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

1-	Applicant Name Orale Group Inc
2-	Establishment Name (Corporate & DBA) Orale Group Inc d/b/a Casa Taqueria
3-	Address for Proposed License 40 Gold Street (btwn Fulton & John Streets)
4-	Proposed Days/Hours of Operation 11am - 12am daily
	4.1 What floor(s) is the establishment on? ground floor
	4.2 Any rooftop, terrace, or other outside usage? no
5-	Square Footage of Location Approx. 1200
6-	Method of Operations (bar restaurant, Catering, etc) full service restaurant w/ background music and live entertainment (i.e mariachi bands)
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? as exising - the roof
12-	Applicant's Previous Licensed Establishments and Addresses n/a

Manhattan Community Board 1 Liquor License Stipulations

I,	Elian Warrington, as a qu	alified representative of _	Orale Group Inc		
locat	ted at 40 Gold Street			New York, agree to	
the f	following stipulations for the applicant's	Method of Operation for t	heir <u>on-premise</u>		
	Sun to thurs 11am	- 12 au Frit	Sat. Ham to 11p	m / 30 m. 11au to 12 am.	
unde	My hours of operation will be rstand this to mean that all patrons will be of	Sunday – Thursday a cleared from the establishme	andent at the specified hour).	Friday – Saturday (I	
(2) I	will operate a full-service restaurant, (please			Y¥	
-		with	full food service until	1 hour(s) before closing.	
(3) I	will install soundproofing (please describe	type and locations)			
-(4) I	will have: DJs Yes No Live music			Dancing Tyes Tho	
Pro	omoted events □Yes □No Cove	er fee events 🗆 Yes 🖾 No	Schedule	d performances □Yes ☑No	
is no	Volume of all music, events or performance of background music. ⊠	1 8			
-(6) I	will close all doors and windows by	Sum Thurs and Fri-S	at. I will not have Frenc	h doors or windows.	
- (7) I	will have delivery of supplies, goods and s	ervices during the hours of			
-(8) I	will employ a doorman/security personnel	on the following days and h	nours:	Market Company of the	
	will actively manage crowds congregating	1			
	I will not apply to the SLA for an alteration munity Board 1. \boxtimes	to the method of operation	agreed to by this stipulation	on without first notifying	
(11)	I will not apply for a sidewalk café license	until at least a year after be	ginning operation. □Yes 🎙	€ io	
(12)	I will conspicuously post this stipulation for	orm beside my liquor license	e inside of my business. 🗵		
(13)	I confirm that I have violations fr	om previous establishments	for which I have served as	s a principal.	
(14)	I will (additionally):				
	Live music will me All table service	it he heard	ortdoors,		
	All table service	-, no bar			
	,				
				W - 1 11 - 110 - 1 1	
	Residents may contact the manager/owner above-stated method of operation if necessa				
Nan	ne: * EliAn WAN.	ington Pho	one Number: × 212	·40L·3333	
Alte	ernate Contact:		_ Phone Number:		
I he	reby certify that the information provide	d above is truthful and ac	curate based upon my pe	ersonal belief.	
χ	& Down	_	× 11/13/19		
Sign			Dated		
Swo	orn to this 13^{46} day of 10^{13}	Vember 2019		Sound of	•
25,111.5	500 (10 T) (10 T	Notary Public		Notar Notary Public State of Ne	ew York
Con	nmunity Board 1 requests that the SLA add ulations and board resolution shall supersed	these stipulations to the lice	ense of the above-mention	No.	3
•				My Configuration expires 04	104/202

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

1- Applicant Name

GUCKENHEIMER SERVICES LLC

2- Establishment Name (Corporate & DBA)

Guckenheimer @ Spotify

3- Address for Proposed License

150 Greenwich Street aka 4 World Trade Center, 71st Floor, New York, NY 10006

4- Proposed Days/Hours of Operation

Monday - Friday 8am - 11pm

4.1 What floor(s) is the establishment on?

71st Floor

4.2 Any rooftop, terrace, or other outside usage?

N/A

5- Square Footage of Location

2200 sqft

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

Catering

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

Beer, Wine & Liquor_{7.1} Type of application (New, Ilteration, Change in Method of Operation, Corporate Change, Class Change)

- 8- Sidewalk Café? Yes No
- 9- Type of Music? X Live X Recorded X DJ
- 10- Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors)

Licensed premises on 71st Floor

□ Other

11- Where will the kitchen exhaust system vent to?

N/A

12- Applicant's Previous Licensed Establishments and Addresses

GUCKENHEIMER AT TWITTER 245 249 W 17th St. 6th fl, New York, NY 10011

Manhattan Community Board 1 Liquor License Stipulations

	I, John Sumner as a qualified representative of Guckenheimer at Spotify	
	located at 150 Greenwich Street, FL 71 , New York, New York, agree to	
	the following stipulations for the applicant's Method of Operation for their Catering Facility license	
	(1) My hours of operation will be Friday Sunday - Thursday and Friday - Saturday (1) understand this to mean that all patrons will be cleated from the establishment at the specified hour). (No Weekends)	
حند	(1) My hours of operation will be Friday Sunday - Thursday and Friday - Saturday (1) understand this to mean that all patrons will be cleated from the establishment at the specified hour)	
	(2) I will operate a full-service restaurant, (please describe type of restaurant): Full Catering Menu provided	
	with full food service until 6 hour(s) before closing.	
	(3) I will install soundproofing (please describe type and locations)	
	(4) I will have: DJs GYes CNo Live music CYes CNo Recorded Music CYes CNo Dancing CYes CNo	
	Promoted events \(\text{Tyes} \(\text{Dio} \) Cover fee events \(\text{Tyes} \(\text{Dio} \) Scheduled performances \(\text{Tyes} \(\text{Dio} \)	
	(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 bySun-Thurs and Fri-Sat. U1 will not have French doors or windows.	
-	(7) I will have delivery of supplies, goods and services during the hours of	
_	(8) I will employ a doorman/security personnel on the following days and hours:	
	(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.	
	(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying	
	Community Board 1.	
	(11) I will not apply for a sidewalk case license until at least a year after beginning operation. We es the	
	(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.	
	(12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have o violations from previous establishments for which I have served as a principal. (14) I will (additionally):	
	Catered events on 71st Floor, Week of 12/2	
	Only on Week day, No wekends will be open	
	Not open to public For walk in, off the Street.	
	Not open to public For walk in, off the Street. PA is 220, will notify community for Federal tely holidays,	
d -	or non-spotisty events. only *	
	(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.	
	- Annalia Elus	
	Name: X Amelia EKUS Phone Number: X 413-575-8865	
	Name: X Amelia EKUS Phone Number: Y 413-575-8865 Alternate Contact: Michael Wells Phone Number: 845-490-1811	
	I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	
	x ld. l	
	\$ 17-20-2017	
	Signed Dated ALLISON C SEIFERT NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 8/14/21	
	Sworn to this 20 tday of November, 2019 STATE OF TEXAS MY COMM. EXP. 8/14/21	
	Notary Public NOTARY ID 12395582-6	
	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 All Jon C. Serfer	ا۔
	allison C. Serfer	-1

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MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 4/2018

1-	Applicant Name
	Loncheria Calle Ancha, LLC.
2-	Establishment Name (Corporate & DBA)
	Tacombi
3-	Address for Proposed License
	74 Broad Street, New York, New York 10004
4-	Proposed Days/Hours of Operation
	Sunday through Thursday: 11:00am - Midnight Friday and Saturday: 11:00am - 1:00am
5-	Square Footage of Location
	2,621 sq. ft.
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Full On-Premises Liquor License
8-	Sidewalk Café? Yes/No No
9-	Type of Music? ☐ Live ☒ Recorded ☐ DJ Recorded Background Music
10-	Volume of Music? ☑ Background ☐ Other Background
11-	Applicant's Previous Licensed Establishments and Addresses
	Tacombi Bleecker Street (255 Bleecker Street, New York, New York 10014) - Serial 1286966 Tacombi Fort Greene (25 Lafayette Avenue, Brooklyn, New York 11217) - Serial 1308611 Tacombi Nolita (267 Elizabeth Street, New York, New York 10012) - Serial 1270204 Tacombi Empire State Building (23 W. 33rd St., New York, New York 10118) - Serial 1295063 Tacombi Flatiron (30 W. 24th Street, New York, New York 10010) - Serial 1275640 Tacombi Montauk (752 Montauk Highway, Montauk, New York 11954) - Serial 1270864

Manhattan Community Board 1 Liquor License Stipulations

Content al. 74 Broad Street New York, Pagree to the following stipulations for the applicant's Method of Operation for their On-Promises Liquor Incense Incense On-Promises Liquor On-Promises		<u>े Ch क्र</u> ब्रुविड के qualified representative o	f_Loncheria Calle And	ha LLC.	
(1) My hours of operation will be \$\frac{11.00am}{1.00am}\$ Midnight' Sunday - Thursday and \$\frac{11.00am}{1.00am}\$ 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): \$\frac{Casual Restaurant serving Mexican}{\text{with full food service untilhource}}\$\text{Mexicanhource}\$\text{disting}\$\$ (4) I will install soundproofing (please describe type and locations)	located at 74 Broad Street		, New York	, New York, agree	e to
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): Casual Restaurant serving Mexican with full flood service until	the following stipulations for the	ne applicant's Method of Operation fo	r their On-Premises L	quor	license
## Collisine with full food service until	understand this to mean that all p	patrons will be cleared from the establish	ment at the specified hour)		
(4) I will have: Dis Dives 2000 Live music Dives 2000 Recorded Music 2009 Scheduled performances Dives 2000	(2) I will operate a full-service re				
(4) I will have: DIs Dres 18No Live music Dres 28No Recorded Music 187es DNo Scheduled performances Dres 28No Cover fee events Dres 28No Scheduled performances Dres 28No Scheduled Dre	Cuisine	w	rith full food service until _	hour(s) before	re closing.
Promoted events Tyes 28No Cover fee events Tyes 28No Scheduled performances Tyes 28No (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 1000pm Sun-Thurs and 1000pm Fri-Sat. I will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of 1000pm Hill and 1100pm Sun-Thurs and 1000pm Sun-Thurs and 100pm Sun-Thurs and 1000pm Sun-Thurs and 100pm Sun-Thurs and 100pm Sun-Thu	(3) I will install soundproofing (p	please describe type and locations)Ex	isting		
(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 **power** Sun-Thurs and **power** Fri-Sat.** It will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of **power** Sun-Thurs and *	(4) I will have: DJs □Yes ᢂNo	Live music □Yes ™No Recorded Mu	nsic MaYes ⊡No	Dancing □Yes 🍱	No
is not background music. (6) I will close all doors and windows by word supplies, goods and services during the hours of 6.000am_14.00am_17.00am_17.00am_18.	Promoted events □Yes \(\mathbb{Y}\)es	Cover fee events ☐Yes ☑No	Schedu	led performances	lYes MaNo
(7) I will have delivery of supplies, goods and services during the hours of \$\frac{8:00am}{8:00am} \frac{11:0 \text{ to } \text{ lower}}{11:0 \text{ to } \text{ lower}} \] (8) I will employ a doorman/security personnel on the following days and hours: \$\frac{N}{2}\$ will actively manage crowds congregating on the street at night, to minimize disturbances to residents. \$\frac{\text{ (0)}}{2}\$ will actively manage crowds congregating on the street at night, to minimize disturbances to residents. \$\frac{\text{ (10)}}{2}\$ 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. \$\frac{\text{ (10)}}{2}\$ will not apply for a sidewalk café license until at least a year after beginning operation. \$\frac{\text{ (27)}}{2}\$ \$\text{ (23)}\$ confirm that I have violations from previous establishments for which I have served as a principal.} (14) I will (additionally): *See Attached Rider **Buildow's on Mearket Field Street will be closed during hours of open Ail of the windows will be closed at 10! pm (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: **Joe lazzetta** Phone Number: **203-947-2825* Alternate Contact: ** Phone Number: ** Phone Number: ** Phone Number: **	The state of the s	or performances will be at background le	evels only. If it can be heard	l outside, or by neig	ghbors, it
(8) I will employ a doorman/security personnel on the following days and hours: NIA (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 1. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. (12) I will conspicuously post this stipulation form beside my liquor license inside 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): *See Attached Rider **Buildance of the sum of the served of	(6) I will close all doors and wine	dows by 10:00pm* Sun-Thurs and 10:00pm*Fri	-Sat. □I will not have Fren	ch doors or window	ws.
(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. (12) I will conspicuously post this stipulation form beside my liquor license inside 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): *See Attached Rider - Wildows on Morket Field Street will be closed during hours of open and the shows will be closed at 101 pm. (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: Joe lazzetta Phone Number:			of		
(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. (12) I will conspicuously post this stipulation form beside my liquor license inside 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): *See Attached Rider **Buildows on Mearket Field Street will be closed during hours of open in the state of New York No. 017453384614 Alternate Contact: Phone Number: Phone Number: Dated No. 174533846145 Notary Public - State of New York No. 0174533846145 Signed Dated Notary Public - State of New York No. 0174533846145 Signed Dated	(8) I will employ a doorman/secu	rity personnel on the following days and	d hours: N/A		
Community Board 1. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. (12) I will conspicuously post this stipulation form beside my liquor license inside 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): *See Attached Rider **Buildows on Markef Field Street will be closed during hours of open for the side of the served as a principal. (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: Joe lazzetta	(9) I will actively manage crowd	s congregating on the street at night, to r	minimize disturbances to re-	sidents. 🛛	
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have	The state of the s	for an alteration to the method of operati	on agreed to by this stipula	tion without first no	otifying
(13) I confirm that I have	(11) I will not apply for a sidewa	lk café license until at least a year after	beginning operation. Wayes	□No	
(14) I will (additionally): *See Attached Rider **Buidows on Market Field Street will be closed during hours of open fill of their windows will be closed at 10! pm (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: Joe lazzetta Phone Number: 203-947-2825 Alternate Contact: Phone Number: Phone Number: 1 hereby certify that the information provided above is truthful and accurate based upon my personal belief. ***Il/20/2019** **YIBEN YE** Notary Public - State of New York No. 0146584614 Qualified in Queens County My Commission Expires Dec 17, 20: 19	(12) I will conspicuously post thi	is stipulation form beside my liquor licer	nse inside of my business.	\boxtimes	
*See Attached Rider **Bwidows on Merket Field Street will be closed during hours of open All other windows will be closed at 101 pm (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: Joe lazzetta Phone Number: 203-947-2825 Alternate Contact: Phone Number: 1 hereby certify that the information provided above is truthful and accurate based upon my personal belief. **X 11/20/2019** YIBEN YE Notary Public - State of New York Qualified in Queens County My Commission Expires Dec 17, 20: 19 My My Commission Expires Dec 17, 20: 19 My	(13) I confirm that I have	violations from previous establishmer	nts for which I have served	as a principal.	
6 Widows on Market Field Street will be closed during hours of ape All offur windows will be closed at 102pm (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: Joe lazzetta Phone Number: 203-947-2825 Alternate Contact: Phone Number:	(14) 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: Joe lazzetta Phone Number:	*See Attached Rider				
the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors. Name: Joe lazzetta Phone Number: 203-947-2825 Alternate Contact: Phone Number: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. **X	- All other w	horket Field Stre indows will be clo	sed at 101p	losed dun' m	ing hours otope.
Alternate Contact: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. **X // 20/2019** Dated YIBEN YE					vill revisit
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. **X // 20/2019** **Dated** **Notary Public - State of New York NO. 01YE6384614 Qualified in Queens County My Commission Expires Dec 17, 20: **My Commission Expires Dec 17, 20:	Name: Joe lazzetta	P	hone Number: _203-947-2	2825	
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. **X // 20/2019** **Dated** **Notary Public - State of New York NO. 01YE6384614 Qualified in Queens County My Commission Expires Dec 17, 20: **My Commission Expires Dec 17, 20:	Alternate Contact:		Phone Number:		
Signed Notary Public - State of New York NO. 01YE6384614 Qualified in Queens County My Commission Expires Dec 17, 20:					
Signed Notary Public - State of New York NO. 01YE6384614 Qualified in Queens County My Commission Expires Dec 17, 20:	* 15		× 11/20/2019	-	
Sworn to this 20th day of No year let 2019 My Commission Expires Dec 17, 20:	Signed	6	Dated	A	Public - State of New York
Notary Public /	Sworn to this day of	f No vember 2019	197	My Com	alified in Ouegos County
		Notary Publi	c / /-	9,000 S	

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

1-	Applicant Name			
	WILLIAM STREET KITCHEN LLC			
2-	Establishment Name (Corporate & DBA)			
	BAREBURGER			
3-	Address for Proposed License 155 WILLIAM STREET, NEW YORK, ny 10038			
4-	4- Proposed Days/Hours of Operation 7 Days / 11am-11pm			
	4.1 What floor(s) is the establishment on? Ground Floor & Mezzanine			
	4.2 Any rooftop, terrace, or other outside usage? N/A			
5-	Square Footage of Location 2600			
6-	Method of Operations (bar restaurant, Catering, etc) FULL SERVICE RESTAURANT			
7-	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)			
8-	Sidewalk Café? Yes/No			
	NO			
9-	Type of Music? ☐ Live ☒ Recorded ☐ DJ			
10-	-Volume of Music? A Background (no sound from events, performances or music will be heard outside the premises or by neighbors)			
	☐ Other			
11-	- Where will the kitchen exhaust system vent to?			
	EXISTING TO THE STREET ON ANN			
12-	- Applicant's Previous Licensed Establishments and Addresses			
33	321 Astoria Inc. D/b/a Bareburger, 3319 21 31th Street, Astoria, NY 11106			

Bare Burger Dio Inc, D/b/a Bareburger, 535 LaGuardia Pl. New York, NY 10012 4819 Vernon Kitchen LLC, D/b/a Bareburger, 48-19 Vernon Blvd., L.I.C., NY 10012 B5 LLC, D/b/a Bareburger, 2301 31th street, Astoria, NY 11105

This Liquor License Application Questionnaire Summary will be made available to the public one

Manhattan Community Board 1 Liquor License Stipulations GONZAH Zas a qualified representative of WILLIAM STREET KITCHEN LLC/ D/B/A/ BAREBURGER located at 155 WILLIAM STREET, NEW YORK, NY 10038 , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On Premise Liquor License (1) My hours of operation will be 11AM-11PM Sunday – Thursday and 11AM-11PM 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): FAMILY FRIENDLY RESTAURANT AMERICAN FOOD with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Previously installed. (4) I will have: DJs □Yes ☒No Live music □Yes ☒No Recorded Music ☒Yes □No Dancing Tyes No Promoted events □Yes ♥No Cover fee events TYes No Scheduled performances TYes 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 N/A Sun-Thurs and N/A Fri-Sat. ■I will not have French doors or windows. Doors will remain (7) I will have delivery of supplies, goods and services during the hours of 7: cm - 3: pm (M-F)/8:cm - 3: pm (Sat)/None on Sourchery,

(8) I will employ a doorman/security personnel on the following days and hours: N/A closed at all times. (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 1. - (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 NO 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. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors. Phone Number: 917-523-5650 Name: EFTYCHIOS PELEKANOS Phone Number: 201-401-1748 I hereby cortify that the information provided above is truthful and accurate based upon my personal belief. No ary Public SUSAN P. COLE

Notary Public, State of New York

Community Board 1 requests that the SLA add these stipulations to the license of Philes 1886 e-mentioned applicant. These stipulations and board resolution shall supersede all other documents commission Explies May 26, 20 Rev. 12/18