1- Applicant Name				
	Pier 17 Seafood Restaurant			
2-	Establishment Name (Corporate & DBA)			
	The Fulton			
3-	Address for Proposed License			
	95 South Street, Building G, New York, NY 10038			
4-	Type of License (Full liquor/OP, beer and wine, etc.) On-Premise Liquor (Full; Resta	urant)		
	7.1 Type of application			
	□New ☑Alteration □Change in Method of Operation, □Corporate Chan □Class Change	nge,		
5-	Proposed Days/Hours of Operation			
	Mon - Wed <u>12pm - 11pm</u> Thurs - Sat <u>12pm - 1am</u> Sun <u>12pm - </u>	11pm		
	4.1 What floor(s) is the establishment on? First Floor, Second Floor, Balcon	y/Terrace		
6-	Square Footage of Location 7,787 sq. ft.			
7-	Method of Operations (bar restaurant, Catering, etc)			
	On-Premises Restaurant			
8- (Outdoor Seating? Sidewalk Roadbed Rooftop, Terrace, or other outside Balcony 8.1 Do you intend to apply for DOT Outdoor dining permit? Yes No	*removing outdoor premises		
9-	Type of Music? □ Live X Recorded □ DJ	(pier)		
10	- Volume of Music? ♥ Background □ Other			
-	o sound from events, performances or music will be heard outside the premises or by ighbors)			
11	- Where will the kitchen exhaust system vent to? Vents open onto the east facade of t	<u>the bui</u> lding at level 2		
12	- Applicant's Previous Licensed Establishments and Addresses N/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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

I, Jean-Georges Vongerichten, as a qualified representative	Pier 17 Seafood Restaurant
located at 95 South Street, Building G	, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for the	ir <u>On Premise – Full Liquor</u> license
(1) My requested hours of operation areMonday - Thursday,	Thurs. 2pm-1am Friday – Saturday, 12pm-11pm Sunday
(1.a) CB approved hours of operation 12pm-11pm Monday – Wednesday (1 understand this to mean that all patrons will be cleared from	, <u>12pm-1am</u> Friday – Saturday <u>12pm-11pm</u> Sunday the establishment at the specified hour).
	ll food service until hour(s) before closing.
(3) I will install soundproofing (please describe type) N/A - Backgrou	nd Music Only
(please describe location)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Music Yes No Dancing Yes No duled performances Yes No
(5) Volume of music, events, performances will be at background levels only background music. \boxtimes	
(6) I will close all doors and windows byN/AMon- Thur,	Fri - SatSun.
☐ I will not have open doors or windows. N/A	
(7) I will have delivery of regular supplies, goods and services during the hou	
(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 hou	irs: when necessary
(10) I will actively manage crowds congregating on the street at night, to n	ninimize 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. ⊠	N/A □
(12) I will not apply for a sidewalk café license until at least a year after be	
(13) I will conspicuously post this stipulation form beside my liquor licens	
(14) I confirm that I have violations from previous establishment	s for which I have served as a principal.
(15) I will (additionally):	
Supervisors will not allow guests to exit with beverages	
(16) Residents may contact the manager/owner at the below number. Complathe above-stated method of operation if necessary in order to minimize my es	aints will be addressed immediately and I will revisit atablishment's impact on my neighbors.
Name: Jean-Georges Vongerichten Phone	e Number: (212) 358-0688
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is truthful and accu	irate based upon my personal belief LISETTE GONZALEZ NOTARY PUBLIC, STATE OF NEW YORK
I hereby certify that the information provided above is truthful and accurate when the signed Sworn to this	Registration No. 01GO8207103 Quelified in New York County Commission Expires June 8, 2025
Signed 11-th	Dated
Sworn to this day of Notary Public	Jesco - Co
1 total y 1 dollo	

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 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: Pier 17 Seafood Restaurant LLC			
Address: 95 South Street, Building G, New York, NY 10038			
(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: Jean-Georges Vongerichten Phone Number: (212) 358-0688			
Alternate Contact: Phone Number: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.			
I hereby certify that the information provided above is trutiful and accurate based upon in y LISETTE GONZALEZ LISETTE GONZALEZ NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GO6207103 Quelified in New York County Commission Expires June 8, 2025			
Sworn to this 26th day of 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. 3/2024

1- Applicant Name HHC PIER VILLAGE LLC & CREATIVE CULINARY MANAGEMENT COMPANY LLC 2- Establishment Name (Corporate & DBA) PIER VILLAGE 3- Address for Proposed License 89 SOUTH STREET, GROUND FLOOR, NEW YORK, NY 10038 4- Type of License (Full liquor/OP, beer and wine, etc.) ON-PREMISE LIQUOR (BAR/TAVERN) 7.1 Type of application □New ⚠ Alteration □ Change in Method of Operation, □ Corporate Change, □ Class Change 5- Proposed Days/Hours of Operation 8am - 1am Mon - Weds 8am - 1am 8am - 2am Thurs - Sat Sun 4.1 What floor(s) is the establishment on? **GROUND FLOOR** *ADDING OUTDOOR AREA AND SECOND FLOOR 6- Square Footage of Location 13,225 sq. ft. 7- Method of Operations (bar restaurant, Catering, etc) Bar/Tavern 8- Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or **②**other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes 🗷 No 9- Type of Music? 🖫 Live 🖾 Recorded 🖾 DI 10- Volume of Music? **T** Background □ Other (no sound from events, performances or music will be heard outside the premises or by neighbors)

12- Applicant's Previous Licensed Establishments and Addresses

11- Where will the kitchen exhaust system vent to?___

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.

None - N/A

I, Jean-Geroges Vongerichten, as a qualified representative of	HHC Pier Village LLC & Creative Culinary Management Company		
located at 89 South Street, Ground Floor	New York, New York, agree to		
the following stipulations for the applicant's Method of Operation fo	r their On-Premise Liquor (Bar/Tavern) license		
(1) My requested hours of operation are 8am-1am Monday – Weds (1.a) CB approved hours of operation 8am-1am Monday – Wednesd	day, <u>8am-2am</u> Friday – Saturday, <u>8am-1am</u> Sunday		
(I understand this to mean that all patrons will be cleared from	the establishment at the specified hour).		
	ith full food service until hour(s) before closing.		
(3) I will install soundproofing (please describe type) Acoustic dryv	vall ceiling (already installed)		
(please describe location) premises ceilings			
(1) 1 1111 1111 1111 1111 1111	ded Music Yes No Dancing Yes No Scheduled performances Yes No		
(5) Volume of music, events, performances will be at background levels background music. \boxtimes			
(6) I will close all doors and windows by N/A Mon- Thu	ır, <u>N/A</u> Fri - Sat <u>N/A</u> Sun.		
☐ I will not have open doors or windows.			
(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	d hours: when necessary		
(10) I will actively manage crowds congregating on the street at night	<u> </u>		
(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 aff	rter beginning operation. Yes No N/A		
(13) I will conspicuously post this stipulation form beside my liquor l			
(14) I confirm that I have <u>0</u> violations from previous establish			
(15) I will (additionally):			
(16) Residents may contact the manager/owner at the below number. Co the above-stated method of operation if necessary in order to minimize r	implaints will be addressed immediately and I will revisit ny establishment's impact on my neighbors.		
Name: Jean-Georges Vongerichten	Phone Number: (212) 358-0688		
Alternate Contact:	Phone Number:		
Signed Sworn to this 26th day of November, 2024			
Signed	Dated		
Sworn to this 26th day of November, 2024	Juste Lynn		
Notary Public	G ()		

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 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: HHC Pier Village & Creative Culinary Management Company LLC
Address:89 South Street, Ground Floor, New York, NY 10038
(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-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: Jean-Georges Vongerichten Phone Number: (212) 358-0688
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed LISETTE GONZALEZ NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GO8207103 Qualified in New York County Commission Expires June 8, 2025
Sworn to this 26th day of Sweeth Hotary 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. 3/2024

1-	1- Applicant Name	
	SPB MURRAY LLC	
2- Establishment Name (Corporate & DBA)		
	SEPPE PIZZA	
3- Address for Proposed License		
	225 MURRAY STREET, NEW YORK, NY 10282	
4- Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR/OP		
	7.1 Type of application	
	$oxtimes$ New \Box Alteration \Box Change in Method of Operation, \Box Corporate Change, \Box Class Change	
5-	Proposed Days/Hours of Operation	
	Mon - Thurs 11AM-4AM Fri - Sat 11AM-4AM Sun 11AM-4AM	
	4.1 What floor(s) is the establishment on? GROUND FLOOR ONLY	
	11 White hear (a) is the establishment on	
6-	Square Footage of Location 2,900	
7-	Method of Operations (bar restaurant, Catering, etc)	
•	RESTAURANT	
	- The state of the	
8-	Outdoor Seating? ⊠ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside	
	8.1 Do you intend to apply for DOT Outdoor dining permit? $oxtimes$ Yes $oxtimes$ No	
9-	Type of Music? □ Live ⊗ Recorded □ DJ	
10	- Volume of Music? Background □ Other	
-	o sound from events, performances or music will be heard outside the premises or by ighbors)	
11	- Where will the kitchen exhaust system vent to? ROOF	
	- 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.

I, PE	ETER POULKAKOS, as a qualified repre	esentative of SPB MURRAY	Y LLC ,
locate	ed at 225 MURRAY STREET	, New	York, New York, agree to
the fo	llowing stipulations for the applicant's Method of O	Operation for their OP	license
(1) M	y requested hours of operation are 11AM-4AM Monda	ay Thursday, 11AM-4AM Friday	y Saturday, 11AM-4AM Sunday
(1.a)	CB approved hours of operation 11AM-4AM Mond (I understand this to mean that all patrons wi		
	vill operate a full-service, (please describe type of estat	blishment): with full food service un	til 0 hour(s) before closing.
-co-observed	will install soundproofing (please describe type) N/A		
	se describe location)		
	will have: DJs Yes No Live Music Yes No moted events Yes No Cover events Yes		No Dancing □Yes ■No
	olume of music, events, performances will be at backgr ground music.	round levels only. If it can be heard	d outside, or by neighbors, it is not
_	will close all doors and windows by 10PM	Mon- Thur, 10PM	Fri - Sat 10PM Sun.
(0)1	☑ I will not have open doors or windows.		
(7) I v	will have delivery of regular supplies, goods and service	es during the hours of TBD	
(8) I v	will have garbage collected during the hours of TBD		
(9) I v	will employ a doorman/security personnel on the follow	wing days and hours: N/A	
(10)	I will actively manage crowds congregating on the st	treet at night, to minimize disturba	nces to residents.
(11)	I will not apply to the SLA for an alteration to the me	ethod of operation agreed to by this	s stipulation without first notifying
Com	nunity Board 1. 🗵		
(12)	I will not apply for a sidewalk café license until at le	east a year after beginning operation	n. Yes No
(13)	I will conspicuously post this stipulation form beside	e my liquor license inside of my bu	siness.
(14)	I confirm that I have 4 violations from previous	ous establishments for which I have	e served as a principal.
(15)	I will (additionally):		
	No DOT outdoor dining hours are approved at this ti Have the same method of operation as the previous of Italian.	ime establishment at this location HIPS	S at Murray Street LLC dba Harry's
(16) the a	Residents may contact the manager/owner at the below bove-stated method of operation if necessary in order to	number. Complaints will be address o minimize my establishment's imp	essed immediately and I will revisit pact on my neighbors.
Nam	c: JOSEPH IOVINO	Phone Number: 917	-930-3442
Alter	nate Contact: PETER POULAKAKOS	Phone Number:	
I her	eby certify that the information provided above is t	ruthful and accurate based upon	my personal belief.
5	Deed	11/28,	124
Swor	on to this 28 day of November	U 2024	JOANNE BRUNO Notary Public, State of New York No. 01BR4684192
Com	munity Board 1 requests that the SLA add these stipula lations and board resolution shall supersede all other do	ations to the license of the above-m	No. 01BR4684192 entioned applithed in Kings County Commission Expires March 30, 20

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: SPB MURRAY LLC

Address: 225 MURRAY STREET, NEW YORK, NY 10282

- (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: **TBD**
- (4) I will have delivery of any event supplies, goods and services during the hours of TBD
- (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: JOSEPH IOVINO	Phone Number: 917-930-3442
Alternate Contact: PETER POULAKAKOS	Phone Number:
I hereby certify that the information provided above is trut	hful and accurate based upon my personal belief.
The colon	11/28/24
Signed	Dated JOAN
Sworn to this 28 th day of Noveme	Notary Public No. 018 No. 018 Qualified in

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.

JOANNE BRUNO otary Public, State of New York No. 01BR4684192 Qualified in Kings County

Qualified in Kings County Commission Expires March 30, 20.

Summary Sheet

1. Establishment Information

Establishment Name: HOJYOZU NY INC. DBA TAKEDA Contact: 646-251-3399

Address: 6 Murray Street, New York, NY 10007

2. Applicant Information

Applicant: Satomi Tanaka Takeda Position: Principal

3. Business Overview

Business Type: Fine dining Sushi Omakase Japanese restaurant

Proposed Hours of Operation:

Mon-Thurs: 4:00 PM - 12:00 AM. Fri-Sat: 4:00 PM - 1:00 AM. Sun: 12:00 PM - 12:00 AM

(Two slots, starting at 5:45 and 8:45, by appointment only, completely in advance.)

4. Alcohol Service Details

Type of License: On-premises full liquor

Service Method: Counter service

5. Size and Capacity of Establishment

Total Area: Approximately 1,893 sq ft

Occupancy: 20 patrons

Seating: 12 dining seats, 8 counter/bar seats

6. Noise Control and Community Considerations

Noise Control: Soundproofing with concrete and wood

Garbage Disposal: Stored in designated basement area; picked up at 11:00 PM daily except Saturdays

Traffic & Pedestrian Impact Management: Operated by advance reservation only to manage crowding

7. Special Applications or Additional Information

Outdoor Seating Application: None

Music: Background music only (two small acoustic speakers with bass restrictions)

Window/Door Conditions: All remain closed

8. Community Support

Attached Petitions for support collected within a 2-block radius of the establishment

I, Satomi Tanaka Takeda, as a qualified representative of HOJYOZU NY INC.
located at 6 MURRAY STREET, New York, NY, 10007
the following stipulations for the applicant's Method of Operation for their on-premise full liquor license
(1) My requested hours of operation are 4pm-12am Monday - Thursday 4pm-1am Friday - Saturday 12pm-12am Sunday
(1.a) CB approved hours of operation 12PM-12AM Monday - Thursday, 12PM-1AM Friday - Saturday 12PM-12AM 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)
Small appetizers and Sushi with full food service until All hour(s) before closing.
(3) I will install soundproofing (please describe type) n/a because the buckground BGM only
(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 12am Mon-Thur 1am Fri - Sai 12am Sun
I will not have open doors or windows
(7) I will have delivery of regular supplies, goods and services during the hours of None
(8) I will have garbage collected during the hours of 11pm except Saturday
(9) I will employ a doorman/security personnel on the following days and hours. None
(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 cafe 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)
Last call for alcohol service on Sundays will be at 11PM
Have recorded background music.(correction for #4 above) Only operate on an advance reservation and within capacity
Not have outdoor seating
(16) Residents may contact the manager owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
Name Satomi Tanaka Takeda Phone Number 646-370-6965
Alternate Contact Satomi Tanaka Takeda Phone Number 646-251-3399
I hereby certify that the information-provided above is truthful and accurate based upon my personal belief.
11/25/24 1110
KIL S. JUNG Notary Public, State of New York
Signed Sworn to this 25th day of No. 01JU5070604 Qualified in Queens County
Notary Public Commission Expires December 23, 2026
Community Board I requests that the SLA add these stipulations to the license of the above-mentioned applicant These

Rev. 3/2024

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

designed to hold 75	persons or more	
Name of Establishment: HOJYOZU NY INC.		
Address: 6 MURRAY STREET, NEW York NY,	10007	
(1) I will follow the recommendations made by the sound engineer that noise including sound and bass vibrations cannot be heard out		
(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 11:00 pm. except Saturday		
(4) I will have delivery of any event supplies, goods and services of	during the hours of None	
(5) Lighting that affects the security of the community and quality appropriately lit while not attracting unsavory elements (e.g. roden		
(6) I understand that I must submit a notice to the community board least 45 days in advance	(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 property and provide proof of receipt of the 30-day Standardized N I am expanding to and documentation confirming the municipal's stipulations sheet outlining the conditions that must be adhered to f	otice form, a block plot diagram detailing the municipal space approval to use the space. I also agree that I must sign the	
(8) Cameras will be used for viewing the entrance and egress		
(9) I agree to follow the conditions outlined in the resolution on secongestion and unruly pations	curity oversight of the establishment to prevent noise	
((0) l will (additionally):		
(15) Residents may contact the manager/owner at the below number the above-stated method of operation if necessary in order to minim		
Name Satomi Tanaka Takeda	Phone Number 646-370-6965	
Alternate Contact Satomi Tanaka Takeda	Phone Number 646-251-3399	
I hereby certify that the information provided above is truthful		
11	11/25/24	
Signed	11/25/24 Dated KILS JUNG	

Notary Public

Notary Public, State of New York
No. 01JU5070604
Qualified in Queens County
Commission Expires December 23, 2026

Rex 3/2024

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

Sworm to this 25th day of November 2024

1-	Applicant Name Chef Spices LLC		
2-			
3-	Address for Proposed License 20 Maiden Lane, New York, NY 10038		
4-	Type of License (Full liquor/OP, beer and wine, etc.) On-Premises Liquor License and Temporary Retail Permit 7.1 Type of application New □ Alteration □ Change in Method of Operation, □ Corporate Change, □ Class Change		
5-	Proposed Days/Hours of Operation Mon - Thurs 6AM-12AM Fri - Sat 6AM-12AM Sun 6AM-12AM 4.1 What floor(s) is the establishment on? Ground floor		
6- 7-	Square Footage of Location 1,443 sf Method of Operations (her rectaurant, Cataring, etc.)		
/-	Method of Operations (bar restaurant, Catering, etc) Restaurant		
N	Outdoor Seating? Sidewalk Roadbed Rooftop, Terrace, or other outside ONE 8.1 Do you intend to apply for DOT Outdoor dining permit? Yes No Type of Music? Live Recorded DJ		
(ne	- Volume of Music? ■ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors) Exits to street via 2nd floor exhaust room		
	- Where will the kitchen exhaust system vent to? <u>above kitchen</u>		
12	- Applicant's Previous Licensed Establishments and Addresses		
	General Manager of the following: Bloomingdales Restaurant, 270 Walt Whitman Road, Huntington, NY 08/2022-07/2024 AOA Barand Grill, 35 6th Avenue, New York, NY 03/2018 - 07/2022 Outback Steakhouse, 612 Wellwood Avenue, Lindenhurst, NY 01/205 - 03/2018		

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, Manjunatha Rama Marukola, as a qualified represe	entative of Chef Spices LLC
legated at 20 Maiden Lane	, New York, New York, agree to
the following stipulations for the applicant's Method of Op-	eration for their On-Premises Liquor license
(1) My requested hours of operation are 6AM-12AMMonday	- Thursday, 6AM-12AM Friday - Saturday, 6AM-12AM Sunday
(1.a) CB approved hours of operation 6AM-12AMMonday (1 understand this to mean that all patrons will be clo	y – Thursday, AM-12AM riday – Saturday, AM-12AM Sunday eared from the establishment at the specified hour).
(2) I will operate a full-service, (please describe type of establi Restaurant	ishment):with full food service until 1/2 hour(s) before closing.
(3) I will install soundproofing (please describe type) None -	background music only
(please describe location)	
(4) I will have: DJs Yes XNo Live Music Yes XNo Promoted events Yes XNo Cover events Yes XNo	To Scheduled performances Yes No
background music.	und levels only. If it can be heard outside, or by neighbors, it is not
(6) I will close all doors and windows by	_Mon- Thur,Sun.
X I will not have open doors or windows.	
(7) I will have delivery of regular supplies, goods and services	s during the hours of Throughout the day, typically 9am-5pm
(8) I will have garbage collected during the hours of TBD	
(9) I will employ a doorman/security personnel on the following	ng days and hours: N/A
(10) I will actively manage crowds congregating on the str	eet at night, to minimize disturbances to residents.
(11) I will not apply to the SLA for an alteration to the med Community Board 1. \boxtimes	thod of operation agreed to by this stipulation without first notifying
(12) I will not apply for a sidewalk café license until at lea	ist a year after beginning operation. Yes No N/A
and the state of t	
	us establishments for which I have served as a principal. N/A
(15) I will (additionally):	
(16) Residents may contact the manager/owner at the below the above-stated method of operation if necessary in order to	number. Complaints will be addressed immediately and I will revisit ominimize my establishment's impact on my neighbors.
Name: Manjunatha Rama Marukola	Phone Number: <u>516-468-9918</u>
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is to	ruthful and accurate based upon my personal belief.
* Huinm	11127/24
Signed	ARLENE N RAMLALL Notary Public - State of New York NO. 01RA6245917
Sworn to this 27 day of NO U 2024	NO. 01RA6245917 Qualified in Nassau County My Commission Expires Aug 8, 2027
	tions to the license of the above-mentioned applicant. These

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

1-	Compass LCS, LLC
2-	Establishment Name (Corporate & DBA) The Vault
3-	Address for Proposed License 11 Wall Street, Floor B1, New York, NY 10005
4-	Type of License (Full liquor/OP, beer and wine, etc.) Full liquor/On-Premises License
	7.1 Type of application ■New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change
5-	Proposed Days/Hours of Operation 4pm-9pm Fri - Sat Sun
	4.1 What floor(s) is the establishment on? Floor B1
6-	Square Footage of Location 6000 sq feet
7-	Method of Operations (bar restaurant, Catering, etc)
	On-Premises 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 *N/A - no outdoor seating.
9-	Type of Music? □ Live □ Recorded □ DJ
(no	- Volume of Music? ☑ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11	- Where will the kitchen exhaust system vent to? Up through the roof on 25th floor
12	- Applicant's Previous Licensed Establishments and Addresses

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See attached rider.

I, Jennifer L. McConnell, as a qualified representative of Compass LCS, LLC,
located at 11 Wall Street, Floor B1 , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their On-Premises Restaurant license
(1) My requested hours of operation are 4PM-10PM Monday - Thursday, Fri:4PM-10PM Friday - Saturday, Sunday
(1.a) CB approved hours of operation 4PM-10PM Monday – Thursday, 4PM-10PM Friday – Saturday, NA 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): On-Premises Restaurant with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type) N/A - no soundproofing
(please describe location) N/A
(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 6AM-4PM
(8) I will have garbage collected during the hours of Middle of the night
(9) I will employ a doorman/security personnel on the following days and hours: N/A - security employed by NY
(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 <u>0</u> 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: Walter Garcia Phone Number: 212-656-2398
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
II 6 2024 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Signed No. Modern by 2024 (125)
Comm. Of P. 4141222 Notary Public Notary Pub
Signed Sworn to this One of November 2024 Signed Sworn to this One of November 2024 Cabarrus Community Board I requests that the SLA add these stipulations to the license of the above-mentioned applicant. These of the above-mentioned applicant applica

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: Compass LCS, LLC
	Address: 11 Wall Street, Floor B1, New York, NY 10005
	(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
	(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: Walter Garcia Phone Number: 212-656-2398
	Alternate Contact: Phone Number:
	I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
m.	Dated Dated
S Notary	Restrict to this WW day of N Nem MIR 1024 Cass Naubers
CAS NotaLining	AMB Exposed by Manual Company and Dated Manual

1-	Compass LCS, LLC	
2-	Establishment Name (Corporate & DBA) N/A - no trade name	
3-	Address for Proposed License 11 Wall Street, Floors 6-8	
4-	Type of License (Full liquor/OP, beer and wine, etc.) OP	Restaurant License to
		ering Establishment License
5-	Proposed Days/Hours of Operation *Hours will vary based o	n event times.
	Mon - Thurs 4pm-10pm Fri - Sat 4pm-10pm	Sun
	4.1 What floor(s) is the establishment on? Floors	6-8
6-	Square Footage of Location 19,200 sq feet	Floor 6: 11,000sq.ft. Floor 7: 7,400 sq.ft.
7-	Method of Operations (bar restaurant, Catering, etc)	Floor 8: 800 sq.ft.
	Catering Establishment	
	Outdoor Seating? Sidewalk Roadbed Rooftop, T 8.1 Do you intend to apply for DOT Outdoor dini *N/A Type of Music? Live Recorded DJ	
(ne	- Volume of Music? ⊠ Background □ Other o sound from events, performances or music will be heard ighbors)	outside the premises or by
11	- Where will the kitchen exhaust system vent to? ${\color{blue} { ext{Up thro}}}$	ugh roof to 25th floor
	- Applicant's Previous Licensed Establishments and Address	

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.

See attached rider.

I, Jennifer L. McConnell , as a qualified representative of Compass LCS, LLC ,
located at 11 Wall Street, Floors 6-8 , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their <u>Catering Establishment</u> license
(1) My requested hours of operation are 4pm-10 Monday - Thursday, 4pm-10 Friday - Saturday,Sunday
(1.a) CB approved hours of operation 4pm-10pm Monday – Thursday, 4pm-10pm Friday – Saturday, NA 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): Catering Establishment License with full food service until N/A hour(s) before closing.
(3) I will install soundproofing (please describe type) N/A - no soundproofing
(please describe location) N/A
(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 6AM-4PM
(8) I will have garbage collected during the hours of Middle of the night
(9) I will employ a doorman/security personnel on the following days and hours: N/A - security employed by NY
(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 <u>0</u> 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: Walter Garcia Phone Number: 212-656-2398
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
11/10/2024 Intilling SSI S. Chilling
Signed Sworm to this Out day of Malaman Jane Out of Malaman Jane Sworm to this Out of Malaman Jane Mal
(MMSsar OND: 4147079 Notary Public EO Oa Danis 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.
Signed Sworn to this Agy of Melwallory 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: Compass LCS, LLC	
Address: 11 Wall Street, Floors 6-8, New York, NY	10005
(1) I will follow the recommendations made by the sound engineer and that noise including sound and bass vibrations cannot be heard outside of	
(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 recollected on the follows days and hours:	
(4) I will have delivery of any event supplies, goods and services during	g the hours of
(5) Lighting that affects the security of the community and quality of lift appropriately lit while not attracting unsavory elements (e.g. rodents, fli	
(6) I understand that I must submit a notice to the community board for least 45 days in advance	a street activity permit for my licensed 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	e form, a block plot diagram detailing the municipal space oval to use the space. I also agree that I must sign the
(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. Con the above-stated method of operation if necessary in order to minimize n	mplaints will be addressed immediately and I will revisit ay establishment's impact on my neighbors.
Name: Walter Garcia	Phone Number: 212-656-2398
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is truthful and	accurate based upon my personal belief.
00	11 00 2024 CASSI SUMMING CASSI SUMMING
Signed	Dated CASSI STILL
Sworn to this Own day of November 2024 Comm. EXP. 414/2029 Notary Public	Dated Nathers BA Continue Some CHAIN
Comm. EXP. 414-2020 Notary Publi Community Board 1 requests that the SLA add these stipulations to the li	
stipulations and board resolution shall supersede all other documents.	Rev. 3/2024/1111111111111111111111111111111111

1-	Applicant Name
	Farida Group Corp
2-	Establishment Name (Corporate & DBA) Farida
3-	Address for Proposed License 32 Cedar St, Basement
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 - Thurs 10am - 12am Fri - Sat 10am - 12am Sun 10am - 12am
	4.1 What floor(s) is the establishment on? Basement
6-	Square Footage of Location approx 2,400 sq ft
7-	Method of Operations (bar restaurant, Catering, etc)
	Full service restaruant
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
(no	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11-	- Where will the kitchen exhaust system vent to? Roof
12-	- Applicant's Previous Licensed Establishments and Addresses
	Farida

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498 9th Ave, New York, NY 10018

I, Farida Ricciardelli , as a qualified representative of Farida Group Corp ,
located at 32 Cedar St, Basement , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their On-premise liquor license
(1) My requested hours of operation are 10am - 12am Monday - Thursday, 10am - 12am Friday - Saturday, 10am - 12am Sunday
(1.a) CB approved hours of operation <u>10AM-12AM</u> Monday – Thursday, <u>10AM-12AM</u> Friday – Saturday, <u>10AM-12AM</u> 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): Uzbeki 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 byMon- Thur,Fri - SatSun.
✓ I will not have open doors or windows.
(7) I will have delivery of regular supplies, goods and services during the hours of 10am - 4pm
(8) I will have garbage collected during the hours of Mon - Sat, after midnight
(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 <u>0</u> violations from previous establishments for which I have served as a principal.
(15) I will (additionally): Have live music by traditional acoustic guitar
(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: Farida Ricciardelli Phone Number: (646) 705-2261
Alternate Contact: Umityon Kamolov Phone Number: (347) 449-0101
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Fi Ricawalli 11/22/2024
Signed Dated Notary Public, State of New York
Sworn to this 70 day of November 1004 No. 01LE6109987
Notary Public Commission Expires May 24, 2028 Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These

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

1-	Urban Soccer (Wall Street) LLC
2-	Establishment Name (Corporate & DBA) Socceroof
3-	Address for Proposed License 28 Liberty Street, Lower Level 1 - Space B, New York, NY 10005
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 - Weds: 10:00am - 12:00am Thurs - Sat: 10:00am - 1:00am Sun 10:00am - 12:00am
	4.1 What floor(s) is the establishment on? Lower Level 1 - Space B
6-	Square Footage of Location 20,000 Sq Ft
7-	Method of Operations (bar restaurant, Catering, etc)
	Bar/Tavern
8- (Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside N/A 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes ☑ No
9-	Type of Music? □ Live ☒ Recorded □ DJ
(no	- Volume of Music? Background Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11	N/A - There will be no kitchen only food prep area - Where will the kitchen exhaust system vent to?
12	- Applicant's Previous Licensed Establishments and Addresses
	Urban Soccer (New Rochelle) LLC - 33 LeCount Pl, 3rd Floor, New Rochelle, NY 10801 Urban Soccer (Long Island City) LLC - 36-39 35th Street, Astoria, NY 11106 Urban Soccer (Crown Heights) LLC - 1700 Atlantic Avenue, Brooklyn, NY 11232 Urban Soccer (Brooklyn) LLC - 14 E 56th Street, 3rd Floor, Brooklyn, NY 11231

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, Jonathan Lupinelli, as a qualified representative of Urban Soccer (Wall Street) LLC,
located at 28 Liberty Street, Lower Level 1 - Space B, New York, NY 10005, 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 10am-12am Monday -Wedsnesday, 10am-1am Thursday Saturday, 10am-12am Sunday
(1.a) CB approved hours of operation 10am-12am Monday -Wedsnesday 10am-1am Thursday Saturday, 10am-10pm Sunday (1 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): Bar/Tavern within an indoor recreational soccer facility with full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type) N/A
(please describe location) Movie theater is below and lobby above. Premises is below ground.
(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 Until 5:00 pm
(8) I will have garbage collected during the hours of TBD with building
(9) I will employ a doorman/security personnel on the following days and hours: The building has its own security.
(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): Alcohol consumption will be prohibited outside of the designated cafe/bar area. No alcohol will be allowed on the soccer gaming are
(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: Jonathan Lupinelli Phone Number: (603) 264-5424
Alternate Contact: Clément Bourret Phone Number: (646) 284-8420R CONTAIN Phone Number: (646) 2
I hereby certify that the information provided above is truthful and accurate based upon my personal belief to IN MINGS COLUMN STATE OF NEW YORK Signed Pated Pa
Sworn to this 35 day of Wew Set And these stimulations to the linense of the above mentioned applicant. These
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 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: Urban Soccer (Wall Street) LLC

Address: 28 Liberty Street, Lower Level 1 - Space B, New York, NY 10005

- (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: TBD with building
- (4) I will have delivery of any event supplies, goods and services during the hours of We will receive deliveries until 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 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.

Alternate Contact: Clément Bourret

Phone Number: (603) 264-5424

Phone Number: (646) 284-8420

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

Signed

Sworn to this day of Dates

Notary Public

Phone Number: (603) 264-5424

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

Rev. 3/2024

Doc ID: 4ebceba845684689b955524c653129d6f77293eb

1-	Applicant Name Palm Street International Group Inc.
2-	Establishment Name (Corporate & DBA) Palm Street International Group Inc. & DBA: Mikado
3-	Address for Proposed License 41 John Street, New York, NY 10038
4-	Type of License (Full liquor/OP, beer and wine, etc.) beer & Wine
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change
5-	Proposed Days/Hours of Operation
	Mon - Thurs 11A-11PM Fri - Sat 11A-11PM Sun 11A-11PM
	4.1 What floor(s) is the establishment on? Grand Floor
6-	Square Footage of Location 1800 sf
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
(n	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11	- Where will the kitchen exhaust system vent to? roof
	- Applicant's Previous Licensed Establishments and Addresses y Thai, 127 John Street, New York, NY

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

Manhattan Community Board 1 Liquor License Stipulations _, as a qualified representative of Palm Street International Group _, I. Guimin Lin . New York, New York, agree to located at 41 John the following stipulations for the applicant's Method of Operation for their Beer & Wine license (1) My requested hours of operation are 11A-11P Monday - Thursday, 11A-12A Friday - Saturday, 12P-11 Sunday (1.a) CB approved hours of operation 11A-11P Monday - Thursday, 11A-12A Friday - Saturday, 12P-11P 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): with full food service until 0 hour(s) before closing. Restaurant (3) I will install soundproofing (please describe type) sound proofing walls & ceilings (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 _____ ✓ I will not have open doors or windows. (7) I will have delivery of regular supplies, goods and services during the hours of 3PM-5PM (8) I will have garbage collected during the hours of 12AM-4AM (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. I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. I will not apply for a sidewalk café license until at least a year after beginning operation. 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)(16) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors, Phone Number: (917)432-4412 Name: Guimin Lin Phone Number: (347)400-8110 Alternate Contact: I hereby certify that the information provided above is truthful and accurate based upon my personal belief Notary Public, State of NY No. 01TO6084463 Qualified in Queens County Commission Expires Dec. 02 LINDA TONG

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