## Manhattan Community Board 1 Liquor License Stipulations as a qualified representative of the following stipulations for the applicant's Method of Operation: //- /AULSunday - Thursday and (1) My hours of operation will be (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): with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type and locations) (4) I will have: DJs Wes No Live music Yes No Cover fee events ☐Yes ☑No (5) I will play recorded background music only, consisting of \_ 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 employ a doorman/security personnel on the following days and hours: (8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (9) 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. (10) I intend to apply for a sidewalk café license. □Yes ☒No (11) I intend to apply for a cabaret license. □Yes \(\sigma\)No (13) 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. Alternate Contact: Phone Number: (14) I will (additionally): ertify that the information provided above is truthful and accurate based upon my personal belief.

I, Lauren Carroll, as a qualified representative of HHC Bridgenew, LLC,
located at 95 South St. , New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
the following stipulations for the applicant's Method of Operation:  (I) My hours of operation will be //- / AM Sunday - Thursday and //AM - JAM Friday - Saturday Wigner (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):
with full food service untilhour(s) before closing.
(3) I will install soundproofing (please describe type and locations) See Quistion vaire attack
_ co = 1 april and c
(4) I will have: DJs DYes \( \text{No} \) Live music \( \text{DYes} \) \( \text{No} \) Promoted events \( \text{DYes} \) \( \text{No} \) Scheduled performances \( \text{DYes} \) \( \text{No} \) \( \text{DYes} \) \( \text{No} \) \( \text{DYes} \)
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 employ a doorman/security personnel on the following days and hours:
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(9) 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.
(10) I intend to apply for a sidewalk café license. □Yes ☑No
(11) I intend to apply for a cabaret license. □Yes No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) 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:
Alternate Contact: Phone Number:
(14) I will (additionally):
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Laund Courses 3/15/18
Signed  Sworn to this 15 to day of March, 2018  Sworn to this 15 to day of March, 2018  Sworn to this 15 to day of March, 2018
Sworn to this 15th day of 11 lauch, 2018 (John Capacity) Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-meripolic Configuration. Rev. 3/17
Notary Public, State of New York
No. 01CO6027373
Qualified in New York County
Commission Expires July 6, 2019



# Manhattan Community Board 1 Catherine McVay Hughes CHAIRPERSON | Noah Pfefferblit DISTRICT MANAGER

	Robert Cummins as a qualified representative of Bridge and Butter
	located at 150 nassau st , New York, New York, agree to
	the following stipulations for the applicant's Method of Operation:
	I my hours of operation will be IOAM - I AM Sunday - Thursday and IOAM - IAM  Friday - Saturday Friday - Saturday for the establishment at the specified hour).
¥	BAR STAFF TIPS Certified and cky th + Over Service until hour(s) before closing. Brunch
1	with full food service until hour(s) before closing. Brunch will install soundproofing (please describe type and locations) celing locations
	Jenn Jemper
	I will have: DJs QYes No Live music QYes Dio Promoted events QYes DNo Volume Tolk Cover fee events QYes DNo Scheduled performances QYes DNo
	The will play recorded background music only, consisting of top 40 and jazz and contemporary top 40 and jazz and contemporary
	If it can be heard outside, or by neighbors, it is not background music.
	I will close all doors and windows by 12am Sun-Thurs and Fri-Sat. I will not have French doors or windows.
	Will employ a doorman/security personnel on the following days and hours: fri and sat 9pm to Am
	I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
	☑ 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 intend to apply for a sidewalk café license. The
	I intend to apply for a cabaret license.   Yes WNo
	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: Robert Cummins Phone Number: 9173041104
	Alternate Contact: Dave Thomas Phone Number: 3479927964
	Will (additionally): A world above Aab- Lendon brunch yourse
	well be from 11 Am - 4 per tivill be live Sub controlled and
	49 Chambers Street, Suite 715, New York, NY 10007-1209 LD Supsking / hangey decidside  Tel. (212) 442-5050 Fax (212) 442-5055
	man01(@cb.nyc.gov vyw.nyc.gov/html/mancb1

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.    Signed
Sworn to this /// day of /// day of /// Notary Fubric Notary Fubric Community Board 1 requests that the SI A odd these stimulations at the SI A odd the SI
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant.  SUSAN P.COLE  Notary Public, State of New York  No. 01C04897056  Qualified in New York County  Commission Expires May 26, 2019

I,, as a qualified representative ofCW SSS LLC,
located at
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be <u>7am-12am</u> Sunday – Thursday and <u>10am-1am</u> 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): Quick Service Casual Vegan restaurant
with full food service until5 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) Accustic Ceiling tiles
(4) I will have: DJs □Yes ☑No Live music □Yes ☑No Promoted events □Yes ☑No Cover fee events □Yes ☑No Scheduled performances □Yes ☑No
x (5) 🖾 I will play recorded background music only, consisting ofpopular radio hit music
If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. 🗹 I will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours:
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(9) 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. ⊠
(10) I intend to apply for a sidewalk café license.   Yes No
(11) I intend to apply for a cabaret license. □Yes ☑No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) 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: Kenny Silvester Phone Number: 212-329-2697
Alternate Contact: Phone Number:
(14) I will (additionally):
Signed  Sworn to this
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17

I, LEO KLEMER, as a qualified representative of 1 STATE TACOS LLC
located at 1 STATE STREET STORE FRONT; NEW YORK NY 10004 , New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be 11A-10P Sunday – Thursday and 11A-10P 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): FAST CASUAL TAQUERIA
with full food service until — hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) CEILING GRID IN KITCHEN AREA AND TECTUM ACOUSTIC PANELS
WILL BE INSTALLED IN THE DINING ROOM CEILING.
(4) I will have: DJs □Yes ☒No Live music □Yes ☒No Promoted events □Yes ☒No Cover fee events □Yes ☒No Scheduled performances □Yes ☒No
(5) I will play recorded background music only, consisting of RECORDED BACKGROUND MUSIC (A SPOTIFY PLAYLIST)
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 Sun-Thurs and N/A Fri-Sat. ■ I will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours: N/A
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(9) 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. ☒
(10) I intend to apply for a sidewalk café license. □Yes ⊇No
(11) I intend to apply for a cabaret license. □Yes □No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) 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: HILTRY STREET Phone Number: 212.414.2560
Alternate Contact: Melissa Manilla Phone Number: 484-566-9061
(14) I will (additionally):
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed Dated STELIZABETING
Sworn to this 20 day of MCCM 20 8  Notary Public New YORK STAND
Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. P. Bey 3/17
WEW NEW

Manhattan Community Board 1 Liquor License Stipulations
City III
I, Gieto Micai, as a qualified representative of Mustagiece Caterers Corporation
located at 55 Water St. , New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be Sunday - Thursday and 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): Table and bar Service with full mem with full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs □Yes □No Live music □Yes □No Promoted events □Yes □No Cover fee events □Yes □No Scheduled performances □Yes □No
(5) I will play recorded background music only, consisting of
If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours:
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(9) 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.
(10) I intend to apply for a sidewalk café license. □Yes ☑No
(11) I intend to apply for a cabaret license. □Yes 🛂No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) 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: Kevin Mather Phone Number: 1-732-995-3066
Alternate Contact: Marcala Barberi Phone Number: 1-347-776-9065
(14) I will (additionally):
MICHAEL JAMES LOGIUDICE
Notary Public - State of New York
NO. 01L06342366 Qualified in Nassau County
My Commission Expires May 31, 2020
I hereby certify that the information provided above is truthful and accurate based upon my personal belief
3/8//8
Dated
Sworn to this 8th day of Harch 2018 Michael Follows
Notary Public

I, Hilary May , as a qualified representative of Collective Hotels and Retreats, Inc.
located at Six Acres of The Western Development Zone on Governors Island, New York, New York, agree to
the following stipulations for the applicant's Method of Operation:    OAM - Alcahol Servee
(1 diderstand this to mean that an patrons will be cleared from the establishment at the specified hour).
(2) I will operate a full-service restaurant, (please describe type of restaurant):
with full food service until 10 pm hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs △Yes □No Live music △Yes □No Promoted events □Yes △No Cover fee events □Yes △No Scheduled performances □Yes △No
(5) I will play recorded background music only, consisting of
If it can be heard outside, or by neighbors, it is not background mus
(6) I will close all doors and windows byn/aSun-Thurs and Fri-Sat. □ I will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours: Mon -Fri 6 pm to 10 am
(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ⊠
(9) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notify Community Board 1. ☒
(10) I intend to apply for a sidewalk café license. □Yes □No
(11) I intend to apply for a cabaret license. □Yes ☒No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I verified the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors
Name: Hiliary May Phone Number: 347-931-5759
Alternate Contact: Phone Number:
with Summer above 6/1-10/31/18 Hotel
with Junyer aleuse 6/1 - 10/31/18 Hotel
Signed  Signed  Sworn to this   Aday of   Aday of   Sworn to this   Sworn to t
Services to 10 the license of the above-menicated applicant.  Notwing property of the license of the above-menicated applicant.  Rev.

following stipulations for the applicant's Method of Operation:  My hours of operation will be Standard Popul Sunday - Thursday and Delian Standard Priday - Saturday inderstand this to mean that all patrons will be cleared from the establishment at the specified hour).  I will operate a full-service restaurant, (please describe type of restaurant):  Standard Delian Standard Nour(s) before closing.  I will install soundproofing (please describe type and locations)  I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.   I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.   I will on apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notification to apply for a cabaret license.   I will conspicuously post this stipulation form beside my liquor license inside of my business.   I mend to apply for a cabaret license.   Pes Mo  I will conspicuously post this stipulation form beside my liquor license inside of my business.   I mend to apply for a cabaret license.  Pes Mo  Phone Number:   MINHO YANG  Phone Number:  Phone Number:   I will (additionally):	, as a qualified representative of NOTED TRIBECA INC.	_,
My hours of operation will be	ON STREET , New York, New York, agree to	È
with full food service untilhour(s) before closing.  I will install soundproofing (please describe type and locations)  I will have: DJs	will be 8 mm (DPM Sunday - Thursday and 8 to 11 35 Friday - Saturday	
I will have: DJs   Yes   No   Live music   Yes   No   Promoted events   Yes   No   Schaduled performances   Yes   DNo   Schaduled performances   Yes   DNo   Schaduled performances   Yes   DNo   Yes   DNo   Schaduled performances   Yes   DNo   Yes	rvice restaurant, (please describe type of restaurant):    SAM - DAM   SAU     AM - Sau - Thus   Fis Sab   100   Am     of 1/30   with full food service until hour(s) before closing.	<u>.                                 </u>
Cover fee events Pes No Scheduled performances Pes No I will play recorded background music only, consisting of	/ 1 - /	
If it can be heard outside, or by neighbors, it is not background m  I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows.  I will employ a doorman/security personnel on the following days and hours:	Yes □No Live music □Yes □No Promoted events □Yes □No e events □Yes □No Scheduled performances □Yes □No	
I will close all doors and windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows I will employ a doorman/security personnel on the following days and hours:	ackground music only, consisting of	
I will employ a doorman/security personnel on the following days and hours:  I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.   I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifind in munity Board 1.   I intend to apply for a sidewalk café license.   Yes Mo  I intend to apply for a cabaret license.  Yes Mo  I will conspicuously post this stipulation form beside my liquor license inside of my business.   Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I sixt the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me:  MINHO YANG  Phone Number:  (917)692-9679  Phone Number:  I will (additionally):	If it can be heard outside, or by neighbors, it is not background mu	sic.
I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.   I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifind in munity Board 1.   I intend to apply for a sidewalk café license.   Yes MNo  I intend to apply for a cabaret license.   Yes MNo  I will conspicuously post this stipulation form beside my liquor license inside of my business.   Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I sit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me:   MINHO YANG  Phone Number: (917)692-9679  Phone Number:   Phone Number:	d windows bySun-Thurs and Fri-Sat. □ I will not have French doors or windows.	
I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifind munity Board 1.   I intend to apply for a sidewalk café license.   Yes Mo  I intend to apply for a cabaret license.   Yes Mo  Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I six the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me:   MINHO YANG  Phone Number:   Phone Number:   Phone Number:   O I will (additionally):	n/security personnel on the following days and hours:	
Inmunity Board 1.   I intend to apply for a sidewalk café license.   Yes Mo  I intend to apply for a cabaret license.   Yes Mo  I will conspicuously post this stipulation form beside my liquor license inside of my business.   Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I sit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me:   MINHO YANG  Phone Number:   Phone Number:   Phone Number:   I will (additionally):	rowds congregating on the street at night, to minimize disturbances to residents.	
I intend to apply for a cabaret license.   Yes Mo  I will conspicuously post this stipulation form beside my liquor license inside of my business.  Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I isit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me:  MINHO YANG  Phone Number:  Phone Number:  I will (additionally):	LA for an alteration to the method of operation agreed to by this stipulation without first notify	ing
Note that the manager/owner at the below number. Complaints will be addressed immediately and I list the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me: MINHO YANG Phone Number: (917)692-9679  Phone Number: Phone Number: 1 will (additionally):	sidewalk café license. □Yes ⊠No	
Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I isit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me: MINHO YANG Phone Number: (917)692-9679  ernate Contact: ( Phone Number: )  I will (additionally):	cabaret license. □Yes ⊠No	
isit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor me: MINHO YANG Phone Number:	ost this stipulation form beside my liquor license inside of my business.	
Phone Number:    Year		
) I will (additionally):	Phone Number: (917)692-9679	
	Phone Number:	_
ereby certify that the information provided above is truthful and accurate based upon my personal belief.	information provided above is truthful and accurate based upon my personal belief.	
med Dated	3/14/18 Production	
orn to this 14 Hay of March 2018 Sugar Solution	Tay of March 2018 SHEAR COLD	
Notary Public, State of New York lic No. 01C04897056 No. 01C048906 No. 0	/ No.01C0489703b	

Manhattan, Community Board 1 Liquor License Stipulations , as a qualified representative of S Big Swing LLC d/b/a Seamore's, 250 Vesey Street, Ground Floor , New York, New York, agree to located at the following stipulations for the applicant's Method of Operation: Wednesday Thurs. (1) My hours of operation will be 11am - 11pm Sunday - 发放数数 and 11am - 1am - 技术数 - 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): with full food service until (3) I will install soundproofing (please describe type and locations) Live music ☐Yes ☑No Promoted events □Yes ☑No (4) I will have: DJs Yes No Cover fee events Yes No Scheduled performances Tyes Tho (5) MI will play recorded background music only, consisting of 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 employ a doorman/security personnel on the following days and hours: (8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (9) 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. 区 (10) I intend to apply for a sidewalk café license. □Yes □No (11) I intend to apply for a cabaret license. □Yes □No (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) 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: Phone Number: Phone Number: Alternate Contact: (14) I will (additionally): I hereby certify that the information provided above is truthful and accurate based upon my personal belief. MAX BOOKMAN Signed NOTARY PUBLIC-STATE OF NEW YORK NO.02B06334211

QUALIFIED IN RIEMITORK COUNTY