Manhattan Community Board 1 Liquor Licenses Stipulations
4. Kathorine Lamard on a good or representation of Fish Tales 124. DAM. North Ray
located at 458 Locatewith Street NY NY 10013 New York, New York, Agree to
the following atipulations for the applicant's Method of Operation for their <u>kg///</u> Boson
(1) My hours of coversion will be 5-12 any Sunday - Thursday and Green all and
(1) My bours of operation will beSunday - Thursday and
The state of the s
wine + hear
(3) I will listed soundproofing (please describe type and locations) <u>already installed by previous</u>
(A) Left have the title of the Line of the
(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. <a>\oldsymbol{\text{S}}
(6) I will close all does and windows by (Cype) Sun-Thers and
(7) I will have delivery of manifes, specific and services delivery of manifest a
(7) I will have delivery of supplies, goods and services during the hours of
(8) I will compley a dearmon/security personnel on the following days and hours: Fares - Set Ren - I are
(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 neutrying
Community Board 1.
(11) I will not apply for a sidewalk cafe license until at least a year after beginning operation. Types Chio
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) I confirm that I have
agree to outdoor hours of operation 5PM - 12AM Tuesdays to Thursdays
agree to outdoor nours of operation 5PM - 12AM Tuesdays to Inursdays
under the DOT Dining Out Program
Business will be closed Monday and Sunday
, <u></u>
(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit
(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 occasary in order to minimize my establishment's impact on my neighbors.
the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
(15) Residents may contact the managen/owner at the below number. Complaints will be addressed immediately and I will revisit the above-dated method of operation if secreany is order to minimize my establishment's impact on my neighbors. Name: Lagrarob Phone Number: 917-675-7772/471-446-5746
the above-stand method of operation if necessary is order to minimize my establishment's impact on my mighbors. Name: <u>Kathe Lagracob</u> Phone Number: <u>917-675-7772_/417</u> -446-5146
Name: Kathe Lagnardi Paces Number: 917-675-7772 411-446-5146
the above-stand method of operation if necessary is order to minimize my establishment's impact on my mighbors. Name: <u>Kathe Lagracob</u> Phone Number: <u>917-675-7772_/417</u> -446-5146
Name: Lagrarob Phono Number: 917-675-7772 411-446-5146 Alternate Contest: Status described above in truthful and accurate based upon my parsonal balled.
Name: Kathe Lagnardi Paces Number: 917-675-7772 411-446-5146
Name: Lagrarob Phono Number: 917-675-7772 411-446-5146 Alternate Contest: Status described above in truthful and accurate based upon my parsonal balled.
These Number: 917-675-7772 411-446-5146 Alternate Contest: Stating desire is truthful and accurate based upon my personal balled. Signal Dated
Name: Latte Lagrards Phone Number: 917-675-7772 411-446-5146 Alternate Country: Stating design in trusted above in trusted and accurate hased upon my personal ballet. Signal State of April 2021 Supera to this 157 day of April 2021
Name: Lagrarob Phono Number: 917-675-7772 411-446-5146 Alternate Denter: States describe to restablishment's impact on my mighbors. Name: Lagrarob Phono Number: 917-675-7772 411-446-5146 Alternate Denter: States describe to truthful and accurate based upon my personal balled. Supera to this 151 day of April 2021 Notary Public
Name: Latte Lagrards Phone Number: 917-675-7772 411-446-5146 Alternate Country: Stating design in trusted above in trusted and accurate hased upon my personal ballet. Signal State of April 2021 Supera to this 157 day of April 2021
Those Number: 917-675-7772/911-1946-5146 Name: Lagracol Phone Number: 917-675-7772/911-1946-5146 Phone Number: 917-675-7772/911-1946-5146-5146-5146-5146-5146-5146-5146-51
Those Number: 917-675-7772/911-1946-5146 Name: Lagracol Phone Number: 917-675-7772/911-1946-5146 Phone Number: 917-675-7772/911-1946-5146-5146-5146-5146-5146-5146-5146-51
Those Number: 917-675-7772/911-1946-5146 Name: Lagracol Phone Number: 917-675-7772/911-1946-5146 Phone Number: 917-675-7772/911-1946-5146-5146-5146-5146-5146-5146-5146-51
Those Number: 917-675-7772/911-1946-5146 Name: Lagracol Phone Number: 917-675-7772/911-1946-5146 Phone Number: 917-675-7772/911-1946-5146-5146-5146-5146-5146-5146-5146-51
Name: Lagrarob Phono Number: 917-675-7772 411-446-5146 Alternate Denter: States describe to restablishment's impact on my mighbors. Name: Lagrarob Phono Number: 917-675-7772 411-446-5146 Alternate Denter: States describe to truthful and accurate based upon my personal balled. Supera to this 151 day of April 2021 Notary Public
Those Number: 917-675-7772/911-1946-5146 Name: Lagracol Phone Number: 917-675-7772/911-1946-5146 Phone Number: 917-675-7772/911-1946-5146-5146-5146-5146-5146-5146-5146-51
Those Number: 917-675-7772/911-1946-5146 Name: Lagracol Phone Number: 917-675-7772/911-1946-5146 Phone Number: 917-675-7772/911-1946-5146-5146-5146-5146-5146-5146-5146-51
Name: Laste Lagrand Phone Number: 913-675-7772 471-1446-5746 Alternate Contest: Stating Select Invested above is truthful and accurate based upon my parameted balled. Supera to this 157 day of April 2024 Notary Public Community Board I requests that the SLA old them substitutions to the license of the above mentioned applicant. Them aliquidizes and board remarkation shall superack oil other documents. And New May Ka Barrelo
Name: Lagrards Phone Number: 917-675-7772 411-446-5146 Alternate Contest: States (Sec.) Thereby carefly due of December provided above is truthful and accurate based upon my pursual balls. Sucra to this 151 day of 1202 Notary Public Community Board I requests that the SLA still time stipulations to the Source of the above accurated applicant. Them stipulations and board resolution shall supercode all other documents. And New Marke Parcello STATE STATE
Name: Lagrards Phone Number: 917-675-7772 971-446-5746 Alternate Dentest: States (Sec.) Thereby carefly due of Dermandina provided above is truthful and accurate based upon my pursual balls. Sucra to this 151 day of 1011 2021 Notary Public Community Board I requests that the SLA side them physicians to the Horms of the above accurated applicant. Them aliquidations and board resolution shall supercode all other documents. And New Marks 12/18 And New Marks 12/18 And New Marks 12/18 STATE STATE STATE STATE STATE STATE STATE
Name: Late Lagracol Phone Number: 917-675-7772 411-446-5146 Alternate Countrie: States Select Phone Number: 919-675-7772 1 hereby carefully that of Parameters provided above in truthful and accurate based upon my personal balled. Signal Dated Swors to this Select I requests that the SLA old these sityatistics to the Homes of the above-annaloused applicant. These adjustations and board remainless shall supercede all other documents. Andrea M. Marka Barrelo STATE OF NEW YORK NOTARY PUBLIC
Name: Lagrards Phone Number: 917-675-7772 971-446-5746 Alternate Dentest: States (Sec.) Thereby carefly due of Dermandina provided above is truthful and accurate based upon my pursual balls. Sucra to this 151 day of 1011 2021 Notary Public Community Board I requests that the SLA side them physicians to the Horms of the above accurated applicant. Them aliquidations and board resolution shall supercode all other documents. And New Marks 12/18 And New Marks 12/18 And New Marks 12/18 STATE STATE STATE STATE STATE STATE STATE
Name: Late Lagracol Phone Number: 917-675-7772 411-446-5146 Alternate Countrie: States Select Phone Number: 919-675-7772 1 hereby carefully that of Parameters provided above in truthful and accurate based upon my personal balled. Signal Dated Swors to this Select I requests that the SLA old these sityatistics to the Homes of the above-annaloused applicant. These adjustations and board remainless shall supercede all other documents. Andrea M. Marka Barrelo STATE OF NEW YORK NOTARY PUBLIC
Name: Late Lagracol Phone Number: 917-675-7772 411-446-5146 Alternate Countrie: States Select Phone Number: 919-675-7772 1 hereby carefully that of Parameters provided above in truthful and accurate based upon my personal balled. Signal Dated Swors to this Select I requests that the SLA old these sityatistics to the Homes of the above-annaloused applicant. These adjustations and board remainless shall supercede all other documents. Andrea M. Marka Barrelo STATE OF NEW YORK NOTARY PUBLIC
Name: Late Lagrand Phone Number: 913-675-7772 471-1416-5746 Alternate Contract: States of Discussion provided above in truthful and accurate hard upon my parameted build. Supera to this 157 day of April 2024 Notary Public Community Board I requests that the SLA old them subplantions to the literate of the above-assestand applicant. Them for 12/18 And rea M. Mayke Barrelo The Board I requests that the SLA old them subplantions to the literate of the above-assestand applicant. Them for 12/18 And rea M. Mayke Barrelo The NOTARY PUBLIC Quilified in New York County Old 178060 Old 18060
Name: Late Lagracol Phone Number: 917-675-7772 411-446-5146 Alternate Countrie: States Select Phone Number: 919-675-7772 1 hereby carefully that of Parameters provided above in truthful and accurate based upon my personal balled. Signal Dated Swors to this Select I requests that the SLA old these sityatistics to the Homes of the above-annaloused applicant. These adjustations and board remainless shall supercede all other documents. Andrea M. Marka Barrelo STATE OF NEW YORK NOTARY PUBLIC

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

1-	Applicant Name Zac Segal				
2-	Establishment Name (Corporate & DBA) AVS International Retail Inc Liveaxe				
3-	Address for Proposed License 96 Lafayette St. New York NY, 10013				
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-					
	Mon - Thurs 10am-4am Fri - Sat 10am-4am Sun 10am-4am				
	4.1 What floor(s) is the establishment on? Basement & Ground Level				
6-	Square Footage of Location 7,600 Sq. Ft.				
7-	Method of Operations (bar restaurant, Catering, etc) Bar/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? Ø Live Ø Recorded Ø DJ				
(n	- Volume of Music? Background Other o sound from events, performances or music will be heard outside the premises or by ighbors)				
11	- Where will the kitchen exhaust system vent to? N/A				
	- Applicant's Previous Licensed Establishments and Addresses				

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

ı, Zac Segal , as a qualif	ied representative of AVS I	Retail Internation	nal Inc,	
located at 96 Lafayette Street		, New York, New	York, agree to	
the following stipulations for the applicant's Met				
	OFFICE USE ONLY		***************************************	
(1.a) CB approved hours of operationM	Monday – Thursday, onday – Thursday,	Friday – Saturda _Friday – Saturday,	sy,Sunday Sunday	
(l understand this to mean that all patron	s will be cleared from the estab	lishment at the specifie	d hour).	
(2) I will operate a full-service, (please describe type Axe throwing venue, Bar & Lounge		d service until 0	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 Cover events	Yes No Scheduled	performances Yes	■No	
(5) Volume of music, events, performances will be background music.				
(6) I will close all doors and windows by	Mon- Thur,	Fri - Sat	Sun.	
✓ I will not have open doors or windo	ows.			
(7) I will have delivery of regular supplies, goods ar	nd services during the hours of _	10am-4pm		
(8) I will have garbage collected during the hours of	f <u>12am - 4am</u>			
(9) I will employ a doorman/security personnel on t	he following days and hours: _a	s needed		
(10) I will actively manage crowds congregating	on the street at night, to minimi	ize disturbances to resid	lents. 🛛	
(11) I will not apply to the SLA for an alterationCommunity Board 1. ☒	to the method of operation agre	ed to by this stipulation	without first notifying	
(12) I will come back to the community board for	or the Dining Out NYC outdoor	seating.	□No	
(13) I will conspicuously post this stipulation for	rm beside my liquor license insi	de of my business. 🏻		
(14) I confirm that I have 0 violations fro	om previous establishments for v	which I have served as	a principal.	
(15) I will (additionally):				
have extended hours of operation for special events 3 times per week, 10:00AM - 1:00AM Sunday, 10:00AM - 3:00AM Monday to Thursday, 10:00AM - 4:00AM Friday to Saturday These extended hours will cease upon any future alteration where the current activities area is removed or converted to more seating, standing bar area or equivalent.				
(16) Residents may contact the manager/owner at the above-stated method of operation if necessary is				
_{Name:} Zac Segal	Phone Nun	nber: 917-941-81	71	
Alternate Contact: Robert O'Donnell Phone Number: 440-708-4462				
I hereby certify that the information provided a	bove is truthful and accurate	based upon my person	al belief.	
	\mathcal{C}	5/24/24		
Signed 9 2004	Date		RYAN HUANG	
Sworn to this 24th day of May 2024	Noting Public		tary Public - State of New York NO. 01HU6399740 Qualified in Queens County	
	Notary Public -	My (Commission Expires Oct 28, 2027	

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned appream. 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: Live ake				
Address: 46 Latayette St. New York NY 10023				
(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: Every 144, 124m				
(4) I will have delivery of any event supplies, goods and services during the hours of 10 am - 4pm				
(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 am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the supulations 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):				
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 Zac Segal Phone Number: 917-941-8171				
Alternate Contact: Robert ODonnell Phone Number: 440-708-4463				
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.				
OS/24/22				
Dated RYAN HUANG Notary Public - State of New York				
Notary Public No				
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 Voune Establishments A "large venue" as defined by the NYC Department of Building designation on public assembly is an establi designed to hold 75 persons or more FISH Tales LLC DBA North Ban Address: 458 Greenusch St, NY NY 10013 (1) I will follow the recommendations made by the sound engineer and outlined in the accounted test that noise including sound and beau vibrations cannot be heard outside of the premises of my establish (2) I will take the steps obtlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity. (4) I will have delivery of supplies, goods and services during the hours of 1/4/h - 3/h - 3/h (5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately in while not attracting unservery elements (e.g. rodents, flies, mold, hexardous substances, etc.) (6) I understand that I must subsuit a action to the community board for a street activity permit for my lice least 45 days in advance (7) I understand that I want appear before the Licensing & Permits Committee if I am applying the an expansion outo 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 numbelphi's approval to use the space. I also agree that I must sign the as short outlining the conditions that must be adhered to for the readbed/sidewalk scating. (8) Cameras will be used for viewing the entrance and egress. (9) I agree to follow the conditions outlined in the res ation on accurity everyight of the establishment to prevent noise. ngestion and warely putrons. (10) I will (additionally): How brongerd a. 417-444-5540 411/24 Andream May has acreto

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

1-	Applicant Name EDEN GEBRE EGZIABHER				
2-	Establishment Name (Corporate & DBA) MAKINA NY LLC				
3-	Address for Proposed License 416 CLAYTON RD, NEW YORK, NY 10004 (ON GOVERNOR'S ISLA				
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR				
	7.1 Type of application Solvential Solvent				
5-	Proposed Days/Hours of Operation				
	Mon - Thurs 10A-7PM Fri - Sat 10A-7PM Sun 10A-7PM				
	4.1 What floor(s) is the establishment on? OUTDOOR VENUE				
6-	Square Footage of Location 1,000 SF				
7-	Method of Operations (bar restaurant, Catering, etc)				
	BAR/CAFE				
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				
(n	- Volume of Music? □ Background ☑ Other o sound from events, performances or music will be heard outside the premises or by sighbors)				
11	- Where will the kitchen exhaust system vent to? OUTSIDE				
	- Applicant's Previous Licensed Establishments and Addresses				

MAKINA CAFE, 3647 30TH ST, LONG ISLAND CITY

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 __, as a qualified representative of Makina NY LLC 1. Eden Gebre Egziabher New York, New York, agree to located at 416 CLAYTON RD license the following stipulations for the applicant's Method of Operation for their sesaonal full liquor (1) My requested hours of operation are 10a-7pm Monday - Thursday, 10a-7p Friday - Saturday, 10a-7p Sunday (1.a) CB approved hours of operation 10a-7pm Monday - Thursday, 10a-7pm Friday - Saturday, 10a-7pm Sunday (I understand this to mean that all putrons will be cleared from the establishment at the specified hour). (2) I will operate a full-service, (please describe type of establishment): bar/tavern 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) Voiume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. Fri - Sat Mon-Thur, (6) I will close all doors and windows by 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: 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. I will not apply for a sidewalk café license until at least a year after beginning operation. I will conspicuously post this stipulation form beside my liquor license inside of my business. (13)violations from previous establishments for which I have served as a principal. I confirm that I have 0 (14)I will (additionally): (15)(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: Eden Gebre Egziabher Phone Number: 704-651-0623 Alternate Contact: John Springer Phone Number: 631-331-3334 I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Dated Sworn to this

Notary Public

Community Board I requests that the SLA add these stipulations to the license of the above mentiogod applicant Electric stipulations and board resolution shall supersede all other documents.

Notary Public - State close of the above mentiogod applicant Electric stipulations and board resolution shall supersede all other documents.

No. 01HE6289686

Qualified in Queens County

My Commission Expires Dec. 11, 2004

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

1-	Applicant Name Bridge Cefe NYC LLC
2-	Establishment Name (Corporate & DBA) Bridge Cafe
3-	Address for Proposed License 279 Water Street
4-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquir / 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 //An - 12Am Fri - Sat //AM - 1Am Sun //BOAN - 12am 4.1 What floor(s) is the establishment on? ground floor becomes
6-	Square Footage of Location Approx 2500 sf
	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
9-	Type of Music? □ Live 🗶 Recorded □ DJ
(n	- Volume of Music? A Background
11	- Where will the kitchen exhaust system vent to? Roof
12	- Applicant's Previous Licensed Establishments and Addresses Bar Clark LLC Winnie's NYC LLC 172 Boyerd Street 104 Boyerd St MC NY

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, David Komure L, as a qualified representative of Bridge Cofe NYC LLC located at 279 Water Street the following stipulations for the applicant's Method of Operation for their or Drenises ligan (1.a) CB approved hours of operation 11a-12a Monday – Wednesday, 11am-1am Thursday – Saturday, 11a-12a 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 hour(s) before easing (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, Mon-Thur, Sun. I will not have open doors or windows. (7) I will have delivery of regular supplies, goods and services during the hours of 4 m - 3 pm (8) I will have garbage collected during the hours of _ (9) I will employ a doorman/security personnel on the following days and hours: I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. I will not apply for a sidewalk café license until at least a year after beginning operation. (12)(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. I will (additionally): come back to the community board if there is any intention to have DOT (15)Dining out sidewalk or roadbed seating. (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. Phone Number: Phone Number: Alternate Contact: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed 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