1-	Applicant Name Fi Di Hospitality Group Inc.
2-	Establishment Name (Corporate & DBA) 48 Wall Street Events
3-	Address for Proposed License 48 Wall Street
4-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor - Catering Establishment 7.1 Type of application New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change
5-	Proposed Days/Hours of Operation Wed Mon - Thus- Mon - Thus- Wet Mon - Wed Mon - Thus- Mon - Sun Mon - Midnight 4.1 What floor(s) is the establishment on? Ground floor (lobby/entrance), Concourse, Mezzanine
6- 7-	Square Footage of Location 10,000 total - 6000 Grand Mezzanine; 2000 Concourse; 2000 Ground Floor Method of Operations (bar restaurant, Catering, etc) Catering Establishment
8- (Outdoor Seating? Sidewalk Roadbed Rooftop, Terrace, or other outside N/A 8.1 Do you intend to apply for DOT Outdoor dining permit? Yes No
10 (n	* Type of Music? X Live X Recorded D D * Music and volume will vary by event *Volume of Music? D Background X Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11	- Where will the kitchen exhaust system vent to? n/a (warming kitchen only)
	- Applicant's Previous Licensed Establishments and Addresses
	None

Manhattan Community Board 1 Liquor License Stipulations ı. James Tardi as a qualified representative of Fi Di Hospitality Group Inc. . located at 48 Wall Street, New York, NY 10005 , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their <u>Catering Establishment</u> license Wednesday 10am-Thursday (1) My requested hours of operation are Midnight Monday - Thursday, 1am Kriday - Saturday, Midnight Sunday (1.a) CB approved hours of operation _Monday - Thursday, 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, (please describe type of establishment): Catering Establishment with full food service until _____ hour(s) before closing. -(3) I will install soundproofing (please describe type) (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 Tyes 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, I will not have open doors or windows. (7) I will have delivery of regular supplies, goods and services during the hours of <u>6am-10am</u> (8) I will have garbage collected during the hours of Monday-Saturday 11pm-3am (9) I will employ a doorman/security personnel on the following days and hours: Per event (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. n/a (15) I will (additionally): hours of operation Monday to Wednesday 10:00AM-12:00AM, Thursday to Saturday 10:00AM- 1:00AM and Sunday 10:00AM- 12:00AM. There will be patron dancing at certain events, but no other types of non musical entertainment, no outside seating, no ticket sales and no after parties.

(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: James Tardi, Jr. Phone Number: 516-993-3260

Alternate Confact Desmond Hvatt Phone Number: 347-306-4747

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

Signed

Sworn to this 20 day of Jopy GRUTEP Jopy GRUTEP No. 01GR6295637

Qualified in Nassau County

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant: These 2026 stipulations and board resolution shall supersede all other documents.

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: Fi Di Hospitality Group Inc. d/b/a 48 Wall Street Events		
Address: 48 Wall Street, New York, NY 10005			
(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical tenthal noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.	sting report. I will make sure		
(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pec	lestrian activity.		
(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal at collected on the follows days and hours: Monday-Saturday 11pm-3am	nd collection. Garbage will be		
(4) I will have delivery of any event supplies, goods and services during the hours of 6am-10a	am		
(5) Lighting that affects the security of the community and quality of life of nearby residents must b appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substant	e considered, and must be		
(6) I understand that I must submit a notice to the community board for a street activity permit for m least 45 days in advance	y licensed establishment at		
(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for a property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram of I am expanding to, and documentation confirming the municipal's approval to use the space. I also as stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.	detailing the municipal space		
(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 establishme congestion and unruly patrons.	ant to prevent noise,		

(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: James Tardi, Jr.	Phone Number: 516-993-3260		
Alternate Contact: Desmond Hyatt	Phone Number: 347-306-4747		
I hereby certify that the information provided above is t	ruthful and accurate based upon my nersonal helief.		
X Signed	Dated 25 Just Culi		
Sworn to this 22 day of Septemal	2025 JODY GRUTER Notary Public - State of New York		
	Notary Public Qualified in Nassau County		
Community Board 1 requests that the SLA add these stipula stipulations and board resolution shall supersede all other do	tions to the license of the above-mentioned applicant. These		

Rev. 3/2024

1-	Pier 17 F Restaurant, LLC			
2-	Establishment Name (Corporate & DBA) Flanker Kitchen + Sports Bar New York			
3-	- Address for Proposed License 89 South Street, #F101, New York, NY 10038			
4-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP			
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change			
5-	Proposed Days/Hours of Operation Mon - Weds Am-1am Thurs Fri- Sat Sam-2am Sun Sam-1am			
	4.1 What floor(s) is the establishment on? First Floor and Second Floor			
	10.088			
6-	Square Footage of Location 13,377			
7-	Method of Operations (bar restaurant, Catering, etc)			
	Bar/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			
(n	- Volume of Music? ☑ Background ☐ Other o sound from events, performances or music will be heard outside the premises or by ighbors)			
11	- Where will the kitchen exhaust system vent to? open space on facade of building			
	- Applicant's Previous Licensed Establishments and Addresses			

Several affiliated licenses throughout the Seaport

Manhattan Community Roar	d 1 Liquor License Stipulations
	ntative of Pier 17 F Restaurant LLC,
	, New York, New York, agree to
the following stipulations for the applicant's Method of Ope	
(1) My requested hours of operation are 8a-1a Monday - (1.a) CB approved hours of operation Amonday (1 understand this to mean that all patrons will be clear	
(2) I will operate a full-service, (please describe type of establis Bar/Tavern	hment): with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type) Acoust	
(please describe location)	
background music.	Scheduled performances Yes No nd levels only. If it can be heard outside, or by neighbors, it is not
(6) I will close all doors and windows by N/A	Mon- Thur, N/A Fri - Sat N/A Sun.
✓ I will not have open doors or windows.	N/A
(7) I will have delivery of regular supplies, goods and services of	uring the hours of 6am-10pm
(8) I will have garbage collected during the hours of 10pm-6	am
(9) I will employ a doorman/security personnel on the following	
(10) I will actively manage crowds congregating on the stree	at night, to minimize disturbances to residents.
	d 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 <u>0</u> violations from previous	establishments for which I have served as a principal.
(15) I will (additionally):	
have no more than 30 buyouts per year and there will be private events but no other types of non-musical entertain	no outdoor seating. There will be dancing only for iment.
(16) Residents may contact the manager/owner at the below nur the above-stated method of operation if necessary in order to m	nber. Complaints will be addressed immediately and I will revisit nimize my establishment's impact on my neighbors.
Name: Matt Partridge	Phone Number: 646-762-4791
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is truth	
LIPH	8-19-25
Signed	Dated
Sworn to this 19th day of August 2	025 Fretteral
,	y 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.

Notary Public

LISETTE GONZALEZ

NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01GO6207103

Qualified in New York County

Commission Expires June 8, 2029

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: PIET 17 F RESTAURANT LLC	
Address: 89 South Street, #F101, New York, NY	
(1) I will follow the recommendations made by the sound engineer and that noise including sound and bass vibrations cannot be heard outside	
(2) I will take the steps outlined in the resolution and in the traffic plan	n to manage vehicular and pedestrian activity.
(3) I will follow and abide by the conditions set forth in the resolution collected on the follows days and hours: 10pm-6am	regarding garbage disposal and collection. Garbage will be
(4) I will have delivery of any event supplies, goods and services during	ng the hours of 6am-10pm
(5) Lighting that affects the security of the community and quality of lappropriately lit while not attracting unsavory elements (e.g. rodents, for	
(6) I understand that I must submit a notice to the community board folleast 45 days in advance	r a street activity permit for my licensed establishment at
(7) I understand that I must appear before the Licensing & Permits Corproperty and provide proof of receipt of the 30-day Standardized Notice I am expanding to, and documentation confirming the municipal's appoint stipulations sheet outlining the conditions that must be adhered to for the standard of	ce form, a block plot diagram detailing the municipal space roval 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 securi congestion and unruly patrons.	ty oversight of the establishment to prevent noise,
(10) I will (additionally):	
15) Residents may contact the manager/owner at the below number. On the above-stated method of operation if necessary in order to minimize Name: Matt Partridge	
Alternate Contact:	Phone Number:
hereby certify that the information provided above is truthful and	a accurate based upon my personal belief.
	8 19 25
Signed	Dated
Sworn to this 19th day of August, 2025	Juste Spal
Notary Pul	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.

LISETTE GONZALEZ^{eV-3/2024}

NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01G06207103

Qualified in New York County

Commission Expires June 8, 2029

1- Applicant Name	
MICHAEL DE ROSE	
2- Establishment Name (Corporate & DBA)	
WILLETTS-NYC UC DA THE BROWN WATER WELL, THE BOOTH + BARRET THE LAMP POST TOWERN, CAFE SPINONE 21-25 FULLON ST.	BAR
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	
Proposed Days/Hours of Operation WEB Mon - Thurs Sun SAm - 12Am Fri - Sat SAm - 1 Am 4.1 What floor(s) is the establishment on? 157 + 2~d FLOORS	
6- Square Footage of Location 4 855	
7- Method of Operations (bar restaurant, Catering, etc)	
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 (JAZZ PIANO) OCCASIONAL AC	الم الالالا
10- Volume of Music?	
11- Where will the kitchen exhaust system vent to? Ros F	-
12- 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.

NUNE

Manhattan Community Board 1 Liquor License Stipulations 1. MICHAEL DEROSE, as a qualified representative of WILLETTS - NYE LLC located at 21 - 25 FULTON ST., New York, New York, agree to the following stipulations for the applicant's Method of Operation for their FULL LIGUOR (1) My requested hours of operation are San 124m Monday - Thursday, Pam - 1Am Friday - Saturday San - 127m Sunday (1.a) CB approved hours of operation 8a-12a Monday - Thursday, 8a-1a Friday - Saturday, 8a-12a 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): with full food service until __l__hour(s) before closing. RESTANGENT (3) I will install soundproofing (please describe type) CEILIJC SOUND PROOFING DETWEEN ZNd + 3rd ful (please describe location) (4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No Scheduled performances Yes No Promoted events Yes No Cover events Yes Wio (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 I will not have open doors or windows. (8) I will have garbage collected during the hours of 7 Am - 8 Am (9) I will employ a doorman/security personnel on the following days and hours: 3 DOORMEN THUS - SAT (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. I will not apply for a sidewalk café license until at least a year after beginning operation. I will conspicuously post this stipulation form beside my liquor license inside of my business. I confirm that I have _______ violations from previous establishments for which I have served as a principal. State of New York County of New York I will (additionally): (15)(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. Phone Number: 212-600-2964 Notary Public, State of New York Phone Number: 646.957-578 Jenice Hernandez ded above is truthful and accurate based upon my personal belief. 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.

Commission Expires May 22, 2029 UPS Store 82 Nassau St NY, NY 10038 Qualified in Bronx, Cert. Kings, NY Counties

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: WILLETTS - NYC LLC
Address: 21-25 FULTON ST.
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: MONDAY, WEARSDAY + SATURDAY 74n - Earn
4) I will have delivery of any event supplies, goods and services during the hours of 7Am - 117m
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) Carneras 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):
State of New York
(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: Midrul A Iclor Phone Number: 212-600-2964 Alternate Contact: Chairman Phone Number: MC-957-5731 Thereby certify that the information provided above is truthful and accurate based upon my personal belief. Black Signed Dated Dated
Alternate Contact:
Thereby certify that the information provided above is truthful and accurate pased upon my personal pelief. Signed Cont. Kings. Expires May 2. Cont. Kings. Expires May 2. Cont. Kings.
Signed Dated

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.

Commission Expires May 22, 2029
The UPS Store 82 Nassau St NY, NY 10038 Qualified in Bron

Rev. 3/2024

1-	FERRY BOATS DONUTS LLC		
2-	- Establishment Name (Corporate & DBA) SANDY GROUND FERRY BOATS TAVERN		
3-	Address for Proposed License 4 SOUTH STREET, SPACE #203 WHITEHALL TERMINAL, NY, NY 10004		
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR		
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change		
5-	Proposed Days/Hours of Operation		
	Mon-Thurs 8 am - 8 pm Fri-Sat 8 am - 8 pm Sun 8 am - 8 pm		
	4.1 What floor(s) is the establishment on? DECK #2		
	Square Footage of Location 145 SQ FT Method of Operations (bar restaurant, Catering, etc)		
	TAVERN LOCATED ON STATEN ISLAND FERRY BOATS		
8- (Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes 図 No		
9-	Type of Music? □ Live □ Recorded □ DJ		
(no	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)		
11-	- Where will the kitchen exhaust system vent to? N/A		
12	- Applicant's Previous Licensed Establishments and Addresses		
	58A Fulton Taco Bell LLC, D/B/A Taco Bell Cantina 58A Fulton Street, NY, NY 10038-Serial #1318730 230 Varick Taco Bell LLC, D/B/A Taco Bell Cantina 230 Varick Street, NY, NY 10014- Serial #1325068		

I, SUHAIL SITAF , as a qualified representative of Ferry E	Boats Donuts LLC dba Sandy Ground		
1 Courts Ctroot #202	, New York, New York, agree to		
the following stipulations for the applicant's Method of Operation for their $\frac{ \mathbf{i} }{ \mathbf{i} }$	quor, wine, beer & cider license		
(1) My hours of operation will be <u>8am-8pm</u> Sunday – Thursday and understand this to mean that all patrons will be cleared from the establishment at the	he specified hour).		
(2) I will operate a full-service restaurant, (please describe type of restaurant): tav	/ern on a passenger vessel		
with full fo (3) I will install soundproofing (please describe type and locations) N/A	od service until hour(s) before closing.		
(4) I will have: DJs □Yes ⊠No Live music □Yes ⊠No Recorded Music □Yes	Mo Dancing □Yes Mo		
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 is not background music.	. If it can be heard outside, or by neighbors, it		
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. ☐ Fri-Sat. ☐ I will close all doors and windows bySun-Thurs and Fri-Sat.	will not have French doors or windows.		
(7) I will have delivery of supplies, goods and services during the hours of 11:00AM			
(8) I will employ a doorman/security personnel on the following days and hours:	V/A		
(9) I will actively manage crowds congregating on the street at night, to minimize of	disturbances to residents.		
(10) I will not apply to the SLA for an alteration to the method of operation agreed Community Board 1. \boxtimes	to by this stipulation without first notifying		
(11) I will not apply for a sidewalk café license until at least a year after beginning	operation. □Yes □No N/A		
(12) I will conspicuously post this stipulation form beside my liquor license inside	of my business.		
(13) I confirm that I have violations from previous establishments for whi	ich I have served as a principal.		
(14) I will (additionally):			
(15) Residents may contact the manager/owner at the below number. Complaints with the above-stated method of operation if necessary in order to minimize my established.	vill be addressed immediately and I will revisit hment's impact on my neighbors.		
Name: SUHAIL SITAF Phone Num	_{aber:} 212-619-1222		
	e Number: 917-680-0335		
I hereby certify that the information provided above is truthful and accurate based upon my personal beliefAngelika Leon			
Sul Sul 91	Notary Public, State of New York Reg. No. 01LE6396624 Qualified in Bronx County Commission Expires 08/26/2027		
Signed Dated	Commission Expires 08/26/2027		
Sworn to this 23 day of Skl Which 1015 know	ina Rear		
Notary Public 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. 9/2023

1-	FERRY BOATS DONUTS LLC		
2-	- Establishment Name (Corporate & DBA) MICHAEL H. OLLIS FERRY BOATS TAVERN		
3-	Address for Proposed License 4 SOUTH STREET, SPACE #203 WHITEHALL TERMINAL, NY, NY 10004		
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR		
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change		
5-	Proposed Days/Hours of Operation		
	Mon-Thurs 8 am - 8 pm Fri-Sat 8 am - 8 pm Sun 8 am - 8 pm		
	4.1 What floor(s) is the establishment on? DECK #2		
	Square Footage of Location 145 SQ FT Method of Operations (bar restaurant, Catering, etc)		
	TAVERN LOCATED ON STATEN ISLAND FERRY BOATS		
8- (Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes 図 No		
9-	Type of Music? □ Live □ Recorded □ DJ		
(no	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)		
11	- Where will the kitchen exhaust system vent to? $\overline{{ m N/A}}$		
12	- Applicant's Previous Licensed Establishments and Addresses		
	58A Fulton Taco Bell LLC, D/B/A Taco Bell Cantina 58A Fulton Street, NY, NY 10038-Serial #1318730 230 Varick Taco Bell LLC, D/B/A Taco Bell Cantina 230 Varick Street, NY, NY 10014- Serial #1325068		

I, SUHAIL SITAF	, as a qualified representative of _	Ferry Boats Donuts L	LC dba Michael H. Ollis	
located at 4 South Street, #203		, New You	k, New York, agree to	
the following stipulations for the appli	icant's Method of Operation for	their liquor, wine, be	eer & cider license	
(1) My hours of operation will be 8am understand this to mean that all patrons	will be cleared from the establishm	ent at the specified hour		
(2) I will operate a full-service restauran	t, (please describe type of restaurar	_{nt):} tavern on a pas	senger vessel	
		n full food service until	hour(s) before closing.	
(3) I will install soundproofing (please d	escribe type and locations) N/A			
(4) I will have: DJs □Yes ☑No Live n	nusic 🗆 Yes 🗷 No Recorded Musi	c □Yes ⊠No	Dancing □Yes ⊠No	
Promoted events □Yes ☑No	Cover fee events □Yes ♥No	Sched	uled performances □Yes ☒No	
(5) Volume of all music, events or perfo is not background music.	rmances will be at background leve	els only. If it can be hear	rd outside, or by neighbors, it	
(6) I will close all doors and windows by	ySun-Thurs and Fri-S	at. I will not have Free	ench doors or windows.	
(7) I will have delivery of supplies, good 11:00AM	ls and services during the hours of			
(8) I will employ a doorman/security per	rsonnel on the following days and h	nours: N/A		
(9) I will actively manage crowds congre	egating on the street at night, to min	nimize disturbances to r	esidents. 🖂	
(10) I will not apply to the SLA for an all Community Board 1. \boxtimes	teration to the method of operation	agreed to by this stipul	ation without first notifying	
(11) I will not apply for a sidewalk café	license until at least a year after be	ginning operation. □Ye	s □No N/A	
(12) I will conspicuously post this stipul	ation form beside my liquor license	e inside of my business.	\boxtimes	
(13) I confirm that I have viola	tions from previous establishments	for which I have served	l as a principal.	
(14) I will (additionally):				
(15) Residents may contact the manager, the above-stated method of operation if i				
Name: SUHAIL SITAF	Pho	one Number: 212-619	-1222	
Alternate Contact: DEAN MARINO		_ Phone Number: _917	-680-0335	
I hereby certify that the information p	provided above is truthful and ac	curate based upon my	personal belief.	
			Note - Dublic State of Now York	
SIM Sud		9 23 25	Reg. No. 01LE6396624	
Signed		Dated	Qualified in Bronx County Commission Expires 08/26/2027	
Signed Sworn to this 23 day of 368	TIMBER 2005 10	A chiam	10AA	
day of iso.	Notary Public	my ne		

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. 9/2023

1-	FERRY BOATS DONUTS LLC		
2-	Establishment Name (Corporate & DBA) GUY MOLINARI FERRY BOATS TAVERN		
3-	Address for Proposed License 4 SOUTH STREET, SPACE #203 WHITEHALL TERMINAL, NY, NY 10004		
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR		
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change		
5-	Proposed Days/Hours of Operation		
	Mon-Thurs 8 am - 8 pm Fri-Sat 8 am - 8 pm Sun 8 am - 8 pm		
	4.1 What floor(s) is the establishment on? DECK #2		
	Square Footage of Location 345 SQ FT Method of Operations (bar restaurant, Catering, etc)		
	TAVERN LOCATED ON STATEN ISLAND FERRY BOATS		
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		
(n	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)		
11	- Where will the kitchen exhaust system vent to? N/A		
12	- Applicant's Previous Licensed Establishments and Addresses		
	58A Fulton Taco Bell LLC, D/B/A Taco Bell Cantina 58A Fulton Street, NY, NY 10038-Serial #1318730 230 Varick Taco Bell LLC, D/B/A Taco Bell Cantina 230 Varick Street, NY, NY 10014- Serial #1325068		

I, SUHAIL SITAF , as a qualified representative	e of Ferry Boats Donuts LLC dba Guy Molinary
located at 4 South Street, #203	, New York, New York, agree to
the following stipulations for the applicant's Method of Operation	for their liquor, wine, beer & cider license
(1) My hours of operation will be 8am-8pm Sunday – Thurs understand this to mean that all patrons will be cleared from the establi	shment at the specified hour).
(2) I will operate a full-service restaurant, (please describe type of restaurant,	urant): tavern on a passenger vessel
(3) I will install soundproofing (please describe type and locations) N/	with full food service until hour(s) before closing. /A
(4) I will have: DJs □Yes ♥No Live music □Yes ♥No Recorded M	Music □Yes ☒No Dancing □Yes ☒No
Promoted events □Yes ☑No Cover fee events □Yes ☑No	o Scheduled performances □Yes ♠No
(5) Volume of all music, events or performances will be at background is not background music.	levels only. If it can be heard outside, or by neighbors, it
(6) I will close all doors and windows bySun-Thurs and F(7) I will have delivery of supplies, goods and services during the hours 11:00AM	
(8) I will employ a doorman/security personnel on the following days a	nd hours: N/A
(9) I will actively manage crowds congregating on the street at night, to	o minimize disturbances to residents.
(10) I will not apply to the SLA for an alteration to the method of opera Community Board 1. \boxtimes	tion agreed to by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at least a year after	r beginning operation. □Yes □No N/A
(12) I will conspicuously post this stipulation form beside my liquor lic	ense inside of my business.
(13) I confirm that I have violations from previous establishment	ents for which I have served as a principal.
(14) I will (additionally):	
(15) Residents may contact the manager/owner at the below number. Co the above-stated method of operation if necessary in order to minimize	omplaints will be addressed immediately and I will revisit my establishment's impact on my neighbors.
Name: SUHAIL SITAF	Phone Number: 212-619-1222
Alternate Contact: DEAN MARINO	Phone Number: 917-680-0335
I hereby certify that the information provided above is truthful and	accurate based upon my personal belief. Angelika Leon
Sul Soff	Notary Public, State of New York Reg. No. 01LE6396624 Qualified in Bronx County Commission Expires 08/26/202
Signed	Dated Commission Expires 08/26/202
Sworn to this 23 day of Sign Williams 2015	
Notary Pub	
riotary r tio	AND COLUMN TO SERVICE

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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1-	FERRY BOATS DONUTS LLC			
2-	Establishment Name (Corporate & DBA) DOROTHY DAY FERRY BOATS TAVERN			
3-	Address for Proposed License 4 SOUTH STREET, SPACE #203 WHITEHALL TERMINAL, NY, NY 10004			
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR			
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change			
5-	Proposed Days/Hours of Operation			
	Mon - Thurs 8 am - 8 pm Fri - Sat 8 am - 8 pm Sun 8 am - 8 pm			
	4.1 What floor(s) is the establishment on? DECK #2			
6-	Square Footage of Location 145 SQ FT			
7-	Method of Operations (bar restaurant, Catering, etc)			
	TAVERN LOCATED ON STATEN ISLAND FERRY BOATS			
8- (Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes 図 No			
9-	Type of Music? □ Live □ Recorded □ DJ			
(n	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)			
11	- Where will the kitchen exhaust system vent to? N/A			
12	- Applicant's Previous Licensed Establishments and Addresses			
	58A Fulton Taco Bell LLC, D/B/A Taco Bell Cantina 58A Fulton Street, NY, NY 10038-Serial #1318730 230 Varick Taco Bell LLC, D/B/A Taco Bell Cantina 230 Varick Street, NY, NY 10014- Serial #1325068			

Manhattan Community Board 1 Liquor License Stipulations , as a qualified representative of Ferry Boats Donuts LLC dba Dorothy Day I. SUHAIL SITAF located at 4 South Street, #203 , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their liquor, wine, beer & cider license (1) My hours of operation will be 8am-8pm Sunday - Thursday and 8am-8pm 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): tavern on a passenger vessel with full food service until 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 Recorded Music □Yes ▼No Dancing Tyes No Promoted events □Yes ☑No Cover fee events Tyes 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 music. (6) I will close all doors and windows by ____Sun-Thurs and ____ Fri-Sat. I will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of 11:00AM (8) I will employ a doorman/security personnel on the following days and hours: N/A (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (10) 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. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. □Yes □No N/A (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have ______ violations from previous establishments for which I have served as a principal. (14) I will (additionally): (15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit SUHAII SITAE 242 640 4000

the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: OFFAIL OFFAI	Phone Number: 212-019-1222
Alternate Contact: DEAN MARINO	Phone Number: 917-680-0335
I hereby certify that the information provided above	e is truthful and accurate based upon my personal belief. Angelik

a Leon

Signed

Notary Public, State of New York Reg. No. 01LE6396624 Qualified in Bronx County Commission Expires 08/26/2027

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. 9/2023

1-	FERRY BOATS DONUTS LLC			
2-	Establishment Name (Corporate & DBA) SPIRIT OF AMERICA FERRY BOATS TAVERN			
3-	Address for Proposed License 4 SOUTH STREET, SPACE #203 WHITEHALL TERMINAL, NY, NY 10004			
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR			
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change			
5-	Proposed Days/Hours of Operation			
	Mon-Thurs 8 am - 8 pm Fri-Sat 8 am - 8 pm Sun 8 am - 8 pm			
	4.1 What floor(s) is the establishment on? DECK #2			
	Square Footage of Location 345 SQ FT Method of Operations (bar restaurant, Catering, etc)			
	TAVERN LOCATED ON STATEN ISLAND FERRY BOATS			
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			
(no	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)			
11	- Where will the kitchen exhaust system vent to? N/A			
12	- Applicant's Previous Licensed Establishments and Addresses			
	58A Fulton Taco Bell LLC, D/B/A Taco Bell Cantina 58A Fulton Street, NY, NY 10038-Serial #1318730 230 Varick Taco Bell LLC, D/B/A Taco Bell Cantina 230 Varick Street, NY, NY 10014- Serial #1325068			

I, SUHAIL SITAF , as a qualified representative of _	Ferry Boats Donuts LLC	C dba Spirit of America
located at 4 South Street, #203	, New York	, New York, agree to
the following stipulations for the applicant's Method of Operation for the	their liquor, wine, bee	er & cider license
(1) My hours of operation will be <u>8am-8pm</u> Sunday – Thursday understand this to mean that all patrons will be cleared from the establishment	ent at the specified hour).	_ Friday – Saturday (I
(2) I will operate a full-service restaurant, (please describe type of restaurant	ıt): tavern on a passe	enger vessel
	ı full food service until	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 Recorded Music		Dancing □Yes ⊠No
Promoted events □Yes ⊠No Cover fee events □Yes ⊠No		ed performances □Yes ⊠No
(5) Volume of all music, events or performances will be at background level is not background music. \boxtimes	els only. If it can be heard	outside, or by neighbors, it
(6) I will close all doors and windows bySun-Thurs and Fri-S	at. ⊠I will not have Frenc	ch doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of 11:00AM		
(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 min	nimize disturbances to resi	idents. 🛛
(10) I will not apply to the SLA for an alteration to the method of operation Community Board 1. \boxtimes	agreed to by this stipulati	on without first notifying
(11) I will not apply for a sidewalk café license until at least a year after beg	ginning operation. □Yes 〔	INO N/A
(12) I will conspicuously post this stipulation form beside my liquor license	inside of my business.	
(13) I confirm that I have violations from previous establishments	for which I have served a	s a principal.
(14) I will (additionally):		
(15) Residents may contact the manager/owner at the below number. Comp.	lainte will be addressed in	amediately and I will ravisit
the above-stated method of operation if necessary in order to minimize my e	establishment's impact on	my neighbors.
Name: SUHAIL SITAF	ne Number: 212-619-1	222
· · · · · · · · · · · · · · · · · · ·		
	Phone Number: 917-6	
I hereby certify that the information provided above is truthful and acc	urate based upon my pe	rsonal belief
Su sol		Natory Dublic State of New York
Signed	Dated	Reg. No. 01LE6396624 Qualified in Bronx County Commission Expires 08/26/2027
Sworn to this 13 day of Significant Land 1995 to	A shirly	ugu
Notary Public		I

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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1-	FERRY BOATS DONUTS LLC			
2-	Establishment Name (Corporate & DBA) THE SAMUEL I. NEWHOUSE FERRY BOATS TAVERN Address for Proposed License 4 SOUTH STREET, SAPCE #203 WHITEHALL TERMINAL, NY, NY 10004			
3-				
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR			
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change			
5-	Proposed Days/Hours of Operation			
	Mon-Thurs 8 am - 8 pm Fri-Sat 8 am - 8 pm Sun 8 am - 8 pm			
	4.1 What floor(s) is the establishment on? DECK #3			
	Square Footage of Location 626 SQ FT Method of Operations (bar restaurant, Catering, etc)			
	TAVERN LOCATED ON STATEN ISLAND FERRY BOATS			
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			
(no	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)			
11	- Where will the kitchen exhaust system vent to? $\overline{{ m N/A}}$			
12	- Applicant's Previous Licensed Establishments and Addresses			
	58A Fulton Taco Bell LLC, D/B/A Taco Bell Cantina 58A Fulton Street, NY, NY 10038-Serial #1318730 230 Varick Taco Bell LLC, D/B/A Taco Bell Cantina 230 Varick Street, NY, NY 10014- Serial #1325068			

I, SUHAIL SITAF	as a qualified representative of Ferry	Boats Donuts LLC	dba Samuel I. Newhouse	
located at 4 South Street, #203	r		New York, agree to	
the following stipulations for the applic	ne following stipulations for the applicant's Method of Operation for their liquor, wine, beer & cider license			
(1) My hours of operation will be <u>8am</u> -understand this to mean that all patrons w	rill be cleared from the establishment at t	the specified hour).	Friday – Saturday (I	
(2) I will operate a full-service restaurant,	(please describe type of restaurant): ta	vern on a passen	ger vessel	
	with full for	ood service until	hour(s) before closing.	
(3) I will install soundproofing (please de	scribe type and locations) N/A			
(4) I will have: DJs □Yes ☑No Live m	nsic □Yes ⊠No Recorded Music □Ye	s XINo Da	ancing UYes No	
Promoted events □Yes ⊠No	Cover fee events □Yes ♠No	Scheduled	performances □Yes ■No	
(5) Volume of all music, events or perform is not background music.	nances will be at background levels only	y. If it can be heard or	utside, or by neighbors, it	
(6) I will close all doors and windows by	Sun-Thurs and Fri-Sat. ≱I	will not have French	doors or windows.	
(7) I will have delivery of supplies, goods 11:00AM	and services during the hours of			
(8) I will employ a doorman/security personal	onnel on the following days and hours:	N/A		
(9) I will actively manage crowds congreg	gating on the street at night, to minimize	disturbances to resid	ents. 🗵	
(10) I will not apply to the SLA for an alte Community Board 1. ⊠	eration to the method of operation agreed	d to by this stipulation	n without first notifying	
(11) I will not apply for a sidewalk café li-	cense until at least a year after beginning	g operation. 🗆 Yes 🖵	No N/A	
(12) I will conspicuously post this stipulat	ion form beside my liquor license inside	e of my business.		
(13) I confirm that I have violation	ons from previous establishments for wh	nich I have served as	a principal.	
(14) I will (additionally):	•			
(15) Residents may contact the manager/o the above-stated method of operation if ne	wner at the below number. Complaints were seen as the below number of the complaints where the complaints where the below number.	will be addressed imm shment's impact on n	nediately and I will revisit ny neighbors.	
Name: SUHAIL SITAF	Phone Nu	mber: 212-619-12	22	
Alternate Contact: DEAN MARINO	Phon	ne Number: 917-68	0-0335	
I hereby certify that the information pr	ovided above is truthful and accurate	based upon my pers	onal belief. Angelika Leon	
Jul Sul			Natary Dublic State of New York	
Signed			Reg. No. 01LE6396624 Qualified in Bronx County Commission Expires 08/26/2027	
Sworn to this 13 day of 8 KS	MINESCAL LOSS FAIR	ed apple	OV /	

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. 9/2023

Notary Public