Establishment Name (Corporate & DBA) More Peas LLC d/b/a tbd
3-	Address for Proposed License 6 Stone Street, New York, NY 10004
4-	Proposed Days/Hours of Operation 11am-2am (Sun-Wed), 11am-4am (Thurs-Sat)
	4.1 What floor(s) is the establishment on? Ground floor and basemen
5-	4.2 Any rooftop, terrace, or other outside usage? Applicant will utilize Open Restaurants, Open Streets Programs Square Footage of Location 3,376 sq.ft.
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant
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) New
8-	Sidewalk Café? Yes No
	Applicant will utilize Open Restaurants, Open Streets Programs
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? Exterior of building
12-	· Applicant's Previous Licensed Establishments and Addresses None

Manhattan Community Board 1 Liquor License Stipulations

I, Robert Mahon	as a qualified representative of	MO	IE PERS LLC
located at 6 Stone Street		N	ew York, New York, agree to
the following stipulations for the appl	icant's Method of Operation for the	tr	on-biemise
To long and substances are an all he			license
My hours of operation will be understand this to mean that all patrons	Sunday - Thursday an will be cleared from the establishment	d	ied hour). Friday - Saturday (1
2) I will operate a full-service restaurar	it, (please describe type of restaurant):	gastropub	serving American-style food
2) I will operate a service service		all food servi	
	1 'h - t and loortions'		Local(e) belove closing.
3) I will install soundproofing (please of Acoustic foam and quiet rock sh	eeting in accordance with NYC	fire and sa	
(4) I will have: DJs Clyes Wo Live	music Tyes Two Recorded Music 1	ØYes □No	Dancing Dyca Divo
Promoted events TYes TNo	Cover fee events TYes No		Scheduled performances DY es MNo
(5) Volume of all music, events or perfe	ormances will be at background levels	only. If it can	n be heard outside, or by neighbors, it
is not background music.			
(6) I will close all doors and windows to	ov Sun-Thurs and Fri-Sat	. I will not	have French doors or windows
(7) I will have delivery of supplies, good	and services during the hours of		
7AM - 9AM		2020	
(8) I will employ a doorman/security po	ersonnel on the following days and ho	urs:	
(9) I will actively manage crowds cong			nces to residents.
(10) I will not apply to the SLA for an			
Community Board 1.			
(11) I will not apply for a sidewalk cafe	é license until at least a year after begi	nning operati	on. Vares ONo
(12) I will conspicuously post this stipe			
(13) I confirm that I have 0 vio			
· ·	intions from previous establishments in	MINGEL IN	ve served as a principal.
(14) I will (additionally):			
* Hours of operation will be from 1 opening to 4AM closing Thursday throw as the hours of operation			
** Only one front open window t	hat will be open weather-permitting	g from noor	a to 9PM
(15) Residents may contact the manag the above-stated method of operation	ger/owner at the below number. Compl if necessary in order to minimize my e	aints will be stablishment	addressed immediately and I will revisit 's impact on my neighbors.
Name: Robert Mahon	Phor	ne Number: _	(917) 790-3472
	_		
	n provided above is truthful and acc		
Polet Malon		4/26/	
Signed		Dated	
Sworn to this 26th day of	IPRIL, 2021 Inale		SHRADHA LAMA NOTARY PUBLIC, STATE OF NEW YO Registration No. 01LA6372555
± 23 	Notary Public		Commission Expires 03/19/2022
Community Board 1 requests that the	SI A add those stimulations to the lices	nse of the sho	ve-mentioned applicant. These
stipulations and board resolution shall	I supersede all other documents.	THE OT THE WIN	Rev. 12/18

Manhattan Commun	ity Board I Liquor	Liaansa C	4	
I, Macob Rabinowitz, as a qualific	ed representative of I	Balcony Ca	upulations ife Inc	
located at 78-82 Reade Street			New York, New York, agree to	
the following stipulations for the applicant's Meth	od of Operation for the	eir on-p	remise licer	nse
(1) My hours of operation will be11:30am-2:00ar understand this to mean that all patrons will be cleared	d Home a doughment	at the engois	ind hours	
(2) I will operate a full-service restaurant, (please des	cribe type or restaurant):	restaurar	nt serving New Orleans' -	_
inspired cuisine	with fu	all food servi	ce until 1 hour(s) before closing	g.
(3) I will install soundproofing (please describe type a Double echo reduction sound proofing panels installed	ed illside a mider the c	cilings of ent	ire main dining room.	
(4) I will have: DJs UYes No Live music Yes	No Recorded Music 5	XiYes □No	Dancing □Yes ☑No	
Promoted events Tyes No Cover fee	events Tyes No		Scheduled performances Yes IN	lo
(5) Volume of all music, events or performances will is not background music.	be at background levels	only. If it car	n be heard outside, or by neighbors, it	t
(6) I will close all doors and windows by 2am Sun-T	hurs and 2am Fri-Sat.	✓ I will not	have French doors or windows	
(7) I will have delivery of supplies, goods and services 12pm-10pm Mondays through sundays				
(8) I will employ a doorman/security personnel on the	following days and hou	urs:N/A	1	
9) I will actively manage crowds congregating on the	street at night, to minir	nize disturba	inces to residents.	
10) I will not apply to the SLA for an alteration to the Community Board 1. \boxtimes	method of operation a	greed to by tl	his stipulation without first notifying	
11) I will not apply for a sidewalk café license until a	t least a year after begin	ning operati	on. □Yes □No	
12) I will conspicuously post this stipulation form bes				
(13) I confirm that I have				
(14) I will (additionally):	vilous estavilsiments re			
* Live music will be played mainly for happy hother reasons such as a musician needing to con				
** The establishment does not have windows				
The committee does not have windows				
			Brech Co	
(15) Residents may contact the manager/owner at the the above-stated method of operation if necessary in o	below number. Complai order to minimize my est	nts will be ad ablishment's	dressed immediately and I will revisi impact on my neighbors.	it
77.5	Phone	Number:	917-407-3144	
Alternate Comact:Tal Lavi	P	hone Numbe	r:646-675-0755	
I hereby certify that the information provided abo	ve is truthful and accur	ate based up	oon my personal belief.	
		4/2.	6/2021	
Signed \		Dated	Munaza Ra Wejul	
Sworn to this Aft day of April 2001	Lepe	-	Notary Public, State of Ne No. 01WE6371054 Qualified in Kings Cou My Commission Expires Feb 26,	w York
	Notary Public		My Commission Expires Feb 26,	20