1-	Applicant Name Suco Hana, Inc
2-	Establishment Name (Corporate & DBA) Suco Hana, Inc DBA Sushi & Co
3-	Address for Proposed License
1_	67 Nassau Street, New York, NY 10038 Proposed Days/Hours of Operation 11:00am - 11:00pm Sunday-Saturday
4-	
	4.1 What floor(s) is the establishment on? First Floor
	4.2 Any rooftop, terrace, or other outside usage? None
5-	Square Footage of Location 400 SF
6-	Method of Operations (bar restaurant, Catering, etc) Japanese Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) Restaurant Wine License
8-	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New Application Sidewalk Café? Yes/No
	No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
	No
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?
	N/A
12-	Applicant's Previous Licensed Establishments and Addresses
	N/A

I,	Jae Yu		, as a qual	ified representativ	ve of Succ	Hana, l	nc.	_•
locate		67 Nassau Stri ipulations for t		ethod of Operation	n for their		York, New York, agree to ant Wine	icense
under	rstand this t	to mean that all	patrons will be cle	Sunday – Thu ared from the estab	lishment at the		,	
(2) I	will operate	a full-service	restaurant, (please	describe type of res				
(3) I v	will install	soundproofing	(please describe ty	ne and locations)	_with full food None	d service u	ntil hour(s) before c	losing.
(-,-			(promos osociae v)	_		7		_
(4) I	will have: I	oJs ⊡Yes ⊠ No	Live music □Ye	es No Recorded	Music □Yes 8	√No	Dancing □Yes ≼No	_
Pror	noted even	ts □Yes MaNo	Cover	fee events □Yes 🏖	No	Se	cheduled performances \(\sigma\)Ye	s M No
		Il music, events	or performances w	vill be at backgroun	d levels only. I	If it can be	heard outside, or by neighbor	ors, it
(6) L	will close a	ll doors and wii	ndows bySu	n-Thurs and	Fri-Sat. DI w	ill not hav	e French doors or windows.	
				vices during the hou	irs of			
			through Saturda		N	lo securit	y personnel employed	
							_	
				the street at night,				
	will not ap nunity Boa	-	for an alteration to	the method of ope	ration agreed to	o by this s	tipulation without first notify	ring
11) I	will not ap	ply for a sidew	alk café license un	til at least a year aft	ter beginning o	peration.	MYes □No	
12) I	will consp	icuously post th	nis stipulation form	beside my liquor li	icense inside o	f my busin	ess. 🗵	
13) I	confirm th	at I haveno	violations from	previous establishi	ments for which	h I have se	erved as a principal.	
14) I	will (addit	ionally):						
				ours will be from I all days of the w		PM all da	ys of the week, food	
							ssed immediately and I will nact on my neighbors.	Quali
Name	:_ Suye	eoul Lee			_ Phone Numb	er: 64	6-799-9911	LISA SUCHIT tary Public – State of NO. 015U63606 Qualified in Queens ommission Expires J
lterr	nate Contac	4. (sureoul	Lee	Dh)	Number:	fill pho -not	es Jun
			1			_	my personal belief.	ew Younty
	, certify		and provided a	ove is truthin an	ra accurate Da	seu upon	шу регуонан венет.	021
		Vrus	M		10	18/2	020.	
Signe	d	1			Dated	-/-		
-		AL	A	^	Dated			
Sworr	to this	8 dave	of Octobe	202	0		1	9
				Notary Pu	blic			

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.

1-	Applicant Name APQ 85 Broad NY, LLC
2-	Establishment Name (Corporate & DBA) Le Pain Quotidien
3-	Address for Proposed License 85 Broad Street, New York, NY 10004
4-	Proposed Days/Hours of Operation Monday-Sunday 7am-8:30pm (closed to patrons at 7:30)
	4.1 What floor(s) is the establishment on?
	4.2 Any rooftop, terrace, or other outside usage?
5-	Square Footage of Location Approx 7600 square feet- 3800/floor
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) Restaurant Wine
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)
8-	Sidewalk Café? Yes/No Yes- will be transferred.
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?
12-	- Applicant's Previous Licensed Establishments and Addresses
	See attached.

	I, JohnRigos , as a qualified representative of	APQ 85 Broad NY, LLC
	located at _ 85 Broad Street, New York, NY 10004	, New York, New York, agree to
	the following stipulations for the applicant's Method of Operation for the	ir Restaurant Wine license
**	(1) My hours of operation will be 7am-8:30pm 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)	Bakery/Cafe Style
	with f	all food service until 1 hour(s) before closing.
	(3) I will install soundproofing (please describe type and locations) N/A	
	(4) I will have: DJs □Yes ♥No Live music □Yes ♥No R ecordedMusic ♥	Mayes □No Dancing □Yes Mayo
	Promoted events Tyes No Cover fee events Tyes No	Scheduled performances □Yes ᠔No
	(5) Volume of all music, events or performances will be at background levels is not background music.	only. If it can be heard outside, or by neighbors, it the doors open during peak service hours)
	(6) I will close all doors and windows bySun-Thurs andFri-Sat	,
**	(7) I will have delivery of supplies, goods and services during the hours of 7am-1`pm	
	(8) I will employ a doorman/security personnel on the following days and hor	urs: N/A
	(9) I will actively manage crowds congregating on the street at night, to mining	nize disturbances to residents. 🛛
	(10) I will not apply to the SLA for an alteration to the method of operation a Community Board 1.	greed to by this stipulation without first notifying
**	(11) I will not apply for a sidewalk café license until at least a year after begin	nning operation. Wes 🗥 o
	(12) I will conspicuously post this stipulation form beside my liquor license is	nside of my business. 🏻
	(13) I confirm that I have violations from previous establishments for	or which I have served as a principal.
	(14) I will (additionally):	2
	** food service hours will be from 7AM to 7:30PM all days of the 8AM to 7:30PM Monday through Saturday, and 10AM to 7:30PM of	
	*** The applicant will have delivery of supplies, goods and service dock on a scheduled basis with the building team	s overnight through a loading
	**** The establishment has an existing sidewalk cafe permit that w Restaurant Wine license	ill be transferred upon SLA approval of the
	 Outdoor seating is limited to the area under the arcade for custom permitted to place any furniture in the public park nor serve custo 	
	(15) R esidentsmay contact the manager/owner at the below number. Complathe above-stated method of operation if necessary in order to minimize my es	ints will be addressed immediately and I will revisit tablishment's impact on my neighbors.
	Name: Maria Mackie Phone	e Number: 212.505.5861
	Alternate Contact: Marina Roulis	Phone Number: 646-649-9810
	I hereby certify that the information provided above is truthful and accu	rate based upon my personal belief.
		9/28/20
	Signed	Dated
	Sworn to this day of Scholar Public	10 males

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

Notary Public, State Benefit No. 39-4750452

Qualified in Nassau County
Commission Expires July 31, 20

Liquor License Application Questionnaire Summary **Revised 8/2019**

1- Applicant Name Rex Pipe Shop Inc.	
2- Establishment Name (Corporate & DBA)	
Rex Club	
3- Address for Proposed License 126 Pearl Street New York, N.V. 10005	
4.1 What floor(s) is the establishment on? 2nd floor 4.2 Any rooftop, terrace, or other outside usage?	da aw
5- Square Footage of Location 1,013 5 g. ++.	
6- Method of Operations (bar restaurant, Catering, etc)	
7- 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)	
8- Sidewalk Café? Yes No	
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? No Vent / Kitchen has no Mechanical Jelectrica	1
Mechanical felectrica 12- Applicant's Previous Licensed Establishments and Addresses appliances Barclay Rex-90 Water Street New York, N.Y. 10004 Barclay Rex-75 Broad Street New York, N.Y. 10004 Barclay Rex-70 East 42rd Street New York, N.Y. 10165	
Barclay Rex - 70 East Hand Street New York, N.Y. 1016	_
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 Permits Permits Committee of Community Permits	

and the Licensing and Permits Committee of Community Board 1.

	- Street	, INEV	York, New	YORK, agree to
following stipulations for the applicant'		Λ	LU li	auor license
				0
My hours of operation will be	Sunday - Thursda	y and	Frida	ny - Saturday (I
My hours of operation will be erstand this to mean that all patrons will b				
I will operate a full-service restaurant, (ple	ease describe type of restaur	ant): Private	, memo	ers only agarci
	w	ith full food service	until h	our(s) before closing.
I will install soundproofing (please descri	be type and locations)		Name of	
<u> </u>			- A	
I will have: DJs Tyes No Live music		196		g □Yes ÆNo
138	over fee events Tyes (No			ormances UYes 🚾 o
Volume of all music, events or performan	nces will be at background le	evels only. If it can be	e heard outside	e, or by neighbors, it
not background music.			D 1 4	
) I will close all doors and windows by la			ve French door	22 OF MILICOMS.
) I will have delivery of supplies, goods an	nd services during the hours of	OI.		
B) I will employ a doorman/security person	nel on the following days and	d hours:		
9) I will actively manage crowds congregate			s to residents.	
10) I will not apply to the SLA for an altera	ation to the method of operati	ion agreed to by this	stipulation wit	hout first notifying
Community Board 1.	. \$10 var : - 1 - 1			
11) I will not apply for a sidewalk café lice	nse until at least a year after	beginning operation.	25 Yes □No	
(12) I will conspicuously post this stipulation	on form beside my liquor lice	nse inside of my busi	iness. 🛛	
(13) Leonfirm that I have A violation	s from previous establishmen	nts for which I have:	served as a pri	ncipal.
(14) I will (additionally): The hours of operation of the residue. Nam to Landays. Food Service		be for	10m = 1	Jam Monday three
the hours of ope	eration will	DE TYDINI	a 1 01	11 Ham-gom
rsday. Mam to Lan	n Friday and	a Surura	(1)	a Il an Sund
ndays. Food Service	ce hours w	in be tro	mona	m- lipm color
ndays. Food Service ongh Thursday or	nd Ilam to	12am h	riday	and Samurado
ongh Thursday w	will be the.	same a	s the	hours of
operation.		1		
		- 1		
(15) Residents may contact the manager/ov	wner at the below number. Co	omplaints will be addr	essed immedia	ntely and I will revisit
the above-stated method of operation if nec		1		
Name: Joanna Woo	wska j	Phone Number: C?	347)	382-5964
		August and a second	6.1	0112 6775
Alternate Contact: Vanes Sa	Nastri	Phone Number:	(914)	843-8925
I hereby certify that the information pro	ovided above is truthful and	accurate based upo	n my personal	belief.
11. 416+		10/2/20)		
Just Work		- 10/3/20	-	PETER J. CHO BELIC, STATE OF NEW YOR
Signed		Dated		
	2020		A IFIED	SION EXPIRES JULY 28, 20

1-	Applicant Name APQ Tribeca NY, LLC
2-	Establishment Name (Corporate & DBA) Le Pain Quotidien
3-	Address for Proposed License 81 West Broadway (aka 60Warren Street), New York, NY 10007
4-	Proposed Days/Hours of Operation Monday-Sunday 7am-8:30pm
	4.1 What floor(s) is the establishment on? Ground floor & basement
	4.2 Any rooftop, terrace, or other outside usage? No
5-	Square Footage of Location Ground floor- 2800 square feet
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) Restaurant Wine
	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
10-	Volume of Music? A 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? Existing vent
12-	Applicant's Previous Licensed Establishments and Addresses See attached.

I,John Rigos	as a qualified representati	ve of APQ Tribeca	NY, LLC
located at _81 West Broadway			New York, New York, agree to
the following stipulations for	the applicant's Method of Operatio	n for their Restaura	ant Wine license
understand this to mean that all	be7am-8:30pm Sunday - Thu Il patrons will be cleared from the estal restaurant, (please describe type of re	blishment at the special staurant): Bakery/cat	fied hour).
(3) I will install soundproofing	g (please describe type and locations)		nour(s) before crossing.
	o Live music □Yes ♥No Recorded		Dancing □Yes ☒No
Promoted events Tyes Two		•	Scheduled performances □Yes ¬No
is not background music.	ts or performances will be at backgrou (} vindows bySun-Thurs and	nas double doors tha	at are never propped open)
(7) I will have delivery of supp 9PM - 4AM overnight	plies, goods and services during the ho	urs of	
(8) I will employ a doorman/se	ecurity personnel on the following day	s and hours: N/A	
(9) I will actively manage crow	wds congregating on the street at night	, to minimize disturba	nces to residents.
(10) I will not apply to the SLA Community Board 1. ⊠	A for an alteration to the method of op	eration agreed to by the	nis stipulation without first notifying
(11) I will not apply for a side	walk café license until at least a year a	fter beginning operati	on. Mayes ⊡No
(12) I will conspicuously post	this stipulation form beside my liquor	license inside of my b	ousiness. 🛛
(13) I confirm that I have _0	violations from previous establish	nments for which I ha	ve served as a principal.
(14) I will (additionally):			
	ll be from 7AM to 7:30PM all days th Saturday, and 10AM to 7:30PM	·	ear service hours from 8AM to
(15) Posidente moy contect the	o managar/aymar at the halous number	Complaints will be a	ddressed immediately and I will revisit
	e manager/owner at the below humber, deration if necessary in order to minimi		
Name: Maria Mackie		Phone Number:	212.505.5861
Alternate Contact: Marina R	oulis	Phone Numb	er:646-649-9810
I hereby certify that the info	rmation provided above is truthful a	and accurate based u	pon my personal belief.
		9/2	8/20
Signed Sworn to this 20 th day	September	Dated QUDD	Allaces

Community Board 1 requests that the SLA add these stipulations to the license of the above-receipt fulle, Size of New York /18 stipulations and board resolution shall supersede all other documents.

No. 30-4750452

Qualified in Nassau County Commission Expires July 31, 20

1-	Applicant Name APQ South End Avenue NY, LLC
2-	Establishment Name (Corporate & DBA) Le Pain Quotidien
3-	Address for Proposed License 395-397 South End Avenue, New York, NY 10280
4-	Proposed Days/Hours of Operation Monday-Friday 7am-8:30pm
	4.1 What floor(s) is the establishment on?
	4.2 Any rooftop, terrace, or other outside usage? Currently a sidewalk cafe
5-	Square Footage of Location 1170 square feet
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) OP Restaurant Wine
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) Transfer Application
8-	Sidewalk Café? Yes/No Yes- existing
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
10-	Volume of Music? A 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? Existing system
12-	· Applicant's Previous Licensed Establishments and Addresses

	APQ South End Avenue NY, LLC
ocated at 395-397 South End Avenue	, New York, New York, agree to
he following stipulations for the applicant's Method of Operation for the	heir <u>transfer of Restaurant Wine</u> licen
1) My hours of operation will be <u>7am-8:30pm</u> Sunday – Thursday and derstand this to mean that all patrons will be cleared from the establishment of the patrons will operate a full-service restaurant, (please describe type of restaurant)	ent at the specified hour). 1): Bakery/Cafe
with N/A N/A	full food service until 1 hour(s) before closin
1) I will install soundproofing (please describe type and locations)	
4) I will have: DJs Tyes Tyo Live music Tyes Tyo Recorded Music	ZYes □No Dancing □Yes ZNo
Promoted events \(\sigma\)Yes \(\sigma\)No \(\cong \)Cover fee events \(\sigma\)Yes \(\sigma\)No	Scheduled performances
5) Volume of all music, events or performances will be at background leves not background music.	ls only. If it can be heard outside, or by neighbors, i
6) I will close all doors and windows bySun-Thurs and Fri-Sa	at. I will not have French doors or windows.
7) I will have delivery of supplies, goods and services during the hours of 7am-11pm	
8) I will employ a doorman/security personnel on the following days and h	ours: N/A
9) I will actively manage crowds congregating on the street at night, to mir	nimize disturbances to residents. 🛛
10) I will not apply to the SLA for an alteration to the method of operation community Board 1.	agreed to by this stipulation without first notifying
11) I will not apply for a sidewalk café license until at least a year after beg	ginning operation. XYes UNo
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):	
* food service hours will be from 7AM to 7:30PM all days of the w Monday through Saturday, and 10AM to 7:30PM on Sundays	reek, and bar service hours from 8AM to 7:30P
** have open windows during the hours of 7AM -7:30PM	
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: Maria Mackie Pho	ne Number: 212.505.5861
Alternate Contact: Marina Roulis	Phone Number: 646-649-9810
hereby certify that the information provided above is truthful and acc	curate based upon my personal belief.
	9/28/20
Signed	Dated
and Al	Who Way
sworn to this 28th day of Latencher 202	O KULLULIS
Notary Public	Notary Public, State of New York No. 30-4750452
Community Board 1 requests that the SLA add these stipulations to the lice	