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

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

Mon - Thurs Wed **10am-Midnight** Thus-Fri - Sat **10am-1am** Sun **10am-Midnight**

4.1 What floor(s) is the establishment on? **Ground floor (lobby/entrance), Concourse, Mezzanine**

6- Square Footage of Location **10,000 total - 6000 Grand Mezzanine; 2000 Concourse; 2000 Ground Floor**

7- 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

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

10-* Volume of Music? ☒ Background ☒ Other

*** Music and volume will vary by event**

(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 (warming kitchen only)**

12- Applicant's Previous Licensed Establishments and Addresses

None

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, 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 Catering Establishment license

(1) My requested hours of operation are 10am-Midnight Monday – Thursday, Wednesday 10am-1am Friday – Saturday, Thursday 10am-Midnight 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):
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: 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 6am-10am

(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. ☐ 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. 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 Contact: Desmond Hyatt Phone Number: 347-306-4747

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

X _____ Dated 9/22/25

Signed

Sworn to this 22 day of September 2025

Notary Public

JODY GRUTER
Notary Public - State of New York
NO. 01GR6295637
Qualified in Nassau County
My Commission Expires Nov 6, 2026

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: 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 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- Saturday 11pm-3am

(4) I will have delivery of any event supplies, goods and services during the hours of 6am-10am

(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: 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 truthful and accurate based upon my personal belief.

X _____ 9/22/25

Signed Dated

Sworn to this 22 day of September 2025

_____

Notary Public

JODY GRUTER
Notary Public - State of New York
NO. 01GR6295637
Qualified in Nassau County
My Commission Expires Jan 6, 2026

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

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

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

5- Proposed Days/Hours of Operation

Mon - ~~Thurs~~ Weds **8am-1am** ~~Fri~~ Thurs - Sat **8am-2am** Sun **8am-1am**

4.1 What floor(s) is the establishment on? **First Floor and Second Floor**

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

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? **open space on facade of building**

12- Applicant's Previous Licensed Establishments and Addresses

Several affiliated licenses throughout the Seaport

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, Matt Partridge, as a qualified representative of **Pier 17 F Restaurant LLC**, located at **89 South Street, #F101**, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their **OP Liquor - Bar/Tavern** license

(1) My requested hours of operation are 8a-1a Monday – ~~Thursday~~ Wednesday, 8a-2a ~~Friday~~ Thursday – Saturday, 8a-1a Sunday

(1.a) CB approved hours of operation 8AM-1AM **Monday –** ~~Thursday~~ wednesday, 8am-2am **– Saturday,** 8am-1am **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 with full food service until _____ ~~hour(s) before~~ closing.

(3) I will install soundproofing (please describe type) **Acoustic Drywall**

(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 **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 during the hours of **6am-10pm**

(8) I will have garbage collected during the hours of **10pm-6am**

(9) I will employ a doorman/security personnel on the following days and hours: **Seaport Security Personnel**

(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):

have no more than 30 buyouts per year and there will be no outdoor seating. There will be dancing only for private events but no other types of non-musical entertainment.

(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: Matt Partridge Phone Number: 646-762-4791

Alternate Contact: _____ Phone Number: _____

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

MPH 8-19-25

Signed Dated

Sworn to this 19th day of August, 2025 Lisette Gonzalez

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

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: Pier 17 F Restaurant LLC

Address: 89 South Street, #F101, New York, NY

(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: **10pm-6am**

(4) I will have delivery of any event supplies, goods and services during the hours of **6am-10pm**

(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: Matt Partridge Phone Number: 646-762-4791

Alternate Contact: _____ Phone Number: _____

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

_____ 8/19/25

Signed Dated

Sworn to this 19th day of August, 2025 _____

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.

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 Application Questionnaire
Summary Revised 3/2024

1- Applicant Name
MICHAEL DE ROSE

2- Establishment Name (Corporate & DBA)
WILLETTS - NYC LLC DBA THE BROWN WATER WELL, THE BOOTH + BARREL BAR, THE LAMP POST TAVERN, CAFE SPINONE

3- Address for Proposed License
21 - 25 FULTON ST.

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~~ WED 8Am - 12Am Fri - Sat THURS 8Am - 1Am Sun 8Am - 12Am

4.1 What floor(s) is the establishment on? 1st + 2nd FLOORS

6- Square Footage of Location 4855

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 (JAZZ PIANO) OCCASIONAL ACOUSTIC JAZZ

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
NONE

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, MICHAEL DEROSE, as a qualified representative of WILLETTS - NYC 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 LIQUOR license

(1) My requested hours of operation are 8AM-12AM Monday – ~~Thursday~~ WED, 8AM-1AM Friday – Saturday THURS, 8AM-12AM 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):
RESTAURANT with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type) CEILING SOUNDPROOFING
(please describe location) BETWEEN 2nd + 3RD FLR.

(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 7Am - 11Am

(8) I will have garbage collected during the hours of 7Am - 8Am

(9) I will employ a doorman/security personnel on the following days and hours: 2 DOORMEN THURS - 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. ☒

(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: Michael A. DeRose Phone Number: 212-600-2964

Alternate Contact: Christine V. DeRose Phone Number: 646.957-5781

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

X _____ 8/22/2025
Signed Dated

Sworn to this 22 day of Aug 2025 _____
Notary Public

State of New York
County of New York

Jenice Hernandez
Notary Public, State of New York
No. 01HE6359254
Qualified in Bronx, Cert. Kings, NY Counties
Commision Expires May 22, 2029
The UPS Store 82 Nassau St NY, NY 10038

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: 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, WEDNESDAY + SATURDAY 7Am - 6Am

(4) I will have delivery of any event supplies, goods and services during the hours of 7Am - 11Am

(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: Michael A DeRose Phone Number: 212-600-2964

Alternate Contact: Christine V. DeRose Phone Number: 646-957-5791

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

X _____ 8/22/2025

Signed Dated

Sworn to this 22 day of AUG 2025 _____

Notary Public

Jenice Hernandez
Notary Public, State of New York
No. 01HE6359254
Qualified in Bronx, Cert. Kings, NY Counties
Commision Expires May 22, 2029
The UPS Store 82 Nassau St NY, NY 10038

State of New York
County of New York

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

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

☒New ☐Alteration ☐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 ☒ 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

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

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, SUHAIL SITAF **, as a qualified representative of** Ferry Boats Donuts LLC dba Sandy Ground **,**
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 ☐Yes ☒No
Promoted events ☐Yes ☒No Cover fee events ☐Yes ☒No Scheduled performances ☐Yes ☒No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background 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 the above-stated method of operation if necessary in order to minimize 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.

Signed

9/23/25
Dated

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

Sworn to this 23 day of SEPTEMBER 2025 Angelika Leon
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

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

1- Applicant Name

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

☒New ☐Alteration ☐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 ☒ 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

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

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, SUHAIL SITAF **, as a qualified representative of** Ferry Boats Donuts LLC dba Michael H. Ollis **,**
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 ☐Yes ☒No
Promoted events ☐Yes ☒No Cover fee events ☐Yes ☒No Scheduled performances ☐Yes ☒No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background 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 the above-stated method of operation if necessary in order to minimize 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.

Signed 9/23/25 Dated

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

Sworn to this 23 day of SEPTEMBER 2025 Angelika Leon
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

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

1- Applicant Name

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

☒New ☐Alteration ☐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 **345 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 ☒ 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

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

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, SUHAIL SITAF **, as a qualified representative 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 – 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 ☐Yes ☒No
Promoted events ☐Yes ☒No Cover fee events ☐Yes ☒No Scheduled performances ☐Yes ☒No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background 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 the above-stated method of operation if necessary in order to minimize 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
Notary Public, State of New York
Reg. No. 01LE6396624
Qualified in Bronx County
Commission Expires 08/26/2027

Signed 9/23/25 Dated

Sworn to this 23 day of SEPTEMBER 2025 Angelika Leon
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

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

1- Applicant Name

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

☒New ☐Alteration ☐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 ☒ 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

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

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, SUHAIL SITAF, **as a qualified representative of** Ferry Boats Donuts LLC dba Dorothy Day, **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 ☐Yes ☒No
Promoted events ☐Yes ☒No Cover fee events ☐Yes ☒No Scheduled performances ☐Yes ☒No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background 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 the above-stated method of operation if necessary in order to minimize 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.

Signed 9/23/25 Dated

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

Sworn to this 23 day of SEPTEMBER 2025 Angelika Leon
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

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

1- Applicant Name

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

☒New ☐Alteration ☐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 **345 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 ☒ 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

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

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Manhattan Community Board 1 Liquor License Stipulations

I, SUHAIL SITAF **, as a qualified representative of** Ferry Boats Donuts LLC 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 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 ☐Yes ☒No
Promoted events ☐Yes ☒No Cover fee events ☐Yes ☒No Scheduled performances ☐Yes ☒No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background 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 the above-stated method of operation if necessary in order to minimize 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.

Signed

9/23/25
Dated

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

Sworn to this 23 day of SEPTEMBER 2025 Angelika Leon
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

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

1- Applicant Name

FERRY BOATS DONUTS LLC

2- Establishment Name (Corporate & DBA)

THE SAMUEL I. NEWHOUSE FERRY BOATS TAVERN

3- Address for Proposed License

4 SOUTH STREET, SAPCE #203 WHITEHALL TERMINAL, NY, NY 10004

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 **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**

6- Square Footage of Location **626 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 ☒ 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

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

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Manhattan Community Board 1 Liquor License Stipulations

I, SUHAIL SITAF **, as a qualified representative of** Ferry Boats Donuts LLC dba Samuel I. Newhouse **,**
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 ☐Yes ☒No
Promoted events ☐Yes ☒No Cover fee events ☐Yes ☒No Scheduled performances ☐Yes ☒No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background 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 the above-stated method of operation if necessary in order to minimize 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.

Signed 9/23/25 Dated

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

Sworn to this 23 day of SEPTEMBER 2025 Angelika Leon
Notary Public

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