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

1-	Applicant Name LOVELACE TAVERN LLC							
2-	Establishment Name (Corporate & DBA) LOVELACE TAVERN LLC d/b/a The Lovelace							
3-	Address for Proposed License 1 & 5 Coentities Slip New York, NY 10004							
4-	Proposed Days/Hours of Operation Same as for currently licensed premises							
	4.1 What floor(s) is the establishment on? main (street level) and basement							
	4.2 Any rooftop, terrace, or other outside usage? No rooftop; outdoor area from New York Parks							
5-	Square Footage of Location Restaurant: 1,600 sq. ft. Kitchen: 600 sq. ft.							
6-	6- Method of Operations (bar restaurant, Catering, etc) Bar and Restaurant							
7-	7- Type of License (Full liquor/OP) beer and wine, etc.) Full Liquor/OP							
	7.1 Type of application (New, Alteration, Change in Method							
8-	of Operation, Corporate Change, Class Change) Transfer as currently licensed to JPK Restauran Corp. Corp.							
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	11- Where will the kitchen exhaust system vent to? Same as current system which vents to roof							
12- Applicant's Previous Licensed Establishments and Addresses								
	Jason Francisco is currently licensed at 1 & 5 Coentities Slip							

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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 Li	iquor License Stipulations
1. Edmund Traves as a qualified representative	or Lovelace Towar UC
located at 1 = 5 Cosintes Cliv	New York New York
the following stipulations for the applicant's Method of Operation	for their full Ligor licease
(1) My bours of operation will be \(\lambda \times - \frac{17 as Sunday - Thurse understand this to mean that all patrons will be cleared from the establishment (2) \(\text{Limits}\).	day and \(\lambda \lambda - \lambda \colon \) Friday - Saturday (I
(2) I will operate a full-service restaurant, (please describe type of restau	urant): American Craft core
	with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)	X lines lawers of Sheeton
undersent 15 Inches of Rock	word.
(4) I will have: DJs Clyes Clyo Live music Clyes CNo Recorded M	usic Offes ONo Dancing Oyes ONo
TOUCKER TOUCKER	Scheduled performances Syes QNo
(5) Volume of all music, events or performances will be at background is not background music.	evels only. If it can be heard outside, or by neighbors, it
(6) I will close all doors and windows by to ff Sun-Thurs and toff Fri	i-Sat. OI will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours	of
(8) I will employ a doorman/security personnel on the following days and	d bours: n A
(9) I will actively manage crowds congregating on the street at night, to n	plaining disturbances to the ST
(10) I will not apply to the SLA for an alteration to the method of operation community Board 1. ⊠	on agreed to by this stipulation without first notifying
(11) I will not apply for a sidewalk case license until at least a year after b	
(12) I will consciously nost this sticulation	beginning operation. Liyes ENo
(12) I will conspicuously post this stipulation form beside my liquor licen	se inside of my business.
(13) I confirm that I have 10 violations from previous establishmen	ts for which I have served as a principal.
(14) I will (additionally):	
•	
•	
,	
488.	
(15) Residents may contact the manager/owner at the below number. Com the above-stated method of operation if necessary in order to minimize my	plaints will be addressed immediately and I will revisit establishment's impact on my neighbors.
Name: Edmund Travers Photosteriste Contact: Peco Jason Francisco	one Number: 6465468140
Alternate Contact: Peco Jason Francisco	Phone Number: 201 344
hereby certify that the information provided above is truthful and ac	curate based upon my nersonal belief.
(El 1 9	(11/19/19
igned	
<u></u>	Dated
worn to this 15 day of October 2019.	IYANTI JOY ROBERTS Notary Public - State of New York NO. 01R06365646
Notary Public	Qualified in New York County My Commission Expires Oct 10, 2021
mmunity Board I requests that the SLA add these stipulations to the lice	nse of the above-mentioned applicant. These
pulations and board resolution shall supersede all other documents.	Rev. 12/18

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

Applicant Name						
Ryan Simonetti						
Establishment Name (Corporate & DBA)						
225 Liberty Location, LLC dba For Five Coffee Roasters						
Address for Proposed License						
225 Liberty Street, Lobby Level						
- Proposed Days/Hours of Operation						
Monday - Friday: 7am - 7pm; Saturday: 9am - 4pm						
5- Square Footage of Location						
Approx. 1600						
- Method of Operations (bar restaurant, Catering, etc)						
Cafe						
Type of License (Full liquor/OP, beer and wine, etc.)						
Beer, Wine & Cider						
Sidowalls Cofé? Voc /No						
Sidewalk Café? Yes/No No						
Type of Music? ☐ Live ☐ Recorded ☐ DJ						
10- Volume of Music? Background Other						
Volume of Music? 🖾 Background 🗖 Other						
11. Applicant's Prayious Licensed Establishments and Addusses						
1- Applicant's Previous Licensed Establishments and Addresses						
Downtown Locations - 101 Greenwich Street, 32 Old Slip, One Liberty Plaza						
Midtown West Locations - 117 W 46th Street, 810 Seventh Ave., 75 Rockefeller Plaza						
Midtown East Locations - 730 Third Ave., 101 Park Ave., 237 Park Ave.						

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Manhattan Community Board 1 Liquor License Stipulations

I, ANDREW	WEBB	, as a qualified representative	of 225 Liberty Lo	cation LLC,	
located at	225 Liberty Stre	et, Lobby Level	, New Y	ork, New York, agree to	
the following stip	pulations for the	applicant's Method of Operation	for their Tavern	Vine license	
(1) My hours of cunderstand this to	operation will be _ o mean that all patr (will not be full- a full-service resta	7AM-7PM Sunday – Thurs ons will be cleared from the establi service) urant, (please describe type of resta	day and 9AM-4PM shment at the specified he	pur). Friday – Saturday (I	
			with full food service un	il hour(s) before closing.	
(3) I will install so	oundproofing (ple	use describe type and locations)	Act tiles throughout the	premises	
(4) I will have: D	Js □Yes ⊠ No L:	ve music □Yes ᢂNo Recorded N	∕Iusic ⊠ Yes □No	Dancing □Yes ⊠No	
Promoted events	s □Yes ⊠No	Cover fee events Tyes N	o Sch	eduled performances □Yes ☒No	
(5) Volume of all is not background		erformances will be at background	levels only. If it can be h	eard outside, or by neighbors, it	
(6) I will close all	l doors and windov	vs bySun-Thurs and F	ri-Sat. DI will not have	French doors or windows.	
(7) I will have del	livery of supplies,	goods and services during the hours	s of * (See below)		
(8) I will employ	a doorman/securit	y personnel on the following days a	nd hours:		
(9) I will actively	manage crowds co	ongregating on the street at night, to	minimize disturbances t	residents. 🗵	
(10) I will not app Community Board	NACIONAL SECTION STREET, AND ASSOCIATION OF THE PROPERTY OF TH	an alteration to the method of opera	ation agreed to by this stip	ulation without first notifying	
(11) I will not app	oly for a sidewalk	café license until at least a year afte	r beginning operation. 🗖	Yes □No	
(12) I will conspic	cuously post this s	cipulation form beside my liquor lic	ense inside of my busine	ss. 🗵	
(13) I confirm tha	t I have 0	violations from previous establishm	ents for which I have ser	ed as a principal.	
(14) I will (addition	onally):	*			
		delivery between 12 AM and 7A okfield building instead	AM; use the loading		
	Come back in 6 community	months to discuss monitored ac	ctivity with CB1 and th	e	
		ager/owner at the below number. C n if necessary in order to minimize			
Name: AND	rew webb		Phone Number: (646) 641-8131	
Altomata Cart		פומו	Dhoma Ni	1167 695 - 11289	
Alternate Contact: MAX HARRIS Phone Number: (516) 695-4789 I hereby certify that the information provided above is truthful and accurate based upon my personal belief.					
i nereby certify t	S CHARLES SHEET SHEET	om provided above is a nemal and	Lucturate baset upon n	i bergonar peneri	
and (wh		10/22/19	JERI ESSAGOF	
Signed			Dated	NOTARY PUBLIC-STATE OF NEW Y No. 02ES6346156	
Sworn to this 2	2nd day of 1	Clober 2019;	WV	Qualified in New York County My Commission Expires 08-08-20	

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. 12/18

Manhattan Community Board 1 Liquor License Stipulations

I, ANDREW WEBB, as a qualified representative of	225 Liberty Location LLC						
located at 225 Liberty Street, Street and Lobby Level	, New York, New York, agree to						
the following stipulations for the applicant's Method of Operation for the	eir Full Liquor Catering Establishment license						
8AM-11PM (1) My hours of operation will be Sunday – Thursday and understand this to mean that all patrons will be cleared from the establishmen (2) I will operate a full-service restaurant, (please describe type of restaurant)	t at the specified hour).						
	ull food service until hour(s) before closing.						
(3) I will install soundproofing (please describe type and locations)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ACT tiles will be used as well the unit itself has insulated cab	inet which helps in noise reduction						
(4) I will have: DJs Mayes No Live music Mayes No Recorded Music X	Mayes □No Dancing Mayes □No						
Promoted events Tyes XINo Cover fee events Tyes XINo	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 music.							
(6) I will close all doors and windows bySun-Thurs and Fri-Sat							
(7) I will have delivery of supplies, goods and services during the hours of *	(See below)						
(8) I will employ a doorman/security personnel on the following days and hou	rs: * (See below)						
(9) I will actively manage crowds congregating on the street at night, to mining	_						
(10) I will not apply to the SLA for an alteration to the method of operation							
Community Board 1.							
(11) I will not apply for a sidewalk café license until at least a year after be	eginning operation. Mayes □No						
(12) I will conspicuously post this stipulation form beside my liquor licens	e inside of my business. 🛛						
(13) I confirm that I have violations from previous establishments							
(14) I will (additionally): *No street-side delivery between 12AM-7AM; use the loading dock inside the Brookfield building instead *Employ a traffic manager and operations manager to manage traffic control for events of 750 people or more and smaller events with expected large vehicular -							
-Notify in advance to the community of red carpet events No more than a 1000 persons capacity for the first 12 months, and no more than 10 events at that number Gateway Garage not to be used in any SP programs and any marketing programs Have traffic operatives on site to redirect traffic over South End Avenue when an event requires such a presence For events over 750 persons attendance, have a traffic manager present An operations manager employed with a phone who's accessible for the public to call The North End Avenue/ Vesey Street Garage that's associated with the valet parking at the Cul de Sac will be used, and have extra valet personal to assist in special events by Convene when required, and using the garage on the East side of Albany Street and have extra personnel bring cars -Come back in 6 months to discuss monitored activity with CB1 and the community							
(14) Residents may contact the manager/owner at the below number. Comp the above-stated method of operation if necessary in order to minimize my est							
Name: ANDREW WEBB Phone	Number: (646) 641-8131						
Alternate Contact: MAX HARRIS I hereby certify that the information provided above is truthful and accu	Phone Number: (516)695-4789						
	JERI ESSAGOF						
and will	10/22/19 NOTARY PUBLIC-STATE OF NEW YORK						
Signed	Dated No. 02ES6346156 Qualified in New York County						
Sworn to this 22 net day of 8C40ber 2019 Notary Public	My Commission Expires 08-08-2020						

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.

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