

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 4/2025

1- Applicant Name

BOTECO DO CASA LLC

2- Establishment Name (Corporate & DBA)

CASA RESTAURANT

3- Address for Proposed License

157 DUANE 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- Proposed Days/Hours of Operation

Mon - Thurs **11-10³⁰PM** Fri - Sat **11-1030, 11-1030** Sun **11-10**

4.1 What floor(s) is the establishment on? **BASEMENT, GROUND**

6- Square Footage of Location **2347**

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? **ROOF**

12- Applicant's Previous Licensed Establishments and Addresses

CASA RESTAURANT 72 -74 BEDFORD ST, NEW YORK, NY 10014

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, JUPIRA LEE, as a qualified representative of BOTECO DO CASA LLC,
located at 157 DUANE ST, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their OP252 LIQUOR license

(1) My requested hours of operation are 11-10³⁰p Monday - Thursday, 11-10³⁰p Friday - Saturday, 11-10 Sunday
(1.a) CB approved hours of operation 11p-10³⁰p Monday - Thursday, 11a-10:30p Friday - Saturday, 11a-10:00 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 10 or 10³⁰p.m. 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 10PM Mon- Thur, 10³⁰PM Fri - Sat 10PM 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- 5PM

(8) I will have garbage collected during the hours of 1030PM - 1130PM

(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):
apply to the DOT Dining Out program with the CB1 approved outdoor seating hours of 4:00PM - 10:00PM
Monday to Thursday, , 4:00PM - 10:30PM Friday, 11:00AM - 10:30PM Saturday, 11:00AM - 10:30PM
Sunday

(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: JUPIRA LEE Phone Number: 917-816-4305

Alternate Contact: LUCY E. EMHARDT Phone Number: 917-324-7960

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

Signed

Sworn to this 22nd day of May 2025

Notary Public

Dated

May 22, 2025

Clemmy Bowen
Commissioner of Deeds, City of New York
No. 2-14535
Cert. Filed in New York County
Commission Expires Nov 1, 2025
The UPS Store 82 Nassau St NY, NY 10038
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.

Rev. 3/2024

Manhattan Community Board 1 Liquor License Stipulations

I, YiLuan Yin, as a qualified representative of Metz Zutto Ramen III Inc., located at 181 Duane Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-Premises Liquor license

(1) My requested hours of operation are 11am-10 Monday – Thursday, 11am-11:30pm Friday – Saturday, 11am-10pm Sunday
(1.a) CB approved hours of operation 11a-10p Monday – Thursday, 11a-11:30p Friday – Saturday, 11a-10p 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 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 10pm Mon- Thur, 10pm Fri - Sat 10pm Sun.
☒ I will not have open doors or windows. 11pm

(7) I will have delivery of regular supplies, goods and services during the hours of 11am - 10pm Sun-Thur, 11am-11:30 pm Fri-Sat

(8) I will have garbage collected during the hours of Wednesday and Saturday 9pm-6am

(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

(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: YiLuan Yin Phone Number: (646) 255-5410

Alternate Contact: German Metz Phone Number: (917) 518-1034

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

Signed YiLuan Yin Dated 5/5/2025
Sworn to this 05th day of May, 2025
Notary Public HONG WU JIANG
Notary Public, State of New York
No. 01HO6189625
Qualified in Kings County
Certificate Filed in Queens County
Commission Expires June 30, 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.



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: Metz Zutto Ramen III Inc. d/b/a Wok In Duane

Address: 181 Duane 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: Wednesday and Saturday 9pm-6am

(4) I will have delivery of any event supplies, goods and services during the hours of 11am-10pm

(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: Yiluan Yin Phone Number: (646) 255-5410

Alternate Contact: German Metz Phone Number: (917) 518-1034

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

Signed

Sworn to this

05th

day of

May, 2025

Notary Public

Dated

05/05/2025

HONG WU JIANG
Notary Public, State of New York
No. 01HO6189625
Qualified in Kings County
Certificate Filed in Queens County
Commission Expires June 30, 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.

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

1- Applicant Name

Yards NYC, LLC

2- Establishment Name (Corporate & DBA)

Little More

3- Address for Proposed License

111 Reade Street, New York, NY 10013

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 - Wed 11:30am - 1:00am Thurs - Sat 11:30am - 2:00am Sun 11:30am - 12:00am

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

6- Square Footage of Location 2,500 sqft

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

Restaurant

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ Other outside (None)

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? Back exterior of building

12- Applicant's Previous Licensed Establishments and Addresses

Aron Watman -

Oja Como Va, LLC d/b/a Cena, 601 Greenwood Avenue, Brooklyn, NY 11218

Oja Como Va Dos, LLC d/b/a Cena, 138 Havemeyer Street, Brooklyn, NY 11211

ABAW, LLC d/b/a The Folly, 92 West Houston Street, New York, NY 11211

BKLYN Local Draft, LLC d/b/a The Brooklynier, 220 West Houston Street, New York, NY 10014

Aron Watman & Ryan Steckowski -

Hill and Dale Restaurant Group LLC, 115 Allen Street, New York, NY 10002

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, Aron Watman, as a qualified representative of Yards NYC, LLC,
located at 111 Reade Street, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their on-premises liquor license

(1) My requested hours of operation are 11:30am-1:00am Monday - Thursday, 11:30am-2:00am Friday - Saturday, 11:30am-12:00am Sunday
11:30A-1AM Wednesday, 11:30A-2AM Thursday, 11:30AM-12PM Friday - Saturday, Sunday
(1.a) CB approved hours of operation Monday - Thursday, 11:30A-1AM Friday - Saturday, 11:30AM-12PM 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 1-2 hour(s) before closing.

(3) I will install soundproofing (please describe type) existing soundproofing in ceiling
(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 11:00am - 4:00pm

(8) I will have garbage collected during the hours of 9:00pm - 5:00am

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

(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 no other method of operation changes.

(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: Aron Watman Phone Number: (843) 541-1891

Alternate Contact: Ryan Steckowski Phone Number: (631) 871-0759

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

Signed [Signature] Dated 5/14/25
Sworn to this 14th day of May 2025

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.

BENJAMIN ALEX KORNGUT
NOTARY PUBLIC-STATE OF NEW YORK
No. 02KO6301068 Rev. 3/2024
Qualified in Suffolk County
My Commission Expires 04-14-2026

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 9/2023

- 1- Applicant Name Fogo de Chao Churrascaria (NYWTC) LLC
- 2- Establishment Name (Corporate & DBA)
Fogo de Chao Churrascaria (NYWTC) LLC
- 3- Address for Proposed License
3 World Trade Center, 40 Cortlandt Way, Tower 3, Space 1340, NY, NY 10007
- 4- Proposed Days/Hours of Operation
11am to 11pm Daily
- 4.1 What floor(s) is the establishment on? First floor
- 4.2 Any Rooftop, Terrace, ■ Sidewalk Roadbed or other outside usage?
- 5- Square Footage of Location 5,000 sq ft
- 6- Method of Operations (bar restaurant, Catering, etc)
Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/On-Premise Restaurant
- 7.1 Type of application
■ New Alteration Change in Method of Operation, Corporate Change,
Class Change
- 8- Outdoor Seating? Sidewalk ☐ Roadbed
*Covered patios, included in the lease agreement
- 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?
Will vent to an electrostatic precipitator in the mechanical floor, level 4, of the commercial portion of the building and exhaust out from there
- 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, George McGowan, as a qualified representative of Fogo de Chao Churrascaria (NYWTC) LLC, located at 3 World Trade Center, 40 Cortlandt Way, Tower 3, Space 1340, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-Premise Restaurant Liquor license.

(1) My hours of operation will be 11am-11pm Sunday – Thursday and 11am-10pm 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): Brazilian steak house
_____ with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) None

(4) I will have: DJs ☐ Yes ☒ No Live music ☐ Yes ☒ No Recorded Music ☒ Yes ☐ No Dancing ☐ Yes ☒ No
Promoted events ☐ Yes ☒ No Cover fee events ☐ Yes ☒ No Scheduled performances ☐ Yes ☒ 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 _____ 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 8am to 11am and/or 2pm to 5pm(certain items may require overnight delivery)

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

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

(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board I. ☒

(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 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

(15) The outdoor patio is not municipal property and that there will be no other changes to the current method of operation at this time

(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: Cezario Leite (Manager) Phone Number: (332) 600-4330

Alternate Contact: _____ Phone Number: _____

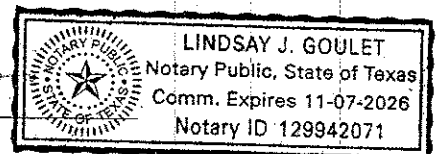
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed A. B. Smith Dated 5/22/25

Dated

Sworn to this 22nd day of May, 2025 J. A. Whit
Notary Public

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. 9/2023

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

1- Applicant Name

108 Whiskey Blue LLC

2- Establishment Name (Corporate & DBA)

TBD

3- Address for Proposed License

108 Greenwich St, 2nd Fl., NY, NY 10006

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

7.1 Type of application

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

5- Proposed Days/Hours of Operation

Mon - Thurs **11:00am-Midnight** Fri - Sat **11:00am-1:00am** Sun **11:00am-Midnight**

4.1 What floor(s) is the establishment on? **2nd Floor**

6- Square Footage of Location **2100 sq feet**

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

Restaurant and Jazz Lounge

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 Applicant will have jazz for entertainment, but it will not
be heard from outside premises.
(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? **rooftop (existing)**

12- Applicant's Previous Licensed Establishments and Addresses

Applicant and its principals have not been previously licensed.

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, Joe Strasser, as a qualified representative of 108 Whiskey Blue LLC, located at 108 Greenwich St, 2nd Fl., New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premises liquor license

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

(1.a) CB approved hours of operation 11A-12A Monday – Thursday, 11A-1A Friday – Saturday, 11AM-10PM 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 and jazz lounge with full food service until 0 hour(s) before closing.

(3) I will install soundproofing (please describe type) as recommended by consultant

(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. as it is not good for jazz performances.

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

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

(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 N/A violations from previous establishments for which I have served as a principal.

(15) I will (additionally): have live jazz music.

(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: Joseph Strasser Phone Number: 646-220-7040

Alternate Contact: _____ Phone Number: _____

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

Signed Joseph S Strasser Dated 5/7/2025
Sworn to this 16 day of May, 2025 Natalie Perrin

Notary Public

| |
|---|
| NATALIE PERRIN Notary Public - State of New York No. 01PE0309422 Qualified in New York County My Commission Expires March 25, 2027 |
|---|

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

Stylianios Kakavelis and Jacob Schneider

2- Establishment Name (Corporate & DBA)

SK Hospitality Group LLC d/b/a Bueno Kitchen & Bar

3- Address for Proposed License

25 Broad Street NY, NY 10004

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

Mon - Thurs **10AM- 1AM** Fri - Sat **10AM- 4 AM** Sun **10AM- 1 AM**

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

6- Square Footage of Location **7000 Sq Feet**

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

Full Service Restaurant

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☒ Other outside **NONE**

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 back of the building.**

12- Applicant's Previous Licensed Establishments and Addresses

TQLA Escape 439 Main Street Ridgefield, CT. 06877

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, Stylianios Kakavelis, as a qualified representative of SK Hospitality Group LLC,
located at 25 Broad Street, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their OP Full Liquor license

(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).

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

(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

(6) I will close all doors and windows by _____ Mon- Thur, _____ Fri - Sat _____ Sun.

(7) I will have delivery of regular supplies, goods and services during the hours of 6AM-8AM

(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

(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): approved hours of operation of Monday to Wednesday 10:00AM - 11:00PM day, Thursday 10:00PM-12:00AM, Friday to Saturday 10:00AM - 1:00AM and Sunday 10:00AM - 10:00PM. The applicant has agreed to no more than 12 buyouts/ private events per year and has agreed to give the building residents ample notice of any and all buyouts. The applicant acknowledged the concerns of the residents and community board and assured the committee that they will have an assigned employee to monitor the the flow of patrons in order prevent loitering and noise outside. Applicant agreed not to return to the community board no earlier than April 2026 for a method of operation change regarding hours

(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: **Stylianos Kakavelis** Phone Number: **203-297-4542**

Alternate Contact: **Jacob Schneider** Phone Number: **203-617-5710**

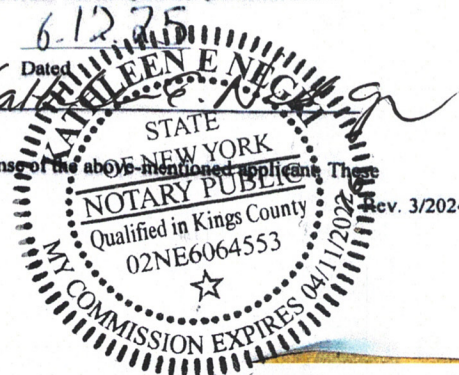
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Sworn to this 12 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.



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: SK Hospitality Group LLC

Address: 25 Broad Street 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: _____
- (4) I will have delivery of any event supplies, goods and services during the hours of 6AM to 8AM
- (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: Stylianios Kakavelis

Phone Number: 203-297-4542

Alternate Contact: Jacob Schneider

Phone Number: 203-617-5710

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

[Signature]

6.12.55

Signed

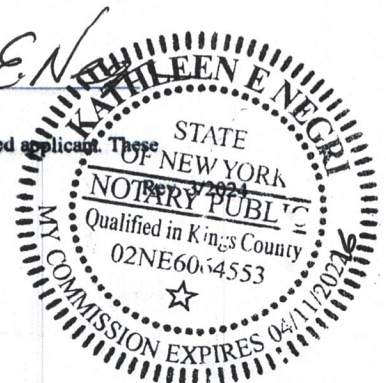
Dated

Sworn to this 12 day of June, 2025

Kathleen E. Negri

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.



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

1- Applicant Name

FERRY SNACKS INC

2- Establishment Name (Corporate & DBA)

THE GUY MOLINARI FERRY BOAT

3- Address for Proposed License

4 SOUTH STREET, WHITEHALL TERMINAL, NY, NY 10004

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 **8 am - 8 pm** Fri - Sat **8 am - 8 pm** Sun **8 am - 8 pm**

4.1 What floor(s) is the establishment on? **Second Level**

6- Square Footage of Location **345 Sq Ft**

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

TAVERN LOCATED ON STATEN ISLAND FERRY BOATS

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

58A Fulton Taco Bell I.I.C, D/B/A Taco Bell Cantina
58A Fulton Street, NY, NY 10038-Serial #1318730
230 Varick Taco Bell LLC, D/B/A Taco Bell Cantina
230 Varick Street, NY, NY 10014- Serial #1325068

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, SUHAIL SITAF, as a qualified representative of FERRY SNACKS INC,
located at 4 SOUTH STREET, WHITEHALL TERMINAL, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their VESSEL ON PREMISE license

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

(1.a) CB approved hours of operation 8AM-8PM Monday – Thursday, 8AM-8PM Friday – Saturday, 8AM-8PM 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):

TAVERN 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 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 11AM

(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

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

(14) I confirm that I have NO 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: SUHAIL SITAF Phone Number: 212-619-1222

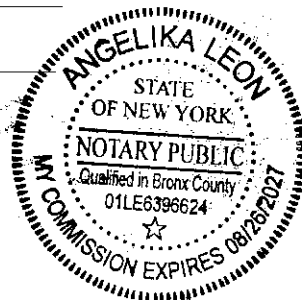
Alternate Contact: DEAN MARINO Phone Number: 917-680-0335

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

Signed [Signature] Dated 5/21/25

Sworn to this 21 day of MAY 2025 Angelika Leon

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.

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

1- Applicant Name

Wonderworth LLC

2- Establishment Name (Corporate & DBA)

Goody's

3- Address for Proposed License

9 Barclay St, New York, NY 10007

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

*and temporary retail permit

5- Proposed Days/Hours of Operation

Mon - Thurs **M-W 8am-2am** Fri - Sat **Thurs-Sat 8am-4am** Sun **8am - 2am**

4.1 What floor(s) is the establishment on? **Ground floor, mezzanine,**

portion of cellar

6- Square Footage of Location **4,932**

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? **smog hog street (precipitator)**

12- Applicant's Previous Licensed Establishments and Addresses

Jockey Hollow LLC d/b/a Rosette - Restaurant - Legacy Serial No. 1212269 (inactive); 100 Lafayette Street LTD d/b/a Santos Party House - Restaurant - Legacy Serial No. 1171341 (inactive); Bon LLC d/b/a Le Baron - Restaurant - Legacy Serial No. 1243811 (Inactive)

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.

Wonderworth LLC DBA Goody's did not agree with the community board's requests and as such, chose not to sign a stipulation sheet.

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

1- Applicant Name

MF Seaport LLC & Creative Culinary Management Company LLC

2- Establishment Name (Corporate & DBA)

Malibu Farm

3- Address for Proposed License

89 South Street Building D/E

4- Type of License (Full liquor/OP, beer and wine, etc.) **OP 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 - Weds **8am-1am** Thurs - Sat **8am-2am** Sun **8am-1am**

4.1 What floor(s) is the establishment on? **1st Floor**

6- Square Footage of Location **39,000**

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? **open space on east facade of building**

12- Applicant's Previous Licensed Establishments and Addresses

Several affiliated licenses throughout the Seaport

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, Matt Partridge, as a qualified representative of MF Seaport LLC & Creative Culinary Management Company, located at 89 South Street, Building D/E, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their OP Full Liquor license

(1) My requested hours of operation are 8am-1am Monday – Wednesday, 8am-2am Thursday – Saturday, 8am-1am Sunday

(1.a) CB approved hours of operation 8am-1am Monday – Thursday, 8am-2am Friday – Saturday, 8am-1am 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 closing.

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

(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. n/a

(7) I will have delivery of regular supplies, goods and services during the hours of 6am-10pm

(8) I will have garbage collected during the hours of 10pm-6am

(9) I will employ a doorman/security personnel on the following days and hours: Both; Seaport Security Personnel

(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):

(as agreed to previously) have outdoor live music 12pm-9pm.

No other current alterations to the license.

(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: Matt Partridge Phone Number: 646-762-4791

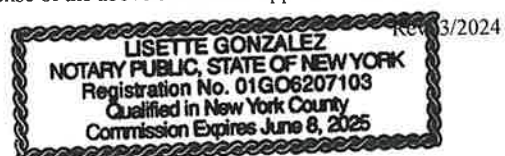
Alternate Contact: _____ Phone Number: _____

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

Signed [Signature] Dated 4/23/2025

Sworn to this 23 day of April, 2025 [Signature]
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.



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: MF Seaport LLC & Creative Culinary Management Company

Address: 89 South Street, Building D/E, New York, NY

(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: 10pm-6am

(4) I will have delivery of any event supplies, goods and services during the hours of 6am-10pm

(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: Matt Partridge Phone Number: 646-762-4791

Alternate Contact: _____ Phone Number: _____

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

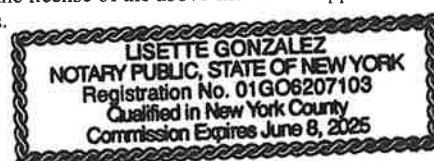
[Signature]
Signed

4/23/2025
Dated

Sworn to this 23 day of April, 2025
Notary Public

[Signature]

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