

Manhattan Community Board 1 Liquor License Stipulations

I, ATIF ALI, as a qualified representative of RDA ASSOCIATES CORP., located at 90 CHAMBERS STREET NEW YORK NY, 10007, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their FULL LIQUOR ON PREMI license

(1) My requested hours of operation are 10-2AM Monday – Thursday, 10-2AM Friday – Saturday, 10-2AM Sunday

(1.a) CB approved hours of operation \_\_\_\_\_ 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):

RESTAURANT

with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type) ACOUSTIC PANELS

(please describe location) \_\_\_\_\_

(4) I will have: DJs ☐ 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 10-11AM

(8) I will have garbage collected during the hours of \_\_\_\_\_

(9) I will employ a doorman/security personnel on the following days and hours: N/A

(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. ☐ Yes ☒ No

(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):

State of New York

County of: New York

The foregoing instrument was acknowledged before me 23 day of September, 2024

Joly L Coral

Your Name Here, Notary Public

(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. My Commission Expires 09/26/2026

Name: ATIF ALI

Phone Number: (347)463-3507

Alternate Contact: JORGE CABRERA

Phone Number: (516)576-4644

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Sworn to this 23 day of September, 2024

Notary Public

Dated

09/23/2024

**LOLY L. CORAL**  
Notary Public - State of New York  
No. 01C06441616  
Qualified in Suffolk County  
My Commission Expires 09/26/2026

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

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

1- Applicant Name

**RGS 380 Canal Street, LLC**

2- Establishment Name (Corporate & DBA)

**RGS 380 Canal Street LLC - TBD**

3- Address for Proposed License

**285 West Broadway, New York, NY 10013**

4- 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

5- Proposed Days/Hours of Operation

Wednesday    Thursday    Friday    Saturday    Sunday  
Mon - ~~Thurs~~ 12pm-2am    ~~Fri~~ Sat 12pm-4am    Sun 12pm-2am

4.1 What floor(s) is the establishment on? **Ground Floor, Basement and**

**Mezzanine**

6- Square Footage of Location **4200**

7- Method of Operations (bar restaurant, Catering, etc)

**Bar Lounge with Food Service**

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☒ Other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music ? ☒ Live ☒ Recorded ☒ DJ

10- Volume of Music? ☒ Background    ☒ Other Entertainment Level

*(no sound from events, performances or music will be heard outside the premises or by neighbors)*

11- Where will the kitchen exhaust system vent to? **No Full Service Kitchen**

12- Applicant's Previous Licensed Establishments and Addresses

**Center Spirits Inc. - 387 Main Street, Center Moriches, NY 11834**

### **No Signed Stipulations**

Applicant did not sign the community board stipulations. Instead they reconsidered the purchase of the location due to the stipulations not matching their vision.

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

1- Applicant Name

MADÉLINE CARVALHO LANCIANI

2- Establishment Name (Corporate & DBA)

MADÉLINE'S PATISSERIE INC DBA: DUANE PARK PATISSERIE

3- Address for Proposed License

179 DUANE ST. FRONT 1

4- Type of License (Full liquor/OP, beer and wine, etc.) WINE, BEER + CIDER

7.1 Type of application

☒ New ☐ Alteration ☐ Change in Method of Operation, ☐ Corporate Change,  
☐ Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs 8 AM - 10 PM Fri - Sat 8 AM - 10 PM Sun 8 AM - 10 PM

4.1 What floor(s) is the establishment on? 1ST FLOOR + BASEMENT

6- Square Footage of Location APPROX 2000

7- Method of Operations (bar restaurant, Catering, etc)

BAL / TAVERN

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ Other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☒ Yes ☐ No

9- Type of Music? ☐ Live ☒ Recorded ☐ DJ

10- Volume of Music? ☒ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? WE DO NO COOKING ONLY BAKING WE ARE NOT REQUIRED TO HAVE A MANUAL EXHAUST. WE HAVE DONE THIS FOR 30 YEARS.

12- Applicant's Previous Licensed Establishments and Addresses

1. APPLICANT HAS OWNED + OPERATED THIS LOCATION FOR 32 1/2 YEARS

2. PATISSERIE LANCIANI 177 PRINCE ST. 1977-1987

**Manhattan Community Board 1 Liquor License Stipulations**

I, MADLINE CARVALHO LANCIANI, as a qualified representative of MADLINE'S PATISSERIE INC, located at 179 DUANE ST, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their WINE, BEER + CIGAR license

(1) My requested hours of operation are 8pm-10pm Monday - Thursday, 8-10pm Friday - Saturday, 8pm-10pm Sunday  
 (1.a) CB approved hours of operation 8pm-10pm Monday - Thursday, 8-10pm Friday - Saturday, 8pm-10pm 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): BAR / TAVERN BAKERY / CAFE with full food service until 1/2 hour(s) before closing.

(3) I will install soundproofing (please describe type) \_\_\_\_\_  
 (please describe location) \_\_\_\_\_

(4) I will have: DJs ☐ 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 9pm Mon- Thur. 9pm Fri - Sat 9pm Sun.  
☐ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of 7am-4pm

(8) I will have garbage collected during the hours of \_\_\_\_\_

(9) I will employ a doorman/security personnel on the following days and hours: \_\_\_\_\_

(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 cafe license until at least a year after beginning operation. ☒ Yes ☐ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

I intend to apply for The DOT Dining out NYC Roadbed seating in the future and will return to the Community Board when applying for outdoor seating - This approval does not cover any future outdoor dining areas or hours

(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.

X Name: MADLINE LANCIANI Phone Number: 917-862-7592

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

X Madelaine Lanciai 9/3/24  
 Signed Dated

Sworn to this 3<sup>RD</sup> day of September 2024 Rosemary A McKenna  
 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. 3/2024

**ROSEMARY A MCKENNA**  
**NOTARY PUBLIC, STATE OF NEW YORK**  
 Registration No. 01MC6385474  
 Qualified in Bronx County  
 My Commission Expires 01/07/2027

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

1- Applicant Name

**Nicholas Hartman and Toni Allocca**

2- Establishment Name (Corporate & DBA)

**Greene Velvet Productions LLC dba Olive's**

3- Address for Proposed License

**413 Greenwich St., New York, NY 10013**

4- Type of License (Full liquor/OP, beer and wine, etc.) **wine and beer**

7.1 Type of application

☒ New    ☐ Alteration    ☐ Change in Method of Operation,    ☐ Corporate Change,  
☐ Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs **9 am-8pm**    Fri - Sat **9 am-8pm**    Sun **9 am-8pm**

4.1 What floor(s) is the establishment on? **ground floor and basement**

6- Square Footage of Location **1,200 SF**

7- Method of Operations (bar restaurant, Catering, etc)

**restaurant**

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ Other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music ? ☐ Live ☒ Recorded ☐ DJ

10- Volume of Music? ☐ Background    ☐ Other

*(no sound from events, performances or music will be heard outside the premises or by neighbors)*

11- Where will the kitchen exhaust system vent to? **roof**

12- Applicant's Previous Licensed Establishments and Addresses

**225 Liberty St., NYC (Wall Trade)**

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, Nicholas Hartman, as a qualified representative of Greene Velvet Productions LLC, located at 413 Greenwich St., New York, New York, agree to the following stipulations for the applicant's Method of Operation for their restaurant wine/beer/cider license

(1) My requested hours of operation are 7a-10p Monday – Thursday, 7a-10p Friday – Saturday, 9a-8p Sunday

(1.a) CB approved hours of operation 7a-10p Monday – Thursday, 7a-10p Friday – Saturday, 9a-8p 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):  
restaurant with full food service until 1/2 hour(s) before closing.

(3) I will install soundproofing (please describe type) \_\_\_\_\_  
(please describe location) \_\_\_\_\_

(4) I will have: DJs ☐ 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 8p Mon- Thur, 8p Fri - Sat 8p Sun.  
☐ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of 9a-5p

(8) I will have garbage collected during the hours of 9a-5p

(9) I will employ a doorman/security personnel on the following days and hours: \_\_\_\_\_

(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. ☐ Yes ☒ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

**This approval does not cover any future outdoor dining areas or hours.**

(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.

Name: Nicholas Hartman Phone Number: (917) 340-1505

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Sworn to this 24th day of September, 2024

Notary Public

Dated

MAY KWAN CHEUNG  
No. 01CH6020405  
Notary Public, State of New York  
Qualified in Queens County  
My Commission Expires 03/01/2029

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: Olive's

Address: 413 Greenwich Street, New York, NY 10013

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will 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: daily 10 pm

(4) I will have delivery of any event supplies, goods and services during the hours of N/A

(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.

(9) I agree to follow the conditions outlined in the resolution on security 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: Nick Adams Phone Number: 212-941-0411

Alternate Contact: Toni Adams Phone Number: 212-941-0111

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed: [Signature]

Dated: 9/20/2024

Xiaoyin Zhang  
XIAOYIN ZHANG  
No. 01ZH0014882  
Notary Public, State of New York  
Qualified in Kings County  
My Commission Expires 10/25/2027

Sworn to this 20th day of September 2024  
Notary Public

Xiaoyin Zhang

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

I, DAVID BANK, as a qualified representative of BLISSFULLY HOSPITALITY LLC located at 345 GREENWICH ST., 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 12 PM - 11 PM Monday - Thursday, 12 PM - 11 PM Friday - Saturday, 12 PM - 10 PM Sunday  
(1.a) CB approved hours of operation 12 PM - 11 PM Monday - Thursday, 12 PM - 11 PM Friday - Saturday, 12 PM - 10 PM 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) RESTAURANT with full food service until 1/2 hour(s) before closing

(3) I will install soundproofing (please describe type) EXISTING  
(please describe location)

(4) I will have: DJs ☐ 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 12 AM - 6 PM

(8) I will have garbage collected during the hours of \_\_\_\_\_

(9) I will employ a doorman/security personnel on the following days and hours \_\_\_\_\_

(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 cafe license until at least a year after beginning operation ☒ Yes ☐ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal

(15) I will (additionally): \_\_\_\_\_

(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

Name DAVID BANK Phone Number: 347 428-9416

Alternate Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed \_\_\_\_\_

Sworn to this 29 day of AUGUST 2024

Dated Aug 29th 2024

Notary Public

FRANK A. DEONORA  
Notary Public - State of New York  
No. 01268302591  
Qualified in New York County  
My Commission Expires Aug 7, 2029

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 Application Questionnaire**  
**Summary Revised 3/2024**

1- Applicant Name

DAVID BANIK

2- Establishment Name (Corporate & DBA)

BLISSFULLY HOSPITALITY LLC DBA: TBO

3- Address for Proposed License

345 GREENWICH ST. 1B

4- Type of License (Full liquor/OP, beer and wine, etc.)

FULL LIQUOR / OP

7.1 Type of application

☒ New   ☐ Alteration   ☐ Change in Method of Operation,   ☐ Corporate Change,  
☐ Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs 12 PM - 11 PM   Fri - Sat 12 AM - 12 AM   Sun 12 PM - 11 PM

4.1 What floor(s) is the establishment on? 1ST FLOOR

BASEMENT

6- Square Footage of Location 3000 SQ FT TOTAL

7- Method of Operations (bar restaurant, Catering, etc)

RESTAURANT

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ Other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☐ No MAKING IN FUTURE

9- Type of Music? ☐ Live ☒ Recorded ☐ DJ

10- Volume of Music? ☒ Background   ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? KEEPING EXISTING EXHAUST TO ROOF

12- Applicant's Previous Licensed Establishments and Addresses

14 YRS	PURE THAI COOKHOUSE	766 94 AVE NY NY 10019
2 YRS	WHEN IN BANGKOK RESTAURANT	161-16 NORTHERN BLVD FLUSHING NY 11358
6 YRS	LAND THAI KITCHEN	450 AMSTERDAM AVE NY NY 10024
8 YRS	HERBS THAI KITCHEN	1289 RIVE DE BRICK NY 08723

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, Nick Bolio, as a qualified representative of Shake Shack 102 North End Ave, located at 215 Murray Street New York, NY 10282, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Beer, Wine, and Cider license

(1) My requested hours of operation are 10:30-11pm Monday – Thursday, 10:30-11pm Friday – Saturday, 10:30-11pm Sunday  
(1.a) CB approved hours of operation 10:30am-10:30pm Monday – Thursday, 10:30am-11pm Friday – Saturday, 10:30am-10:30pm 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):

Food establishment with full food service until 0 hour(s) before closing.

(3) I will install soundproofing (please describe type) N/A

(please describe location) \_\_\_\_\_

(4) I will have: DJs ☐ 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 4am - 8pm

(8) I will have garbage collected during the hours of landlord responsible

(9) I will employ a doorman/security personnel on the following days and hours: N/A

(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. ☐ Yes ☐ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

(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.

Name: Kadijha Bobb Phone Number: 3479485000

Alternate Contact: Nick Bolio Phone Number: 9297774727

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

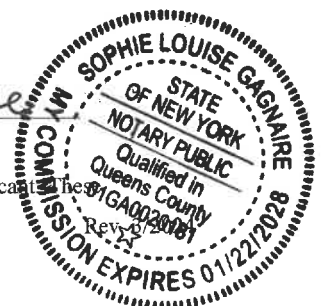
Sworn to this 5 day of September, 2024

Notary Public

Dated

9/5/2024

Sophie Gagnaire



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

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

1- Applicant Name

**Shake Shack 102 North End Ave LLC**

2- Establishment Name (Corporate & DBA)

**Shake Shack**

3- Address for Proposed License

**215 Murray St, New York, NY 10282**

4- Type of License (Full liquor/OP, beer and wine, etc.) **Beer and Wine**

7.1 Type of application

☐ New    ☐ Alteration    ☐ Change in Method of Operation,    ☒ Corporate Change,  
☐ Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs **10:30-11**    Fri - Sat **10:30-11**    Sun **10:30-11**

4.1 What floor(s) is the establishment on? **Ground**

6- Square Footage of Location **N/a**

7- Method of Operations (bar restaurant, Catering, etc)

**Restaurant**

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☒ other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music ? ☐ Live ☒ Recorded ☐ DJ

10- Volume of Music? ☒ Background    ☒ Other

*(no sound from events, performances or music will be heard outside the premises or by neighbors)*

11- Where will the kitchen exhaust system vent to? **N/a**

12- Applicant's Previous Licensed Establishments and Addresses

**See annex**

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 Application Questionnaire**  
**Summary Revised 3/2024**

1- Applicant Name

**Hornblower New York LLC**

2- Establishment Name (Corporate & DBA)

**Infinity**

3- Address for Proposed License

**Pier 15, 78 South Street, New York, NY 10006**

4- 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,  
☒ Removal

5- Proposed Days/Hours of Operation    **Hours vary by event but will take place between:**

Mon - Thurs **9am-2am**    Fri - Sat **9am-2am**    Sun **9am-2am**

4.1 What floor(s) is the establishment on? **Entire vessel**

6- Square Footage of Location **5,000 sq ft**

7- Method of Operations (bar restaurant, Catering, etc)

**Vessel for sightseeing and events.**

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☒ other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music ? ☒ Live ☒ Recorded ☒ DJ

10- Volume of Music? ☒ Background    ☒ Other

*(no sound from events, performances or music will be heard outside the premises or by neighbors)*

11- Where will the kitchen exhaust system vent to? **n/a**

12- Applicant's Previous Licensed Establishments and Addresses

<> Hornblower New York LLC - 353 West Street, Pier 40, New York, NY 10014 (3 vessels d/b/a Serenity, Lexington, Sensation)

<> Hornblower Cruises and Events LLC - Pier 62, Chelsea Piers, New York, NY 10011 (5 vessels d/b/a Celestial, Manhattan Elite, Atlantica, Spirit of New York, Spirit of New Jersey)

<> HNY Ferry LLC - 63 Flushing Ave, Brooklyn, NY 11205 (38 vessels)

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, Mitchell Randall, as a qualified representative of Hornblower New York LLC dba I  
located at Pier 15, 78 South Street, New York, New York, agree to  
the following stipulations for the applicant's Method of Operation for their Vessel/Boat/Ship license

Hours of operation will vary based on event but will be between

(1) My requested hours of operation are 9a-12a Monday – Thursday, 9a-12a Friday – Saturday, 9a-12a Sunday \*\*

(1.a) CB approved hours of operation 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):

Vessel/Boat/Ship with full food service until 0 hour(s) before closing.

(3) I will install soundproofing (please describe type) n/a

(please describe location)

(4) I will have: DJs ☒ 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 Mon-Fri 8am-4pm; Sat 8am-1pm

(8) I will have garbage collected during the hours of 6am (Monday, Wednesday, and Friday)

(9) I will employ a doorman/security personnel on the following days and hours: N/A

(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. ☐ Yes ☐ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

\*\* The applicant is allowed to stay open till 2am on 24 occasions during the year.

(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.

Name: Nilda Bracero Phone Number: (646) 358-3103

Alternate Contact: Phone Number:

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Sworn to this

29<sup>th</sup>

day of

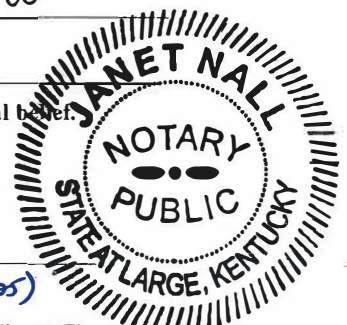
August, 2024

Notary Public

Dated

8/29/2024

#KYNP22228 (exp 2/10/2025)



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 3/2024**

1- Applicant Name

Theta 121 Corp

2- Establishment Name (Corporate & DBA)

Theta 121 Corp dba Blue Haven South

3- Address for Proposed License

121 Fulton Street

4- 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

5- Proposed Days/Hours of Operation

Mon - Thurs 11am-4am    Fri - Sat 11am-4am    Sun 11am-4am

4.1 What floor(s) is the establishment on? Ground floor and basement

6- Square Footage of Location Approx 8,000sf

7- Method of Operations (bar restaurant, Catering, etc)

Restaurant

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐ Rooftop, ☐ Terrace, or ☐ Other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No

9- Type of Music? ☐ Live ☒ Recorded ☒ DJ

10- Volume of Music? ☒ Background    ☐ Other

*(no sound from events, performances or music will be heard outside the premises or by neighbors)*

11- Where will the kitchen exhaust system vent to? Roof

12- Applicant's Previous Licensed Establishments and Addresses

1. Donnybrook - 35 Clinton Street    2. Blue Haven East - 493 3rd Ave  
3. Blue Haven - 108 W Houston St    4. Mugs Ale House - 125 Beford Ave  
5. 11th Street Bar - 510 E 11th Street    6. Lucky Jacks - 129 Orchard St

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, **Meghan Joye**, as a qualified representative of **Theta 121 Corp**, located at **121 Fulton Street**, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their **on premise liquor** license

(1) My requested hours of operation are **11a-4a** Monday – Thursday, **11a-4a** Friday – Saturday, **11a-4a** Sunday

(1.a) CB approved hours of operation **11AM-2AM** Sunday – Wednesday, **11AM-3AM** Thursday – 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, (please describe type of establishment):

**Restaurant** with full food service until **1** hour(s) before closing.

(3) I will install soundproofing (please describe type) \_\_\_\_\_

(please describe location) \_\_\_\_\_

(4) I will have: DJs ☒ 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 **10pm** Mon- Thur, **10pm** Fri - Sat **10pm** Sun.

☒ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of **8am-12pm**

(8) I will have garbage collected during the hours of **12am-6am on Ann Street**

(9) I will employ a doorman/security personnel on the following days and hours: **3-4 licensed security on wknds**

(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. ☐ Yes ☐ No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ☒

(14) I confirm that I have **0** violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

**I do not intend to apply for the DOT Dining Out NYC Program and this approval does not cover any future outdoor dining areas.**

**There are no other changes to the method of operation.**

**The CB has granted the applicant to remain open until 4am only for major international sporting events and the applicant will post notice to the community.**

(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.

Name: **Meghan Joye** Phone Number: **917-319-3933**

Alternate Contact: **Abby Dowd** Phone Number: **937-474-0251**

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed **Meghan Joye** Dated **10/11/2024**  
Sworn to this **1st** day of **October** **2024**  
Notary Public

FRANK W. PALILLO  
Notary Public, State of New York  
No. 24-4784182  
Qualified in Kings County  
Commission Expires April 30, 1927

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: Theta 121 Corp

Address: 121 Fulton Street

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will 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: SUNDAY THROUGH MONDAY BETWEEN 12AM-6AM

(4) I will have delivery of any event supplies, goods and services during the hours of 8am-12pm

(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.

(9) I agree to follow the conditions outlined in the resolution on security 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: Meghan Joye Phone Number: (917) 319-3933

Alternate Contact:

Phone Number:

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed Meghan Joye

Dated 09/04/2024

Sworn to this 4<sup>th</sup> day of SEPTEMBER 2024

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. 3/2024

