### I, Nubia Ashley, as a qualified representative of Rezidue LLC, License# OCM CAURD2022-000549

located at <u>16 Murray Street</u>, New York, New York, agree to the following stipulations for the applicant's Adult-Use Retail Dispensary cannabis license.

(1) My hours of operation will be General Sunday - Thursday and General Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).
(2) I will have: DJs ☐Yes ☐No Live music ☐Yes ☐No Recorded Music ☐Yes ☐No Dancing ☐Yes ☐No
Promoted events ☐Yes ☐No Cover fee events ☐Yes ☐No Scheduled performances ☐Yes ☐No
(3) I agree to host no more thanevents per year and no more thanbuyouts per year.
(4) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
(5) I will not have French doors or open windows
(6) I will have delivery of supplies, goods and services during the hours of 9am - 6pm
(7) I will employ a doorman/security personnel on the following days and hours: Gam 9pm
(8) I will not have crowds congregating on the street at night, to minimize disturbances to residents.
(9) I will not apply to the OCM for an alteration to the method of operation agreed to by this stipulation or another license without first notifying and returning to Community Board 1.
(10) I will conspicuously post this stipulation form beside my cannabis license inside of my business.
(11) I confirm that I have violations from any previous establishments for which I have served as a principal.
(12) I will abide by the NYC bicycle laws and guidelines and shall ensure that any third-party delivery service you contract with abides by the laws and guidelines
(13) I agree to not use any unlawful motorized vehicle for deliveries and ensure that any third-party delivery service I contract with does not use any unlawful motorized vehicle
(14) I will ensure that any delivery persons wear the proper attire such as helmets, identifiable clothing, etc. and ensure that any contracted third-party delivery service shall wear proper attire such as helmets, identifiable clothing, etc.
(15) I do not intend to participate in bar or pub crawls or the cannabis equivalent 🗵
(16) I will (additionally):
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: Nubia Ashley Phone Number: 347 300 1365
Name: 70 N.B. W. 137 1149 Phone Number: -1. 00 1000
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
de la
10/34/23 LUCIA ACEVEDO
Signed Dated COMMISSIONER OF DEEDS
CITY OF NEW YORK, NO. 212572
Sworn to this day of
AND THE RESIDENCE OF THE PARTY
Notary Public  Community Board 1 requests that the OCM add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.
stipulations and board resolution shall supersede all other documents.

Rev. 10/23

Chadea Bratachan	
charles Breiterman, as a qualified representative ocated at 69 New Street	, New York, New York, agree to
he following stipulations for the applicant's Method of Operation	
1) My hours of operation will be Sunday - Thu anderstand this to mean that all patrons will be cleared from the estab	rsday and Friday – Saturday (I
inderstand this to mean that all patrons will be cleared from the estab	blishment at the specified hour).
<ol><li>I will operate a full-service restaurant, (please describe type of res</li></ol>	staurant): Italian Food & PICIA 7011
minu	with full food service until 15 hour(s) before closing.
3) I will install soundproofing (please describe type and locations) _	
4) I will have: DJs □Yes □No Live music □Yes □No Recorded	Music ⊈Yes □No Dancing □Yes □No
Promoted events Tyes No Cover fee events Tyes	No Scheduled performances □Yes No
5) Volume of all music, events or performances will be at background	nd levels only. If it can be heard outside, or by neighbors, it
s not background music. \( \square\)	
6) I will close all doors and windows bySun-Thurs and	Fri-Sat. I will not have French doors or windows.
7) I will have delivery of supplies, goods and services during the house take deliveries of supplies starting at	8 A.m. We make food delivates 10 a.m. 8:45
8) I will employ a doorman/security personnel on the following days	
9) I will actively manage crowds congregating on the street at night,	to minimize disturbances to residents. $\boxtimes$
10) I will not apply to the SLA for an alteration to the method of open	(1. 1907) 1. 1940
11) I will not apply for a sidewalk café license until at least a year af  12) I will conspicuously post this stipulation form beside my liquor  13) I confirm that I have	fter beginning operation. Wes also No intention t
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 establish	nments for which I have served as a principal.
(14) I will (additionally):	michies for which I have served as a principal.
(15) Residents may contact the manager/owner at the below number. he above-stated method of operation if necessary in order to minimize	
* 8 1 PAGE 250	NOT THE REAL PROPERTY AND THE PROPERTY A
Carlos J Carron	911 - 940 - 7318
Name:	Phone Number: 917 - 442 -6278
Name: Curios G. Correct	Phone Number: 11 12 6210
	Phone Number:Phone Number:
Alternate Contact:	
Alternate Contact:	Phone Number:
Alternate Contact:	Phone Number:
Alternate Contact:	Phone Number:
Alternate Contact:provided above is truthful a	Phone Number: and accurate based upon my personal belief.  10/17/23  Dated Seyman Probleman.
Alternate Contact:provided above is truthful a	Phone Number: and accurate based upon my personal belief.  10 (17/23)  Dated  Dated  SEYMOUR BREITERMAN
Alternate Contact:	Phone Number:  Ind accurate based upon my personal belief.    10   17   2   3

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

1- Applicant Name QC TERME NY LLC
2- Establishment Name (Corporate & DBA)
QCNY
3- Address for Proposed License
111-112 ANDES ROAD GOVERNORS ISLAND, NY 11104
4- Proposed Days/Hours of Operation
4.1 What floor(s) is the establishment on? GROUND FLOOR AND BASEMENT
4.2 Any rooftop, terrace, or other outside usage? YES, TERRACE
5- Square Footage of Location 7,500 SQ FT BEING ADDED
6- Method of Operations (bar restaurant, Catering, etc)
SPA WITH A RESTAURANT
7- Type of License (Full liquor/OP, beer and wine, etc.) CLASS CHANGE TO RESTAURANT OP AND ALTERATION TO ADD SPACE
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 D 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? KITCHEN EXHUAST SYSTEM VENTS THROUGH THE ROO
12- Applicant's Previous Licensed Establishments and Addresses  CURRENTLY LICENSED AS  QC TERME NY LLC  SN:1335234

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, Daniela Masala, as a qualified representative of	QC Terme NY LLC d/b/a Q	CNY,
located at 111 & 112 Andes Road, New York, NY 10004	, New York, New Yor	k, agree to
the following stipulations for the applicant's Method of Operation for t	theirliquor	license
(1) My hours of operation will be 10AM - 9PM Sunday - Thursday and 10. mean that all patrons will be cleared from the establishment at the specified (2) I will operate a full-service restaurant, (please describe type of restaurant mediterranean cuisine	I hour). nt): The restaurant will be buff	et style with
wid	full food service until 1 hour	(s) before closing.
(3) I will install soundproofing (please describe type and locations) No		
(4) I will have: DJsMYes □No Live music MYes □No Recorded Music	Mayes □No Dancing □Yes XN	o Promoted
events □Yes XINo Cover fee events □Yes XINo Scheduled perf	formances MYes □No	
(5) Volume of all music, events or performances will be at background level is not background music.	els only. If it can be heard outside, or	by neighbors, it
(6) I will close all doors and windows by 10 PM Sun-Thurs and 11 PM Fri-	Sat.   IwillnothaveFrenchdoorsorv	vindows.
(7) I will have delivery of supplies, goods and services during the hours of 6:30 am - 9:30 am		
(8) I will employ a doorman/security personnel on the following days and h	ours: N/A	W
9) I will actively manage crowds congregating on the street at night, to min	nimize disturbances to residents.	
10) I will not apply to the SLA for an alteration to the method of operationitying Community Board 1.	ion agreed to by this stipulation with	out first
11) I will not apply for a sidewalk café license until at least a year after	beginning operation. MYes No	
12) I will conspicuously post this stipulation form beside my liquor lice:	nse inside of my business.	
13) I confirm that I have0 violations from previous establishmen	•	cipal.
14) I will (additionally):		
Applicant agrees to comply with all stipulations regarding the method of or	peration in the previous stipulation d	ated January 2021.
The restaurant will be private, initially open to spa guests only, but it has b	een designed so that it can be open t	o the public at a later
15) Residents may contact the manager/owner at the below number. Complete above-stated method of operation if necessary in order to minimize my expressions.	laints will be addressed immediately establishment's impact on my neight	and I will revisit
Veronica Corti, Spa Director Photos	ne Number: (646) 951-4530	
Alternate Contact:		
hereby certify that the information provided above is truthful and acc	urate based upon my personal bel	ief.
igned New York Conny - NISTale worm to this 1 day of Hovember 2023	M-1-223 Dated	
worn to this 1 day of Dovember 2023	Oven	
Notary Public	V- /	

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

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

1- Applicant Name

**EDWARD BUCKINGHAM** 

2- Establishment Name (Corporate & DBA)

OLD MATES 170 JOHN NY LLC

3- Address for Proposed License

170 JOHN STREET NEW YORK, NY 10038

SUN 11AM-4AM MON-THUR 4PM-4AM

4- Proposed Days/Hours of Operation

FRI 12PM-4AM SAT 11AM-4AM

4.1 What floor(s) is the establishment on?
CELLAR, GROUND FLOOR AND MEZZANINE(2ND FL)

4.2 Any rooftop, terrace, or other outside usage?
PATIO: CLOSING AT 10PM

5- Square Footage of Location

10,000

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

7- Type of License Full liquer/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

\*WILL HAVE PATIO - CLOSING AT 10PM ALL NIGHTS

- 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?
BUILDING ROOF

12- Applicant's Previous Licensed Establishments and Addresses

8 TUXEDO'S INC. 5 DOYERS STREET NEW YORK, NY 10003 1 TYGER LLC 1 HOWARD STREET NEW YORK, NY 10013 BLUESTONE LANE OVER 10 VARIOUS LOCATIONS

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, EDWARD BUCKINGHAM	, as a qualified representative of _	OLD MATES 170 JO	HN NY LLC
located at 170 JOHN STREET	<u> </u>	, New Yo	rk, New York, agree to
the following stipulations for the a	pplicant's Method of Operation for t	their <u>OP</u>	license
	SUN 11AM-11PM	FRI 12PM-2AM	
understand this to mean that all patro	ON-TH 4PM - 1AM Sunday — Thursday ons will be cleared from the establishm	ent at the specified hou	ır).
(2) I will operate a full-service restau	arant, (please describe type of restaurar	nt): AUSTRALIAN RE	STAURANT AND BAR
	with	full food service until	hour(s) before closing.
(3) I will install soundproofing (plea	se describe type and locations) SOUN PREV	DPROOFING ALREAD TOUS LICENSEE	DY INSTALLED BY
(4) I will have: DJs Yes \(\sigma\) No Liv	ve music Yes 🗥 Recorded Musi		
Promoted events □Yes □No	Cover fee events UYes ONo	Scheo	duled performances ¥Yes □No
(5) Volume of all music, events or pois not background music.   ⊠	erformances will be at background leve	els only. If it can be hea	ard outside, or by neighbors, it
(6) I will close all doors and window	s by 10PM Sun-Thurs and 10PM Fri-S	at. 🗖 I will not have Fr	ench doors or windows.
(7) I will have delivery of supplies, g 10AM-2PM	goods and services during the hours of		
(8) I will employ a doorman/security	personnel on the following days and h	ours: 6PM-CLOSE (	ALL NIGHTS) 1-2 SECURITY PERSONNEL
(9) I will actively manage crowds co	ngregating on the street at night, to min	nimize disturbances to	residents. 🛛
(10) I will not apply to the SLA for a Community Board 1. ⊠	an alteration to the method of operation	agreed to by this stipu	lation without first notifying
(11) I will not apply for a sidewalk e	afé license until at least a year after be	ginning operation. 🌾	es UNo
(12) I will conspicuously post this st	ipulation form beside my liquor license	e inside of my business	
(13) I confirm that I havev	iolations from previous establishments	for which I have serve	d as a principal.
(14) I will (additionally):			
wents per year where closing hours will The business is a short walk from mu ohn Street. Will designate pickup loca ure patrons disperse in an orderly man if premise. Owner/manager will ensure the curb, brought straight into premise remise until pickup can occur. Will wo arbage bags that will not allow liquids idewalk space will be swept and kept of	Itiple subway and bus routes. Will work tion on Water Street or South Street. Note and will work to prevent traffic cone that deliveries occur quickly and efficient. If trash is not picked up in a timely rick with an extermination/pest control of to spill out onto the sidewalk. Elean of food waste and debris throughowill be able to make sure that there is not tion on the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not the side will be able to make sure that there is not side will be able to make sure that there is not side will be able to make sure that there is not side will be able to make sure that there is not side will be able to make sure that there is not side will be able to make sure that there is not side will be able to make sure that there is not side will be able to side will be able to make sure that there is not side will be able to side	with ride sharing apper danagement and staff wingestion or idling. No state that the congression of the congression of the congression of the company to help elimin out the shift and upon congression.	s to direct traffic away from will monitor the frontage to make smoking will be allowed in front estion. Boxes are not left sitting trash bags/debris back into ate unwanted pests. Will use losing. There will be a manager
Name: EDWARD BUCKING	HAM Pho	one Number: 347-49	3-5825
Alternate Contact:		Phone Number:	
hereby certify that the information	provided above is truthful and accur	rate based upon my p	ersonal belief.
		(0)30123.	CHI YUN YAN Notary Public – State of New York
Sworn to this 30th day of	Destal a c = -1	Dated 10	No. 01CH6327013 Qualified in New York County
Sworn to this	Notary Public	360	My Convinission Expires June 29,

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

### Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. Limit 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: ALL DAYS - 5AM	
(4) I will have delivery of supplies, goods and services during the hours of 10AM-2PM	
(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: YES; 36 CAMERAS	
(9) I agree to follow the conditions outlined in the resolution on secuirty 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: EDDY BUCKINGHAM Phone Number: 347 493 5825	
Disco Northern	
Alternate Contact: Phone Number: Phone Numbe	
Thereby tertify that the information provided above is trushfur and accurace based upon my personal series.	
10/30/23.	
Signed Dated CHI YUN YAN Notary Public - State of New Yo	ork
Sworn to this 30th day of October, 2013  Notary Public  No. 01CH6327013  Qualified in New York County  My Commission Expires June 29	20.2
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These	,

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stipulations and board resolution shall supersede all other documents.

KAH WAI LO , as a	qualified representative of HU	SO TRIBECA LLC	
ocated at 190A DUANE ST, NYC 10		, New York, New Yo	ork, agree to
he following stipulations for the applicant		ir OP LIQUOR	license
10:00AM - 12:00A	AM Monday to Thursday, 10:00AM -	1:00AM Friday and Saturday; and	
(1) My hours of operation will be understand this to mean that all patrons will b	Sunday - Thursday an be cleared from the establishment	dFriday t at the specified hour).	– Saturday (I
(2) I will operate a full-service restaurant, (ple	ease describe type of restaurant):	high-end gourmet	
food will be available all open hours		all food service until all ho	
(3) I will install soundproofing (please descrit	be type and locations)		
(4) I will have: DJs □Yes ☑No Live music	Yes No Recorded Music V	Yes □No Dancing	g □Yes ☑No ormances □Yes ☑No
	over fee events TYes No		
(5) Volume of all music, events or performants not background music.	4		
(6) I will close all doors and windows by	Sun-Thurs and Fri-Sat	□ I will not have French doors	s or windows.
(7) I will have delivery of supplies, goods and 10am-5pm			
(8) I will employ a doorman/security personn	nel on the following days and ho	urs: NA	
(9) I will actively manage crowds congregati			$\boxtimes$
(10) I will not apply to the SLA for an alterat	tion to the method of operation a	greed to by this stipulation with	nout first notifying
Community Board 1.			
(11) I will not apply for a sidewalk café licen	ise until at least a year after begi	nning operation. The No	
(12) I will conspicuously post this stipulation	n form beside my liquor license i	nside of my business.	
(13) I confirm that I have0 violations	s from previous establishments f	or which I have served as a prir	icipal.
(14) I will (additionally):			
(15) Residents may contact the manager/ow the above-stated method of operation if necessity	mer at the below number. Complessary in order to minimize my e	aints will be addressed immedi stablishment's impact on my ne	ately and I will revisit eighbors.
Name: Kah Wai Lo	Pho	ne Number: 646-986-5382	1000000
Name: STRPHEN	Filos	je Manberi	
STEPHOSE COMPOS		Phone Number: 305-758-9	288 Ext 213
Alternate Contact: Steve Campos			
I hereby certify that the information pro-	vided above is truthful and acc	, ,	
		/6/2-1/2 3 Dated	
Sworn to this 29 day of 0	ctober, a	023	
	Notary I done		nliannt These
Community Board 1 requests that the SLA stipulations and board resolution shall supe	add these stipulations to the lice ersede all other documents.	nse of the above-mentioned ap	Rev. 12/18

Notary Public State of Florida Irlna Mitsnefes My Commission HH 436424 Expires 10/21/2027 alka