MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

- 1- Applicant Name Saks & Company, LLC 2- Establishment Name (Corporate & DBA) Saks & Company, LLC d/b/a York Factory 3- Address for Proposed License 250 Vesey Street, Space 202, New York, NY 10281 4- Proposed Days/Hours of Operation Mon.-Fri. 7:00 *am - 9:00 pm and Sat.&Sun. 10:00 am-10:00 pm Open at 7:00 for deliveries only. 4.1 What floor(s) is the establishment on? 2nd Floor 4.2 Any rooftop, terrace, or other outside usage? No 5- Square Footage of Location 12,000 sq. feet 6- Method of Operations (bar restaurant, Catering, etc) On Premises Tavern Liquor License 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 License No 8- Sidewalk Café? Yes/No 9- Type of Music? 🗹 Live 🗹 Recorded 🗹 DJ DJ and live music for private events only.
- 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? None
- 12- Applicant's Previous Licensed Establishments and Addresses Please see attached rider A.

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Manhattan Community Board 1 Lie	quor License Stipulations	
I, Mindy Novack, as a qualified representative of Saks & Company, LLC d/b/a York Factory located at 250 Vesey Street, Space 202, New York, New York, agree to		
located at 250 Vesey Street, Space 202	, New York, New York, agree to	
the following stipulations for the applicant's Method of Operation f	for their On Premises Tavern Liquor license	
7AM to 9PM Monday through Thursday,		
^k (I) My hours of operation will be <u>Sunday</u> – Thurso understand this to mean that all patrons will be cleared from the establis	shment at the specified hour).	
(2) I will operate a full-service restaurant, (please describe type of restaurant): The premises will be qualifying with the NY SLA "Tavern" with menu that legally meets the minimum food availability requirement with full food service until closing hour(s) before closing.		
"Tavern" with menu that legally meets the minimum food availability requirement	with full food service until closing hour(s) before closing.	
(3) I will install soundproofing (please describe type and locations) N_{i}	A	
(4) I will have: DJs Myes INo Live music Myes INo Recorded M	Iusic Dyes INO Dancing Dyes Wo	
Promoted events Dyes DNo Cover fee events Dyes DNo	Scheduled performances Ares INO	
(5) Volume of all music, events or performances will be at background is not background music. \boxtimes	levels only. If it can be heard outside, or by neighbors, it	
(6) I will close all doors and windows bySun-Thurs and F	ri-Sat. I will not have French doors or windows.	
(7) I will have delivery of supplies, goods and services during the hours 7AM - 8PM	s of	
(8) I will employ a doorman/security personnel on the following days a	nd hours: Building has 24/7 security.	
(9) I will actively manage crowds congregating on the street at night, to		
(10) I will not apply to the SLA for an alteration to the method of op Community Board 1. \boxtimes	peration agreed to by this stipulation without first notifying	
(11) I will not apply for a sidewalk café license until at least a year a	ifter beginning operation. Éryes INo	
(12) I will conspicuously post this stipulation form beside my liquor	license inside of my business. 🛛	
(13) I confirm that I have $\underline{0}$ violations from previous establish	hments for which I have served as a principal.	
(14) I will (additionally):		
** Food service hours will be the same as the hours of operation, and b through Thursday, and 12PM to 10PM Friday and Saturday	ar service hours will be from 2PM to 9PM Sunday	
Ensure that no alcoholic beverages may be brought into the café		
alcoholic beverages may be taken out of the establishment into c		
Ensure that closing hours for private events will be 12AM, and r		
Have no more than three private events per month with an occup		
will appear before the Committee after one year of operation if t		
Have deliveries from a small local bakery at approximately 7am		
(15) Residents may contact the manager/owner at the below number the above-stated method of operation if necessary in order to minimize		
Name: David Fitzpatrick	Phone Number: 646-689-4156	
Alternate Contact:	Phone Number: 732-727-5030	
I hereby certify that the information provided above is truthful and	accurate based upon my personal belief.	
Mundu Noval	Jone 1, 2020	
Signed Mindy Novack	Dated	
Sworn to this day of day of	Jone 1, 2020 Dated Lindsey Farina	
Notary Pub		
Community Board 1 requests that the SLA add these stipulations to the stipulations and board resolution shall supersede all other documents.	license of the above-mentioned applicant. These Rev. 12/18	
supersede all ours resolution shan supersede all other documents.	1007.12/10	

MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

Fathelbab, Inc. 1- Applicant Name 2- Establishment Name (Corporate & DBA) Pendine 102 Greenwich St, New York, NY. 3- Address for Proposed License 4- Proposed Days/Hours of Operation Seven days per week-24 hrs. Alcohol will be served weekdeys untillarm + weekendslam 4.1 What floor(s) is the establishment on? ground FI+ basement. 4.2 Any rooftop, terrace, or other outside usage? 5- Square Footage of Location Approximately 3000 Sq. Ft. 6- Method of Operations (bar restaurant, Catering, etc) Restaurant Duen. Full Liquor. 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 DI 10- Volume of Music? Departure and (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? 12- Applicant's Previous Licensed Establishments and Addresses

Z-One Diner + Lounge Inc. - 1821 Richmond Ave SI, NY 10314 Z-Two Diner+Lounge Inc. 2925 Veterons Rd West SI, NY 10309 Z Restaurent + Lounge Inc. 2939 Cropsey Ave Brooklyn NY.

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Manhattan Community Board 1 Liquor License Stipulations		
I,, as a qualified representative of	Fathelbab Inc.	
located at 102 Greenwich Street	, New York, New York, agree to	
the following stipulations for the applicant's Method of Operation for their	on-premises license	
 ** (1) My hours of operation will be Sunday – 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): 	Diner	
(3) I will install soundproofing (please describe type and locations) \mathcal{N}/\mathcal{A}	od service until hour(s) before closing.	
(4) I will have: DJs Tyes No Live music Tyes No Recorded Music Tyes		
	Scheduled performances TYes TK	
 (5) Volume of all music, events or performances will be at background levels only. is not background music. □ Du5k (6) I will close all doors and windows bySun-Thurs andFri-Sat. □ I with the second seco	If it can be heard outside, or by neighbors, it	
 (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of (7) I will have delivery of supplies, goods and services during the hours of 	ruck deliveries made between 8AM - 2PM Bicycle deliveries between 10AM - 10PM	
(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 d	isturbances to residents. 🛛	
(10) I will not apply to the SLA for an alteration to the method of operation agreed to Community Board 1. \square		
(11) I will not apply for a sidewalk café license until at least a year after beginning	operation. Wes INo	
(12) I will conspicuously post this stipulation form beside my liquor license inside of	of my business. 🖂	
(13) I confirm that I have violations from previous establishments for whice (14) I will (additionally):	ch I have served as a principal.	
** food service hours same as hours of operation, and bar service hours will weekdays and 1AM on weekends	ll operate until 12AM on	
Hours of truck delivery for supplies, goods and services will be between 7AM and 2PM		
Ensure that the establishment operates as a restaurant diner under the auspices of building use as a diner		
Have no more than 5 bicycles chained outside the premises away from pede and bicycles will be stored in the restaurant's basement by 11PM when bike session, and bicycle activity is not permitted after 11PM	estrians during delivery hours	
(15) Residents may contact the manager/owner at the below number. Complaints will the above-stated method of operation if necessary in order to minimize my establishing	ll be addressed immediately and I will revisit ment's impact on my neighbors.	
Name: Adel Fathelbab Phone Numb	per: 917-476-2508	
Alternate Contact: Dlang Fathelbab Phone P	Number: 646-262-2508	
I hereby certify that the information provided above is truthful and accurate ba		
Alta halba Ob/ Signed Dated	03/2020	
Sworn to this 7 day of June 2020 Nelland Notary Public	NEIL VISORY Notary Public, State of New York No. 02VI6121662	
Community Board 1 requests that the SLA add these stipulations to the license of the stipulations and board resolution shall supersede all other documents.	bove-methonical in Richmond County Commission Expires April 30, 20, 21	