



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

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Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations

I, Artir Hyseni, as a qualified representative of Altruistas LLC located at 251 Broome St, New York, NY agree to the following stipulations:

- 1. My license type is: [] beer & cider [] wine, beer & cider [x] liquor, wine, beer & cider
2. My License category is: [x] New Application [] New Application and Temporary Retail Permit [] Temporary Retail Permit
3. [x] I will operate a full-service restaurant, specifically a (type of restaurant) Italian/Asian Fusion restaurant, or
4. My hours of operation will be Sun.-Tues.: 12pm-12am; Weds-Thurs.: 12pm-1am; Fri.-Sat.: 12pm-2am
5. [] I will not use outdoor space for commercial use...
6. [] I will install soundproofing,
7. [x] I will close any front or rear facade doors and windows at 10:00 P.M. every night...
8. I will not have [] DJs, [x] live music, [x] third-party promoted events, [x] any event at which a cover fee is charged, [x] scheduled performances, [x] Dancing
9. [x] I will play ambient recorded background music only.
10. [x] I will not apply for an alteration to the method of operation...
11. [] I will not seek a change in class to a full on-premises liquor license...
12. [x] I will not participate in pub crawls or have party buses come to my establishment.
13. [x] I will not have unlimited drink specials, including boozy brunches, with food.
14. [] I will not have a happy hour or drink specials with or without time restrictions OR [x] I will have happy hour and it will end by 7pm.
15. [x] I will not have wait lines outside. [x] I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. [x] I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. [x] Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation, if necessary, in order to minimize my establishment's impact on my neighbors.
18. [] I will:

Name: Artir Hyseni Phone Number: (850) 319-7849

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

Signed [Signature] Dated 01-14-2026
Sworn to this 14th day of January 2026
Notary Public [Signature]

