MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 3/2024

1-	Applicant Name 378 Greenwich Hospitality LLC			
2-	Establishment Name (Corporate & DBA) TBD			
3-	Address for Proposed License 378 Greenwich Street, New York, NY			
4-	4- Type of License (Full liquor/OP, beer and wine, etc.) on-premises full liquor			
	7.1 Type of application Solvent □ Alteration □ Change in Method of Operation, □ Corporate Chan □ Class Change	ge,		
5-	Proposed Days/Hours of Operation			
	Mon-Thurs 8am-12am Fri-Sat 8am-12am Sun 8am-12a	<u>m</u>		
	4.1 What floor(s) is the establishment on? ground floor			
6-	Square Footage of Location 4,600			
7-	Method of Operations (bar restaurant, Catering, etc)			
	restaurant w/ bg music only and outdoor seating w/in property line			
8- (Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ②Terrace, or ☐other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ② No	N/A - outdoor		
9-	Type of Music? □ Live □ Recorded □ DJ	seating w/in property line		
(no	· Volume of Music? ■ Background □ Other osound from events, performances or music will be heard outside the premises or by ighbors)	property mic		
11-	Where will the kitchen exhaust system vent to? vent to North Moore St (as exist)	sting.		
	Applicant's Previous Licensed Establishments and Addresses			

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Please see attached rider.

Manhattan Community Board 1 Liquor License Stipulations

		fied representative of 378 Greenwich I	Hospitality LLC
	ed at 378 Greenwich Street	, New Yo	rk, New York, agree to
the fo	ollowing stipulations for the applicant's Med	thod of Operation for their on-premises	full liquor license
(1) M	y requested hours of operation are 8a-12p	Monday - Thursday, <u>8a-12p</u> Friday -	Saturday, 8a-12p_Sunday
(1.a)	CB approved hours of operation	Monday – Thursday,Friday – s will be cleared from the establishment at the s	Saturday,Sunday specified hour).
	will operate a full-service, (please describe typ	e of establishment):with full food service until_	1 hours hotors closing
(3) I v	vill install soundproofing (please describe type	e) Proficient Audio, 6 inches, 125V	V - as existing
	e describe location) in dining area		
(4) I v Pro	will have: DJs Yes No Live Music Yes No Cover events	Yes ONo Recorded Music Yes No Scheduled performances	
(5) Vo	plume of music, events, performances will be a round music. \boxtimes	at background levels only. If it can be heard out	
(6) I v	vill close all doors and windows by	Mon- Thur,Fri	- SatSun.
	✓ I will not have open doors or windo		
	vill have delivery of regular supplies, goods an		
	rill employ a doorman/security personnel on th		
10)			
11)		on the street at night, to minimize disturbances o the method of operation agreed to by this stip	
12)	I will not apply for a sidewalk café license ur	ntil at least a year after beginning operation	Yes N/A - outdoor
13)		n beside my liquor license inside of my busines	seating w/in
14)		n previous establishments for which I have serv	property mic
15)	I will (additionally):	special establishments for which I have serv	red as a principal.
]	have indoor hours of operation 8 private outdoor area seating hou	:00AM-12:00AM daily Monday t rs are 8:00AM-10:00PM Monday	to Sunday. The to Sunday.
16) Rohe abo	esidents may contact the manager/owner at the ove-stated method of operation if necessary in	e below number. Complaints will be addressed order to minimize my establishment's impact of	immediately and I will revisit on my neighbors.
Name:	Jonah Phillips	Phone Number: 917-35	9-3432
	ate Contact:	Phone Number:	
herel	by certify that the information provided abo	ove is truthful and accurate based upon my p	personal belief.
700	who they le	10/10/25	THE COMMENSAGE OF THE PROPERTY
igned		Dated	ROSA M. RUIZ NOTARY PUBLIC, STATE OF NEW YO Registration No. 01RU6238306
****	to this 10th day of October, 2025	LOOM K	Qualified in New York County Commission Expires 04/04/2027

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: 378 Greenwich Hospi	tality LLC				
Address: 378 Greenwich Street, New York,	NY .				
(1) I will follow the recommendations made by the sound eng that noise including sound and bass vibrations cannot be hear	gineer and outlined in the ac	oustical testing report. I will make sure my establishment.			
(2) I will take the steps outlined in the resolution and in the tr	affic plan to manage vehicu	lar and pedestrian activity.			
(3) I will follow and abide by the conditions set forth in the recollected on the follows days and hours: 10pm daily	esolution regarding garbage	disposal and collection. Garbage will be			
(4) I will have delivery of any event supplies, goods and serv	ices during the hours of T	BD			
(5) Lighting that affects the security of the community and quappropriately lit while not attracting unsavory elements (e.g. r	nality of life of nearby reside rodents, flies, mold, hazardo	ents must be considered, and must be ous substances, etc.)			
(6) I understand that I must submit a notice to the community least 45 days in advance	board for a street activity po	ermit for my licensed establishment at			
(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.					
(8) Cameras will be used for viewing the entrance and egress.					
(9) I agree to follow the conditions outlined in the resolution of congestion and unruly patrons.	on security oversight of the e	establishment to prevent noise,			
(10) I will (additionally):					
(15) Residents may contact the manager/owner at the below nu the above-stated method of operation if necessary in order to m	amber. Complaints will be ac ninimize my establishment's	ddressed immediately and I will revisit impact on my neighbors.			
Name: Jonah Phillips	Phone Number: 9'	17-359-3432			
Alternate Contact:	Phone Number	er.			
Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.					
Jord Chuld	10/10/25				
Signed	Pated	NOTARY PUBLIC, STATE OF N	EW YORK		
Sworn to this 10th day of October, 2025	Com no	Registration No. 01RU62: Qualified in New York Cc Commission Expires 04/0	38306		
No	tary Public				

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MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 3/2024

Establishment Name (Comments & DDA)		
- Establishment Name (Corporate & DBA) Smyth Hotel, Smyth Tavern		
3- Address for Proposed License		
85 West Broadway, New York, New York 10007	7	
- Type of License (Full liquor/OP, beer and v	vine, etc.) Hotel On-Premises License	
7.1 Type of application		
	n Method of Operation, □Corporate Change,	
Proposed Day/Hours of Operation - Hotel 24/7		
	y: 7am-10pm; Thursday to Saturday 7am-10:30pm y to Saturday: 5pm-2am	
4.1 What floor(s) is the establishmen	nt on? Cellar, Ground-Rooftop	
	(residential units not included in licensed	
Square Footage of Location 71,400 SF		
Method of Operations (bar restaurant, Cate	ring, etc)	
Hotel with public restaurant, cellar lounge	and sidewalk cafe	
· Outdoor Seating? X Sidewalk \square Roadbed	□Rooftop, □Terrace, or □other outside	
8.1 Do you intend to apply for DO	T Outdoor dining permit? № Yes □ No Pending	
- Type of Music? □ Live 🏽 Recorded □ D	J	
0- Volume of Music? ☒ Background ☐ Ot	ther	
no sound from events, performances or musi eighbors)	ic will be heard outside the premises or by	
1- Where will the kitchen exhaust system ven	t to?Roof	
2- Applicant's Previous Licensed Establishme	nts and Addresses	
See rider attached		

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Manhattan Community Board 1 Liquor License Stipulations
Smyth Hotel Fee Owner LLC, Republic Smyth Beverly LLC, Rebel Hotel Company New York LLC sas a qualified representative of ______ Smyth Tavern LLC located at 85 West Broadway ____, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their full liquor license (1) My requested hours of operation are Monday - Thursday, Friday - Saturday, Sunday (1.a) CB approved hours of operation *see below Monday - Thursday, _____Friday - Saturday, _____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): hotel with a public restaurant, cocktail lounge and cellar lounge with full food service until _____ hour(s) before closing. (3) I will install soundproofing (please describe type) NA (please describe location) (4) I will have: DIs ✓ 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 Sun. I will not have open doors or windows. (7) I will have delivery of regular supplies, goods and services during the hours of throughout the day (8) I will have garbage collected during the hours of 4:00AM - 7:00AM (9) I will employ a doorman/security personnel on the following days and hours: NA (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. (13) I will conspicuously post this stipulation form beside my liquor license inside of my business. (14) I confirm that I have violations from previous establishments for which I have served as a principal. (15) I will (additionally): *The approved hours of operation for the restaurant is Sun-Wed 7AM-10PM,Thurs-Sat 7AM- 10:30PM. The approved hours of operation for the cellar and cocktail lounge is Sunday to Thursday 5:00PM-12:00AM, Fri to Sat 5:00PM- 2:00AM. The cellar area is operated exclusively by the Mercer entity as a private event space (private dining room for corporate events). There will be no outdoor queueing as there is sufficent space indoor as a 24 hour hotel. **DJ and live music will be available in the cocktail lounge Thurs to Sat, only to provide ambiance as an amenity for hotel guests. There will be no buyouts for the restaurant and cocktail lounge. There will be no rooftop or sidewalk cafe at this time. Applicant will not apply for sidewalk cafe license until Spring 2026. Hotel will provide valet parking one block away from the hotel. (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. Brian Sparacino Phone Number: Name: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. ry Public - State of Florida 10/17/2025 Expires on May 4, 2028 Signed Dated. Online Notary Sworn to this _05/04/2028 Notary Public

Community Board I 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: Smyth Hotel Fee Owner LLC, Republic Smyth Ber	verly LLC, Rebel Hotel Company New York Company LLC, Smyth Tavern LLC
Address: 85 West Broadway, New York, New York 10007	
(1) I will follow the recommendations made by the sound engineer and out that noise including sound and bass vibrations cannot be heard outside of the	
(2) I will take the steps outlined in the resolution and in the traffic plan to n	nanage vehicular and pedestrian activity.
(3) I will follow and abide by the conditions set forth in the resolution regardlected on the follows days and hours:	
(4) I will have delivery of any event supplies, goods and services during th	e hours of
(5) Lighting that affects the security of the community and quality of life of appropriately lit while not attracting unsavory elements (e.g. rodents, flies,	
(6) I understand that I must submit a notice to the community board for a steast 45 days in advance	reet activity permit for my licensed establishment at
(7) I understand that I must appear before the Licensing & Permits Commit property and provide proof of receipt of the 30-day Standardized Notice for a am expanding to, and documentation confirming the municipal's approval stipulations sheet outlining the conditions that must be adhered to for the re-	m, a block plot diagram detailing the municipal space 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 overongestion and unruly patrons.	ersight of the establishment to prevent noise,
(10) I will (additionally): have no outdoor queuing. Valet parking is to reduce traffic disruptions.	provided by the hotel using a parking garage one block away
15) Residents may contact the manager/owner at the below number. Comp he above-stated method of operation if necessary in order to minimize my	
Name: Brian Sparacino Pho	ne Number:561-704-5910
Alternate Contact:	Phone Number:
hereby certify that the information provided above is truthful and account of the control of the	curate based upon my personal belief.
brian Sparacino	10/17/2025
Signed	Dated LYDIA MORALES Notary Public - State of Florida Commission # HHS21893
Sworn to this 17th day of October 2025 Zyll Kool O	HH521893 05/04/2028

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Notary Public