Manhattan Community Board 1 Liquor License Stipulations

I, Hyon Chon Song, as a qualified representative of Water Cafe!	,
located at 130 water Street , New York, New York, agree	e to
the following stipulations for the applicant's Method of Operation: 10 am - 12 am (All Days)	
(1) My hours of operation will beSunday - Thursday andFriday - Saturda (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).	ıy
(2) I will operate a full-service restaurant, (please describe type of restaurant):	
with full food service until hour(s) before closing.	
(3) I will install soundproofing (please describe type and locations) Becks foois	
(4) I will have: DJs □Yes □No Live music □Yes □No Recorded Music □Yes □No Dancing □Yes □ Promoted events □Yes □No Cover fee events □Yes □No Scheduled performances □Yes	
(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, neighbors, it is not background.	*/
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. 21 will not have French doors or window	WS.
(7) I will employ a doorman/security personnel on the following days and hours:	
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.	
(9) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first not Community Board 1. ⊠	tifying
(10) I intend to apply for a sidewalk café license. □Yes ΦΝο	
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business.	
(12) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor.	ors.
Name: X Jae yy Phone Number: X (212) 785-	1350
Alternate Contact: Phone Number: 7/8-445-5	020
(13) I will (additionally): Beer + Wike + Cider	
Sell to go hours: Beer 24 hours. ? As per Sell to go hours: Wine 12:am to 9:pm) SLA La	2w
Though and the day the information and indicate the day of the day	
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Dated	10
Sworn to this /0 / day of /c / Doct 2018 SUSAN P.COLE Notary Fubility States of New York Not discussion for the New York County Qualified in New York County	

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 Application Questionnaire Summary Revised 4/2018

1-	Applicant Name
	Hyon Chon Song
2-	Establishment Name (Corporate & DBA)
	HMSDS USA Corp / Cafe Water
3-	Address for Proposed License
	130 Water Street, New York, NY 10005
4-	Proposed Days/Hours of Operation
	6:00am-12:00am Monday-Sunday
5-	Square Footage of Location
8	3,200
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Beer and Cider
8-	Sidewalk Café? Yes/No
	No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
10-	- Volume of Music? Background Other
11-	Applicant's Previous Licensed Establishments and Addresses
	New Green Emporium 791 8th Ave New York, NY 10019

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, An thony L- Caraballo, as a qualified representative of Waves cafe,
located at New Amsterdam Pavilion at Peter Minvit Plaza, New York, New York, agree to
the following stipulations for the applicant's Method of Operation: NO VEN BE FORMANCH LOAM- 11PM FAPTI TO OCTUBE 10 Am Fo 1Am (1) My hours of operation will be Sunday - Thursday and Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).
(2) I will operate a full-service restaurant, (please describe type of restaurant):Kiosk
with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs \(\text{Yes} \) \(\text{No} \) Live music \(\text{Yes} \) \(\text{No} \) Recorded Music \(\text{Yes} \) \(\text{No} \) Dancing \(\text{Yes} \) \(\text{No} \) Promoted events \(\text{Yes} \) \(\text{No} \) Cover fee events \(\text{Yes} \) \(\text{No} \) Scheduled performances \(\text{Yes} \) \(\text{No} \)
(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background.
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours:
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ⊠
(9) 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. ⊠
(10) I intend to apply for a sidewalk café license. □Yes ☑No
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(12) 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: Ranjit Dev Phone Number: 718-314-4001
Alternate Contact: Phone Number:
(13) I will (additionally): Beer + wave only
I hereny certify that the information provided above is truthful and accurate based upon my personal belief.
X Can 10/10/2018
Signed Dated Dated
Sworn to this 10 1k day of CC/OSCL SUSAN P.COLE
Notary Public, State of New York NO. (NO.0450465C) Qualified in New York County

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 Application Questionnaire Summary Revised 4/2018

1-	Applicant Name
2-	Ranjit Dev Establishment Name (Corporate & DBA)
	Nandita Inc dba: Waves Cafe
3-	Address for Proposed License
	New Amsterdam Pavilion at Peter Minuit Plaza New York, NY 10004
4-	Proposed Days/Hours of Operation
	Weekdays: 7:00 AM-11 PM Weekends: 7:00 AM-1:00 AM Summer hours: closing at 1 AM
5-	Square Footage of Location Dining area: 2500 Kitchen area: 900
6-	Method of Operations (bar restaurant, Catering, etc)
	Kiosk-concession stand
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Tavern Wine (Beer & Wine only)
8-	Sidewalk Café? Yes/No N/A
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
10-	Volume of Music? ☑ Background ☐ Other
11-	Applicant's Previous Licensed Establishments and Addresses
	None

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Manhattan Community Board 1 Liquor License Stipulations

1, 30 m () COMMOT, as a qualified representative of LOF 13 Candles,
located at 86 1/2 NG 55 au Street , New York, New York, agree to
I, Sam O'Connor, as a qualified representative of Lotts Candies, located at 86 / 2 NG 55 au Street , New York, New York, agree to the following stipulations for the applicant's Method of Operation: Set First FL: 12 pm to 12 pm (7 days) First FL: 12: pm to 2 am (Thurs to Set.) Second FL: 12 pm to 12 am (Sun to wed.) (1) My hours of operation will be
(2) I will operate a full-service restaurant, (please describe type of restaurant): Frish Auterican Bear
Tapas with full food service until hour(s) before closing
(3) I will install soundproofing (please describe type and locations) Peubling See to below
(4) 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
(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background.
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. Will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours: Yes
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(9) 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. ⊠
¥ 1000
(10) I intend to apply for a sidewalk café license. □Yes →No
(10) I intend to apply for a sidewalk café license. □Yes No (11) I will conspicuously post this stipulation form beside my liquor license inside of my business. ⊠
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(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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.
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Sam O Connor Phone Number: Phone Number: Phone Number:
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Sam O Connor Phone Number: Phone Number: Phone Number:
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Sam O Connor Phone Number: Phone Number: Phone Number:
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Sam O Connor Phone Number: Phone Number: Phone Number:
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Sam O Connor Phone Number: Phone Number: Phone Number:
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. \(\text{[I2)}\) 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: \(\sum_{\text{CONOC}} \) O' Conoc \(\text{Phone Number:} \) Alternate Contact: \(\text{Phone Number:} \) Alternate Contact: \(\text{Phone Number:} \) Alternate Contact: \(\text{Phone Number:} \) Applicant will provide 5200b report before Foll Board on 10/23/2017. Roof Top apporal contingent on if Roof Top can be 100% on 10/23/2018. \(\text{No Musice on Roof Top.} \) I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. (12) 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: Sam O'Connor Phone Number: Alternate Contact: Phone Number: (13) I will (additionally): J will change Jazz records on weekends. Applicant will provide sound report before Foll Board on 10/23/2017. Roof Top appeared contingent on if Roof Top can be 100% euclosed, applicant will provide information before Foll Board on 10/23/2018. No Music on Roof top. I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Signed Dated Dated
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business. \(\text{[I2)}\) 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: \(\text{Sayn O'Connor} \) Phone Number: \(\text{Phone Number:} \) Alternate Contact: \(\text{Phone Number:} \) Phone Number: \(\text{Phone Number:} \) Applicant will provide 5200b report before Foll Board on 19/23/2017. Roof Top applicant will provide information before foll Board on 19/23/2018. No Music on Roof Top. I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Rev. 4/18

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

1-	Applicant Name SAM OCONNOR
2-	Establishment Name (Corporate & DBA)
3-	Address for Proposed License 86 ± WASSAU ST.
4-	Proposed Days/Hours of Operation 334
5-	Square Footage of Location 220
6-	Method of Operations (bar restaurant, Catering, etc) RESTAURANT / BAR
7-	Type of License (Full liquor/OP, beer and wine, etc.)
8-	Sidewalk Café? Yes/No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
10-	-Volume of Music? Background Dother
11	- Applicant's Previous Licensed Establishments and Addresses TRADING POST. 170, JOHN ST. 10038
	7HE GLOSE 158 E 23 ST. 10010

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