1-	Applicant Name Barcade WTC, LLC
2-	Establishment Name (Corporate & DBA) Barcade
3-	Address for Proposed License 10/12 Cortlandt St., New York, NY 10007
4-	Proposed Days/Hours of Operation 7 days/week 12pm-2am
	4.1 What floor(s) is the establishment on? 1st floor and basement
5-	4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage? Square Footage of Location 12,480 total, approx.6500 F.O.H.
6-	Method of Operations (bar restaurant, Catering, etc) Bar/arcade/restaurant
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-	Outdoor Seating? Sidewalk Roadbed
10 (n	Type of Music? Live 🗹 Recorded 🗆 DJ - Volume of Music? 🛣 Background 🗅 Other o sound from events, performances or music will be heard outside the premises or by eighbors)
11	- Where will the kitchen exhaust system vent to? ROOF
12	- Applicant's Previous Licensed Establishments and Addresses
	Barcade LLC - 388 Union Ave., Brooklyn NY 11211 Barcade Downtown - 6 St. Mark's Place, New York, NY 10003 Barcade New York - 148 W. 24 St., New York, NY 10011 The Gutter Bar, LLC - 200 N.14 St. Brooklyn NY 11211

Manhattan Community Board 1 Liquor License Stipulations zian _____as a qualified representative of ______ Barcade WTC, LLC

I, Paul Kermizian , as a qualified representative	ofBarcade WTC, LLC,
located at 10/12 Cortlandt St., NY NY 10007	, New York, New York, agree to
the following stipulations for the applicant's Method of Operation f	or their on-premises liquor license
(1) My hours of operation will be <u>noon-12am</u> Monday – Thursday understand this to mean that all patrons will be cleared from the establis	y and noon-1am Friday – Saturday,noon-11pm Sunday (I
(2) I will operate a full-service restaurant, (please describe type of restau	
	with full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)	vill hire a sound engineering firm and will
	bide by its directions
(4) I will have: DJs □Yes 24No Live music □Yes 24No Recorded M	fusic Mayes □No Dancing □Yes MaNo
Promoted events Tyes Mano Cover fee events Tyes Mano	
(5) Volume of all music, events or performances will be at background is not background music. \boxtimes	
(6) I will close all doors and windows by $9pm$ Sun-Thurs and $9pm$ F	ri-Sat. 🛮 I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours 9am-5pm	
(8) I will employ a doorman/security personnel on the following days 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 opera Community Board 1.	tion agreed to by this stipulation without first notifying.
(11) I will not apply for a sidewalk café license until at least a year after	r beginning operation. We s \square No
(12) I will conspicuously post this stipulation form beside my liquor lic	ense inside of my business. $oxtimes$
(13) I confirm that I have o violations from previous establishm	
(14) I will (additionally):	
(15) Residents may contact the manager/owner at the below number. C the above-stated method of operation if necessary in order to minimize	omplaints will be addressed immediately and I will revisit my establishment's impact on my neighbors.
Name: Paul Kermizian	Phone Number: 917-279-9931
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is truthful and	d accurate based upon my personal belief.
/ Clini	11/28/2023
Signed	Dated
Sworn to this 28th day of November, 2023 Notary Full	Grabul 2 Danal
Community Board 1 requests that the SLA add these stipulations to the stipulations and board resolution shall supersede all other documents.	
	Comm. # 2437177 My Commission Expires 08/08/2028

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

designed to hold 75 persons or more			
Name of Establishment:			
Address:			
(1) I will follow the recommendations made by the sound engine that noise including sound and bass vibrations cannot be heard	neer and outlined in the acoustical testing report. I will make sure outside of the premises of my establishment.		
(2) I will take the steps outlined in the resolution and in the trait	ffic plan to manage vehicular and pedestrian activity.		
(3) I will follow and abide by the conditions set forth in the rescollected on the follows days and hours: TBD	solution regarding garbage disposal and collection. Garbage will be		
(4) I will have delivery of supplies, goods and services during	the hours of 9am-5pm		
(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 b least 45 days in advance	poard for a street activity permit for my licensed establishment at		
(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 congestion and unruly patrons.	security oversight of the establishment to prevent noise,		
(10) I will (additionally):			
(15) Residents may contact the management at the below we			
he above-stated method of operation if necessary in order to mi	nber. Complaints will be addressed immediately and I will revisit inimize my establishment's impact on my neighbors.		
Name: Paul Kermizian	Phone Number: 917-279-9931		
Alternate Contact:	Phone Number:		
hereby certify that the information provided above is truth	ful and accurate based upon my personal belief.		
M/M/N	$\frac{11/28/2023}{Dated}$		
Signed // Signed	Dated Dated		
~	Dated		
worn to this 20th day of November 20	333 Vareha O N Mar - 0		

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.

Notary Public

ISABEL L. MENDEZ Notary Public, State of New Jersey Comm. # 2437177 My Commission Expires 08/08/2028

Rev. 12/21

1-	Applicant Name Taylor Collective LLC
2-	Establishment Name (Corporate & DBA) Sub Rosa
3-	Address for Proposed License 70-72 Laight Street, New York, NY 10013
4-	Proposed Days/Hours of Operation Monday-Saturday: 5pm-1am and Sunday: Closed
	4.1 What floor(s) is the establishment on? Ground Floor and basement (alcohol storage only)
5-	4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage? $_{\mbox{N/A}}$ Square Footage of Location $_{\mbox{4,400 sq ft}}$
6-	Method of Operations (bar restaurant, Catering, etc) Eating and Drinking Establishment - On Premises Tavern
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-	Outdoor Seating? Sidewalk Roadbed N/A
10 (n	Type of Music? Live Recorded *DJ *limited to special occasions/private parties* Volume of Music? Background Other o sound from events, performances or music will be heard outside the premises or by eighbors)
11	- Where will the kitchen exhaust system vent to? Rear Yard
12	- Applicant's Previous Licensed Establishments and Addresses
	Tarallucci e Vino: 15 E 18th Street 44 E 28th Street 873 Broadway

Applicant, Taylor Collective LLC, refused to agree to and sign CB 1 stipulations for 70-72 Laight Street application.

1-	Applicant Name Corp to be formed by Tsion Bensus				
2-	Establishment Name (Corporate & DBA) LLC to be formed by Tsion Bensusan dba To be determined				
3-	Address for Proposed License 100 Broad Street				
4-	Proposed Days/Hours of Operation Sunday - 12:00 pm - 1:00 am Mon - Sat 12:00 pm - 4:00 am				
	4.1 What floor(s) is the establishment on? 2nd floor				
	4.2 Any rooftop, terrace, or other outside usage? Yes, rooftop				
5-	Square Footage of Location 14,148 sf				
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 No				
9-	Type of Music? Recorded DJ				
10-	Volume of Music? Sackground (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				

Tsion Bensusan - P46 Entertainment LLC - 235 West 46th Street, NY, NY Grove Street Hospitality LLC - 57 Grove Street, NY, NY

_{I.} Tsion Bensusan	, as a qualified representative of LL	LC to be formed by Tsion	Bensusan
located at 100 Broad Street		, New York, New Yorl	
the following stipulations for the a	pplicant's Method of Operation for the	eir On Premises Liquor	license
(1) My hours of operation will be understand this to mean that all patro	Sunday ons will be cleared from the establishmen	12pm - Ham Mon.	Saturday (I
(2) I will operate a full-service restau	nrant, (please describe type of restaurant)	1.1	Hercien
(0) T = :11 : - + -11		full food service until / 1/2 hour	(s) before closing.
(3) I will install soundproofing (please	se describe type and locations)		M
(4) I will have; DJs Wes No Liv	ve music Wes Ono Recorded Music (☐Yes ☐No Dancing ☐	Tyes Mo
Promoted events Tyes No	Cover fee events Tyes No	Scheduled perform	
is not background music	erformances will be at background levels		
(6) I will close all doors and window	rs by Pri-Sat	t. DI will not have French doors or	windows.
(7) I will have delivery of supplies, g	goods and services during the hours of	- 1	
(8) I will employ a doorman/security	personnel on the following days and hor	urs: <u>Vei Y</u>	Management of the second of th
(9) I will actively manage crowds co	ngregating on the street at night, to minit	mize disturbances to residents.	
(10) I will not apply to the SLA for a Community Board 1. \square	an alteration to the method of operation a	greed to by this stipulation withou	t first notifying
(11) I will not apply for a sidewalk c	afé license until at least a year after begin	inning operation. 📉 es 🗆 No	
(12) I will conspicuously post this st	ipulation form beside my liquor license i	inside of my business.	
(13) I confirm that I havev	iolations from previous establishments for	or which I have served as a princip	al.
(14) I will (additionally):			
the above-stated method of operation	ager/owner at the below number. Comple n if necessary in order to minimize my es	stablishment's impa <u>ct on my neig</u> l	nbors.
Teidn	Ben Susen Phon	714-21/1/-1	111-11
Name:	Phon	ie Number:	1404
Alternate Contact:		Phone Number:	
I hereby certify that the informati	on provided above is truthful and accu	urate based upon my personal b	elief.
		10/31/2023	
			FRANK VA PANILLO Notary Public, Statl of New York
Signed	. / /	Dated	Mo. 24-4794 162 Qualified in Kings County
Sworn to this 31st day of	October 2023		Commission Expires Avril 1971
	Notary Public		\Diamond

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

(1) I will follow the recommendations made by the sound e that noise including sound and bass vibrations cannot be he	engineer and outlined in the acoustical testing report. I will make sure eard outside of the premises of my establishment: TB
(2) I will take the steps outlined in the resolution and in the	traffic plan to manage vehicular and pedestrian activity: TB
(3) I will follow and abide by the conditions set forth in the collected on the follows days and hours:	e resolution regarding garbage disposal and collection. Garbage will be
(4) I will have delivery of supplies, goods and services dur TB	ring the hours of
(5) Lighting that affects the security of the community and appropriately lit while not attracting unsavory elements (e.g.	quality of life of nearby residents must be considered, and must be g. rodents, flies, mold, hazardous substances, etc.) TB
(6) I understand that I must submit a notice to the communicated that I must submit a notice to the communication of the communication	ity board for a street activity permit for my licensed establishment at
property and provide proof of receipt of the 30-day Standar	Permits Committee if I am applying for an expansion onto municipal rdized Notice form, a block plot diagram detailing the municipal e municipal's approval to use the space. I also agree that I must sign adhered to for the roadbed/sidewalk seating: TB
(8) Cameras will be used for viewing the entrance and egre	ess: TB
(9) I agree to follow the conditions outlined in the resolution congestion and unruly patrons: TB	on on secuirty oversight of the establishment to prevent noise,
(10) I will (additionally):	
(15) Residents may contact the manager/owner at the below the above-stated method of operation if necessary in order	w number. Complaints will be addressed immediately and I will revisit to minimize my establishment's impact on my neighbors.
Name; TSION BENSUSAN	Phone Number: 718-344-4404
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is	truthful and accurate based upon my personal belief.
V 2/->	- 1.3/2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
Signed	<u>/0 -3/-2623</u>
1.	Dated FRANK VI PALILLO Norary Public, State of New York No 24.4784 W2
Sworn to this 31st day of Oc-6 ber	Qualified in Kings Jounty Commission Expires April 30
	Notary Public
Community Board 1 requests that the SLA add these stipu stipulations and board resolution shall supersede all other	lations to the license of the above-mentioned applicant. These documents.

Rev. 12/21

I, James C. Diehl, as a qualified representative of JRZAC LLC			
located at 108 Greenwich Street 2nd Floor	, New York, New York, agree to		
the following stipulations for the applicant's Method of Operatio			
(1) My hours of operation will be 11 AM - 12 AM Sunday - The understand this to mean that all patrons will be cleared from the estable. (2) I will operate a full-service restaurant, (please describe type of restaurant). (3) I will install a made a full contains a full	olishment at the specified hour). staurant): American Restaurant with full food service until 1 hour(s) before closing.		
(3) I will install soundproofing (please describe type and locations)	None is needed - background music		
(4) I will have: DJs Ares INo Live music IYes INo Recorded	Music Mayes □No Dancing □Yes MNo		
Promoted events Tyes No Cover fee events Tyes N	Periodical Control Control		
(5) Volume of all music, events or performances will be at background is not background music.	d levels only. If it can be heard outside, or by neighbors, it		
(6) I will close all doors and windows by $\underline{9pm}$ Sun-Thurs and $\underline{9pm}$	Fri-Sat. QI will not have French doors or windows.		
(7) I will have delivery of supplies, goods and services during the hou 11 AM - 4 PM	urs of		
(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 oper Community Board 1. ⊠	ration agreed to by this stipulation without first notifying		
(11) I will not apply for a sidewalk café license until at least a year aft	er beginning operation. Wes 🗥 o		
(12) I will conspicuously post this stipulation form beside my liquor li	cense inside of my business. 🗵		
(13) I confirm that I have No violations from previous establishment (14) I will (additionally):	nents for which I have served as a principal.		
End all DJ music at 10PM on weekdays and 12AM on Fr	iday and Saturday		
I will hire security at the CB's request	and cala. cay.		
will till e security at the CD's request			
(15) Residents may contact the manager/owner at the below number. Of the above-stated method of operation if necessary in order to minimize	Complaints will be addressed immediately and I will revisit my establishment's impact on my neighbors.		
Name: James Diehl	Phone Number: 516-708-6114		
Alternate Contact:	Phone Number: 10/03/2023		
hereby certify that the information provided alfoye is truthful and			
Signed Chall	Dated No. 02WE6056328		
Sworn to this day of day of Notary Pub	Qualified in New York Count My Commission Expires March 19,		

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

1-	Applicant Name 133 Greenwich LLC
2-	Establishment Name (Corporate & DBA) Restaurant Name pending; located in The Cloud One Hotel
3-	Address for Proposed License 133 Greenwich Street, NY, NY 10006
4-	Proposed Days/Hours of Operation
	7 Days: Indoors 7AM-11PM; Outdoors 7AM-9PM
	4.1 What floor(s) is the establishment on? Ground Floor for food & alcohol service; 26th floor for storage
5-	4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage? Square Footage of Location 2278 sq. ft.
6-	Method of Operations (bar restaurant, Catering, etc) restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) seeking B&W for near future; OP full liquo
	7.1 Type of application ■ New ■ Alteration ■ Change in Method of Operation, Corporate Change, Class Change
8-	Outdoor Seating? X Sidewalk □ Roadbed
9-	Type of Music? □ Live X Recorded □ D
10	- Volume of Music? X 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?
	Louver in the façade of the building above sidewalk
12	- Applicant's Previous Licensed Establishments and Addresses
	Cloud One Bar, 133 Greenwich Street

Mannattan Community Board I			
I, Jonathan L Bing , as a qualified representate located at 133 Greenwich St, NY NY 10006 1st floor the following stipulations for the applicant's Method of Operation	ive of 133 Greenwich LLC		
located at 133 Greenwich St, NY NY 10006 1St 11007	New York, New York, agree to		
the following stipulations for the applicant's Method of Operation	on for their OP Full liquor, temp permit B&W license		
(1) My hours of operation INDOORS will be 7am-11pm dail understand this to mean that all patrons will be cleared from the estate (2) I will operate a full-service restaurant, (please describe type of restaurant).	ly and OUTDOOR hours willbe 7am-9pm daily (I ablishment at the specified hour). hotel service		
	with full food service until hour(s) before closing.		
(3) I will install soundproofing (please describe type and locations)			
(4) I will have: DJs Tyes Tho Live music Tyes Tho Recorde			
Promoted events Tyes Tho Cover fee events Tyes			
(5) Volume of all music, events or performances will be at background is not background music.	and levels only. If it can be heard outside, or by neighbors, it		
(6) I will close all doors and windows bySun-Thurs and	Fri-Sat. I will not have French doors or windows.		
(7) I will have delivery of supplies, goods and services during the ho			
(8) I will employ a doorman/security personnel on the following day	ys and hours: Hotel security		
(9) I will actively manage crowds congregating on the street at night			
(10) I will not apply to the SLA for an alteration to the method of op Community Board 1. ⊠			
(11) I will not apply for a sidewalk café license until at least a year	after beginning operation wes WNo		
	<u>-</u>		
(12) I will conspicuously post this stipulation form beside my liquously			
(13) I confirm that I have O violations from previous establishments for which I have served as a principal.			
(14) I will (additionally):			
(15) Residents may contact the manager/owner at the below numbe the above-stated method of operation if necessary in order to minim	r. Complaints will be addressed immediately and I will revisit nize my establishment's impact on my neighbors.		
Michael Black	DI N. 1		
Name: Michael Black	Phone Number: 646-830-9330		
Alternate Confact:	Phone Number: and accurate based upon my personal belief.		
I hereby certify that the information provided above is truthful	and accurate based upon my personal belief.		
Snort Phi	11/29/23		
Signed	Dated		
Sworm to this 29th day of November, 2023	Ch Dis Chancesel		
	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

I. Jonathan L Bing as a qualified rep	resentative of 133 Greenwich LLC
located at 133 Greenwich St, NY NY 10006 6th f	resentative of 133 Greenwich LLC loor, New York, New York, agree to
the following stipulations for the applicant's Method of	Operation for their OP Full liquor license
(1) My hours of operation INDOORS will be understand this to mean that all patrons will be cleared from	n the establishment at the specified hour).
(2) I will operate a full-service restaurant, (please describe	
	with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and lo enjoyment of hotel by guests	standard soundproofing to preserve quiet
(4) I will have: DJs □Yes ☑No Live music ☑Yes □No	Recorded Music Yes □No Dancing □Yes □No
Promoted events Tyes Tho Cover fee events	s □Yes ☑No Scheduled performances □Yes ☑No
(5) Volume of all music, events or performances will be at is not background music. \square	background levels only. If it can be heard outside, or by neighbors, it
(6) I will close all doors and windows bySun-Thurs	andFri-Sat. I willnothave Frenchdoors or windows.
(7) I will have delivery of supplies, goods and services duri (8) I will employ a doorman/security personnel on the follo	ng the hours of wing days and hours: Hotel security
(9) I will actively manage crowds congregating on the stree	t at night, to minimize disturbances to residents.
(10) I will not apply to the SLA for an alteration to the meth Community Board 1. \boxtimes	hod of operation agreed to by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at leas	at a year after beginning operation. Tyes No
(12) I will conspicuously post this stipulation form beside r (13) I confirm that I have 0 violations from previous	
(14) I will (additionally): Live music will be in the form of a jazz ensem There will be no other changes to the method	able performing occasionally. If of operation or the previously stipulated agreements outlined below.
alcohol service will be permitted from 7AM to 2AM from	non-alcoholic beverage and food service are 24 hours, 7 days a week. Indoor Monday through Saturday, and from 10AM through 2AM on Sundays. BAM to 10PM Monday through Friday, 8AM to 10PM on Saturdays, and from the all outdoor food and alcoholic and non-alcoholic beverage service at 10PM
** Hours of delivery of supplies, goods and services will b	e determined as opening date approaches and the applicant can coordinate
ndividual supplier availability on delivery schedules.	
(15) Residents may contact the manager/owner at the belo the above-stated method of operation if necessary in order	w number. Complaints will be addressed immediately and I will revisit to minimize my establishment's impact on my neighbors.
Name: Michael Black	Phone Number: <u>646-830-9330</u>
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is	
March 1925	11 /29 /23
Signed	Dated Dated
Sworn to this 29th day of November, 2	023 Chilis (Sawresc)
	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	CBCS Washington Street LP & F&B Management US	SA
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2-	Establishment Name (Corporate & DBA) CBCS Washington Street LP & F&B Management US/d/b/a Par Ici and Titsou (formerly known as Marta)
3-	Address for Proposed License 456 Greenwich Street, New York, NY 10013
4-	Proposed Days/Hours of Operation Par Ici (courtyard cafe) - weekdays: closing 11pm; weekends: closing 12a Titsou - weekdays: closing 1am; weekends: closing 2am
	4.1 What floor(s) is the establishment on? First Floor
	4.2 Any rooftop, terrace, or other outside usage? Yes, Par Ici courtyard cafe
5-	Square Footage of Location
6-	Method of Operations (bar restaurant, Catering, etc) Eating and drinking establishments within a hotel
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?
12-	Applicant's Previous Licensed Establishments and Addresses

Proposed Changes to Stipulation Agreement

\$55000,000 FB \$540	Liquor License Stipulations CBCS Washington Street LP, 456 F&B LLC, and
I, Joshua Caspi, as a qualified representation located at 456 Greenwich Street	ive of Hotel Barriere Management USA Company LLC,
located at 456 Greenwich Street the following stipulations for the applicant's Method of Operation	, New York, New York, agree to
(1) My hours of operation will be Sandy The understand this to mean that all patrons will be cleared from the estab	pelow) product and
(2) I will operate a full-service restaurant, (please describe type of res	staurant): _ Eight story luxury hotel with food and beverage, with
a restaurant, bar/lobby lounge, courtyard cafe and event space in cella	ar with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)_	
(4) I will have: DJs Voyes ONo Live music Vyes ONo Recorded	Music Wes CNo Dancing Oyes No
Promoted events Tyes TNo Cover fee events Tyes TNo	-
(5) Volume of all music, events or performances will be at background is not background music.	•
(6) I will close all doors and windows bySun-Thurs and	Fri-Sat. OI will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hour 7AM until 2PM all days of the week, and loading and unloading will	I take place on Washington Street.
(8) I will employ a doorman/security personnel on the following days	
(9) I will actively manage crowds congregating on the street at night, t	
(10) I will not apply to the SLA for an alteration to the method of o notifying Community Board 1.	operation agreed to by this stipulation without first
(11) I will not apply for a sidewalk café license until at least a year:	and the state of t
 I will conspicuously post this stipulation form beside my liquously I confirm that I haveviolations from previous establis 	
The cellar space will operate 8AM until 2AM all days of the week, a until 1AM on the weekends. Marta and Parici will operate under the	esame hours as Fouquets'. Parici will be enclosed with the roller Ipm 12am FM on the weekdays, and 8AM until IIPM on the weekends. I non demonstrating an evidently positive track record with the a period of 6 months from the date of commencing operations. patrons be mindful of producing excessive noise on the balconies, ise disturbances during the late night hours of operation. on the acoustical engineer's sound report will be followed, for holding future conversations and channel any complaints.
15) Residents may contact the manager/owner at the below number. Che above-stated method of operation if necessary in order to minimize	Complaints will be addressed immediately and I will remisit
Joshua Caspi	Phone Number:(914) 694-8300
mate Contact: Michael McGinley	Phone Number: (917) 965-2605
reby certify that the information provided above is truthful a	and accurate based upon my personal belief.
A/I/V	22 22 2224
	03.20.2024_
ed CC	Dated
m to this 20 day of Marker, 2024	
Notary P	Public
nmunity Board 1 requests that the SLA add these stipulations to the standard resolution shall supersede all other documents.	

Manhattan Community Board 1 Cannabis License Stipulations
I, Michael Jones, as a qualified representative of 35 115 1# 1 located at 35 WALSTREE, New York, New York, agree to the following stipulations for the applicant's Adult-Use Retail
Dispensary cannabis license.
Dispensary cannabis license. CORPORATE ADDRESS 362 FIFTH AVE NYNY 10001 (1) My hours of operation will be 1/AM - 9pM Sunday - Thursday and Friday - Saturday (I
(1) My hours of operation will be
(2) I will have: DJs □Yes ☑No Live music □Yes ☑No Recorded Music □Yes ☑No Dancing □Yes ☑No
Promoted events \(\superscript{Yes} \(\superscript{No} \) Cover fee events \(\superscript{Yes} \(\superscript{No} \) Scheduled performances \(\superscript{Yes} \(\superscript{No} \)
(3) I agree to host no more thanevents per year and no more thanbuyouts per year.
(4) 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.
(5) I will not have French doors or open windows CORRECT
(6) I will have delivery of supplies, goods and services during the hours of
(6) I will have delivery of supplies, goods and services during the hours of
(8) I will not have crowds congregating on the street at night, to minimize disturbances to residents.
(9) I will not apply to the OCM for an alteration to the method of operation agreed to by this stipulation or another license without first notifying and returning to Community Board 1. ⊠
(10) I will conspicuously post this stipulation form beside my cannabis license inside of my business.
(11) I confirm that I have violations from any previous establishments for which I have served as a principal.
(12) I will abide by the NYC bicycle laws and guidelines and shall ensure that any third-party delivery service you contract with
abides by the laws and guidelines
(13) I agree to not use any unlawful motorized vehicle for deliveries and ensure that any third-party delivery service I contract with does not use any unlawful motorized vehicle
(14) I will ensure that any delivery persons wear the proper attire such as helmets, identifiable clothing, etc. and ensure that any contracted third-party delivery service shall wear proper attire such as helmets, identifiable clothing, etc. ✓
(15) I do not intend to participate in bar or pub crawls or the cannabis equivalent 🗵
(16) I will (additionally): Will sell peckeaged goods for high end consumer.
(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
Name: Phone Number:
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
A // / RRIS 7844
Minitori III Minitori
Signed STATE OF NEW YORK NOTARY DIVI
Sworn to this \ \ \ day of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Notary Public OITE6406198
Community Board 1 requests that the OCM add these stipulations to the license of the above-mentioned appropriate These
stipulations and board resolution shall supersede all other documents.

1-	Applicant Name
	York Street Lessee DE LLC, York Street LLC, Hersha Hospitality Management LP
2-	Establishment Name (Corporate & DBA) Hilton Garden Inn Tribeca
3-	Address for Proposed License 39 Avenue of the Americas, New York, New York 10013
4-	Proposed Days/Hours of Operation Hotel 24 hrs/Daily
	4.1 What floor(s) is the establishment on? Entire Hotel (excluding ground floor restaurant)
5-	4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage? None Square Footage of Location 65,660
6-	Method of Operations (bar restaurant, Catering, etc) Hotel
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full liquor- Hotel Liquor License
	7.1 Type of application New Alteration Change in Method of Operation, Corporate Change, Class Change
8-	Outdoor Seating? \square Sidewalk \square Roadbed No N/A
10- (n	Type of Music? □ Live Mace Recorded □ DJ - Volume of Music? Mace Background □ Other o sound from events, performances or music will be heard outside the premises or by highbors)
11	- Where will the kitchen exhaust system vent to? Main kitchen exhaust - vents from hotel main roof
12	- Applicant's Previous Licensed Establishments and Addresses See attached rider

I, Ashish Parikh, as a qual	ified representative of Yo	rk Street Lessee DE	LLC,	
located at 39 Avenue of the Americas		, New York, N	ew York, agree to	
the following stipulations for the applicant's Me	thod of Operation for thei	Hotel Liquor	license	
(1) My hours of operation will be understand this to mean that all patrons will be cle (2) I will operate a KHXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ared from the establishment	at the specified hour).	rvice 12pm to 12am daily	
**the restaurant in the hotel is license			hourfe) hefore elector	
ADDE DO 465000 ADDE NO NO DEDMEN VE COME AN				
(3) I will install soundproofing (please describe ty) The premises is already open and open		roof		
(4) I will have: DJs \(\text{UYes \text{SiNo}}\) Live music \(\text{UYes}\)			ncing DYes No	
	ee events DYes No		performances Tyes No	
(5) Volume of all music, events or performances was not background music.		113		
(6) I will close all doors and windows bySu	n-Thurs and Fri-Sat.	I will not have French	doors or windows.	
(7) I will have delivery of supplies, goods and server 7:00am - 5:00pm	ices during the hours of			
(8) I will employ a doorman/security personnel on	the following days and hour	s: None- hotel man	agement on site 24/7	
(9) I will actively manage crowds congregating on	the street at night, to minim	ze disturbances to reside	nts. 🖾	
(10) I will not apply to the SLA for an alteration to Community Board 1. ⊠	the method of operation ag	eed to by this stipulation	without first notifying	
(11) I will not apply for a sidewalk café license un	til at least a year after begin	ing operation. XIYes 🗆	0	
(12) I will conspicuously post this stipulation form	beside my liquor license in	ide of my business. 🛛		
(13) I confirm that I have violations from	previous establishments for	which I have served as a	principal.	
(14) I will (additionally):				
(15) Residents may contact the manager/owner at	the below number. Complete	ite will be addressed imm	ediately and I will revisit	
the above-stated method of operation if necessary	in order to minimize my esta	blishment's impact on m	y neighbors.	
Name:Joel Ruiz	Phone	Number: (212) 966-4	1091	
Alternate Contact:	1 1 P	none Number:		
I hereby certify that the information provided:			onal belief.	
ashich R.		1/28/23	Commonwealth of Pennsylvania - No	122
Signed		Dated	EMILY S MANNIX - Notary Public Philadelphia County My Commission Expires December Commission Number 141139	2, 2025
Sworn to this 28 day of Novem	per 2023	E. L.U.	Commission Number 141129	, 5
Sworn to this tay or two or	Notary Public	any co		

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: York Street Lessee DE LLC, York Street LLC, Hersha Hospitality Management

Address: 39 Avenue of the Americas, New York, New York 10013

(1) I will follow the recommendations made by the sound engineer and of that noise including sound and bass vibrations cannot be heard outside of	outlined in the acoustical testing of the premises of my establishme	report. I will make sure ent. n/a- hotel is open and operating
(2) I will take the steps outlined in the resolution and in the traffic plan t	o manage vehicular and pedestri	an activity. n/a- hotel is open and
(3) I will follow and abide by the conditions set forth in the resolution recollected on the follows days and hours: 7 days a week at 10pm	egarding garbage disposal and co	operating llection. Garbage will be
(4) I will have delivery of supplies, goods and services during the hours	of 7:00am-5:00pm	
(5) Lighting that affects the security of the community and quality of life appropriately lit while not attracting unsavory elements (e.g. rodents, flie		
(6) I understand that I must submit a notice to the community board for a least 45 days in advance	a street activity permit for my lic	ensed establishment at
(7) I understand that I must appear before the Licensing & Permits Comproperty and provide proof of receipt of the 30-day Standardized Notice I am expanding to, and documentation confirming the municipal's approstipulations sheet outlining the conditions that must be adhered to for the	form, a block plot diagram detai val to use the space. I also agree	iling the municipal space
(8) Cameras will be used for viewing the entrance and egress.		
(9) I agree to follow the conditions outlined in the resolution on security congestion and unruly patrons.	oversight of the establishment to	prevent noise,
(10) I will (additionally):		
(15) Residents may contact the manager/owner at the below number. Co the above-stated method of operation if necessary in order to minimize to Name: Joel Ruiz	omplaints will be addressed immony establishment's impact on my Phone Number:(212) 966-	neighbors.
<u> </u>		
Alternate Contact:	Phone Number:	
I hereby certify that the information provided above is truthful and	accurate based upon my perso	nal belief.
	11/28/23	Commonwealth of Pennsylvania - Notary Sea: EMILY S MANNIX - Notary Public
Signed	Dated	Philadelphia County My Commission Expires December 2, 2025 Commission Number 1411296
Sworn to this 28 day of November 2013	11/28/23 Dated Englis	Commission number 1-11270

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.

Notary Public

1-	Applicant Name	CBCS Washington Street LP & F&B Management US	SA
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2-	Establishment Name (Corporate & DBA) CBCS Washington Street LP & F&B Management US/d/b/a Par Ici and Titsou (formerly known as Marta)
3-	Address for Proposed License 456 Greenwich Street, New York, NY 10013
4-	Proposed Days/Hours of Operation Par Ici (courtyard cafe) - weekdays: closing 11pm; weekends: closing 12a Titsou - weekdays: closing 1am; weekends: closing 2am
	4.1 What floor(s) is the establishment on? First Floor
	4.2 Any rooftop, terrace, or other outside usage? Yes, Par Ici courtyard cafe
5-	Square Footage of Location
6-	Method of Operations (bar restaurant, Catering, etc) Eating and drinking establishments within a hotel
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?
12-	Applicant's Previous Licensed Establishments and Addresses

Proposed Changes to Stipulation Agreement

\$55000,000 FB \$540	Liquor License Stipulations CBCS Washington Street LP, 456 F&B LLC, and
I, Joshua Caspi, as a qualified representation located at 456 Greenwich Street	ive of Hotel Barriere Management USA Company LLC,
located at 456 Greenwich Street the following stipulations for the applicant's Method of Operation	, New York, New York, agree to
(1) My hours of operation will be Sandy The understand this to mean that all patrons will be cleared from the estab	pelow) product and
(2) I will operate a full-service restaurant, (please describe type of res	staurant): _ Eight story luxury hotel with food and beverage, with
a restaurant, bar/lobby lounge, courtyard cafe and event space in cella	ar with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)_	
(4) I will have: DJs Voyes ONo Live music Vyes ONo Recorded	Music Wes CNo Dancing Oyes No
Promoted events Tyes TNo Cover fee events Tyes TNo	-
(5) Volume of all music, events or performances will be at background is not background music.	•
(6) I will close all doors and windows bySun-Thurs and	Fri-Sat. OI will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hour 7AM until 2PM all days of the week, and loading and unloading will	I take place on Washington Street.
(8) I will employ a doorman/security personnel on the following days	
(9) I will actively manage crowds congregating on the street at night, t	
(10) I will not apply to the SLA for an alteration to the method of o notifying Community Board 1.	operation agreed to by this stipulation without first
(11) I will not apply for a sidewalk café license until at least a year:	and the state of t
 I will conspicuously post this stipulation form beside my liquously I confirm that I haveviolations from previous establis 	
The cellar space will operate 8AM until 2AM all days of the week, a until 1AM on the weekends. Marta and Parici will operate under the	esame hours as Fouquets'. Parici will be enclosed with the roller Ipm 12am FM on the weekdays, and 8AM until IIPM on the weekends. I non demonstrating an evidently positive track record with the a period of 6 months from the date of commencing operations. patrons be mindful of producing excessive noise on the balconies, ise disturbances during the late night hours of operation. on the acoustical engineer's sound report will be followed, for holding future conversations and channel any complaints.
15) Residents may contact the manager/owner at the below number. Che above-stated method of operation if necessary in order to minimize	Complaints will be addressed immediately and I will remisit
Joshua Caspi	Phone Number:(914) 694-8300
mate Contact: Michael McGinley	Phone Number: (917) 965-2605
reby certify that the information provided above is truthful a	and accurate based upon my personal belief.
A/I/V	22 22 2224
	03.20.2024_
ed CC	Dated
m to this 20 day of Marker, 2024	
Notary P	Public
nmunity Board 1 requests that the SLA add these stipulations to the standard resolution shall supersede all other documents.	