Manhattan Community Board 1 Liquor License Stipulations at 26 Vesey Steet, NYC, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Mon. - Sat. 8-am to 4'-am \$ 101am to 4i am (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): with full food service until hour(s) before closing. (3) I will install soundproofing (please describe type and locations) Same (4) I will have: DJs □Yes □No Live music □Yes □No Recorded Music □Yes □No Dancing Tyes No Promoted events Tyes No Cover fee events Tyes No Scheduled performances Tyes 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 4: an +018: am (#s okay) (8) I will employ a doorman/security personnel on the following days and hours: (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 (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. Phone Number: × 516-376-8965 Alternate Contact: X I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed Dated SUSAN P.COLE

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. 12/18

Notary Public, State of New York No. 01C04897056 Qualified in New York County

1-	Applicant Name NEAT FOODS, INC.
2-	Establishment Name (Corporate & DBA) Stage Door Deli
3-	Address for Proposed License 26 Vesey Street New York, NY 10007
4-	Proposed Days/Hours of Operation 24hrs Daily, 7 Days Weekly
5-	Square Footage of Location Approx. 5208 ft/sq
6-	Method of Operations (bar restaurant, Catering, etc) Delicatessen/Self Service Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.) Eating Place Beer
8-	Sidewalk Café? Yes/No No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ None
10-	Volume of Music? ☐ Background ☐ Other N/A
11-	Applicant's Previous Licensed Establishments and Addresses None

	Manhattan Community Board 1 Liquor License Stipulations
	1, x M charlet to to way as a qualified representative of Manhattan Yacht Club,
	located at Mark cottan Yacht Club, New York, New York, agree to
i a	the following stipulations for the applicant's Method of Operation for their SUMME VQSIX license
amores	ner Ellis Island livense address versey St + North End Ara.
	(1) My hours of operation will be 1 on 10 m Sunday - Thursday and 1 n 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): 104 5-01 5-01/10
	bac Foodwith full food service untilhour(s) before closing.
	(3) I will install soundproofing (please describe type and locations)
	(4) I will have: DJs \(\text{DYes \(\text{QNo} \) Live music \(\text{DYes \(\text{QNo} \) Recorded Music \(\text{DYes \(\text{QNo} \) Dancing \(\text{DYes \(\text{QNo} \)} \)
	Promoted events \(\sigma\) Yes \(\sigma\) Cover fee events \(\sigma\) Scheduled performances \(\sigma\) Yes \(\sigma\)
	(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 byFri-Fhurs 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 ———————————————————————————————————
	(8) I will employ a doorman/security personnel on the following days and hours:
	(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
	(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):
	Music will not start playing until 500' away from dock and will stop 5001 away
	6110 5001 away
	away from dock and will stop
	From dock
	(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: x Michael Fote abaugh Phone Number: x 9/78/63799
	Alternate Confact: x Mindy King Phone Number: x 2/2 7863323
	I hereby contify that the information provided above is truthful and accurate based upon my personal belief.
	×//// 4[2[2019
	Signed Dated Dated
	Sworn to this day of
	No. 01C04897056 Qualified in New York County Commission Expires May 26, 2019

1-	Marhattan Yacht Chb
2-	Establishment Name (Corporate & DBA)
	Arabella
3-	Address for Proposed License
4-	Proposed Days/Hours of Operation
-	Causaya Footoga of Logation
5-	Square Footage of Location
	Vessel
6-	Method of Operations (bar restaurant, Catering, etc)
	Bar + catering
_	V
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Summer Vessel Ligeor
8-	Sidewalk Café? Yes (No)
9-	Type of Music? Live Recorded DJ
10	Volume of Music? Background 🗆 Other
10.	Volume of Music: And Background
11-	Applicant's Previous Licensed Establishments and Addresses Arabella 1 2014 (NY Herbor)
	Honorable Willian Wall (NY Herber)

Manhattan Community Board 1 Liquor License Stipulations Jon Alagem, as a qualified representative of TBD acclay Street, NYC (100 Church), New York, New York, agree to the following stipulations for the applicant's Method of Operation for their 5 pm to 2 am (All days) (1) My hours of operation will be Sunday - Thursday and 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): 5055; Restaurant with full food service until (3) I will install soundproofing (please describe type and locations) (4) I will have: DJs □Yes ☑No Live music □Yes ☑No Recorded Music ☑Yes □No Dancing Tyes To Cover fee events □Yes □No Promoted events Tyes No Scheduled performances Tyes 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 N/ASun-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 Not betweent lorpu and 7:am (8) I will employ a doorman/security personnel on the following days and hours: NO (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 ⋈o (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): No residents on block will grat grant 2'am

(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: × Jon AlageM	Phone Number: × 310.600, 7098
Alternate Contact:	Phone Number: 🔀
I hereby certify that the information provided above is tru	thful and accurate based upon my personal belief.
Signed St.	Dated Sum Pille SUSAN P.COLE
Sworn to this day of 2019	Notary Public, State of New York No. 01604897056
N	otary Public Qualified in New York County Commission Expires May 26, 2019

1-	Applicant Name
_	Jomasa LLC
2-	Establishment Name (Corporate & DBA)
	TBD
3-	Address for Proposed License
	63 Barclay Street, New York, NY 10007
4-	Proposed Days/Hours of Operation
	Sunday to Saturday - 5pm-2am
5-	Square Footage of Location
	1400 sq ft
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	OP full liquor
8-	Sidewalk Café? Yes/No
	No
9-	Type of Music? ☐ Live ☑ Recorded ☐ DJ
10	- Volume of Music? 🖾 Background 🗀 Other
1:	I- Applicant's Previous Licensed Establishments and Addresses
	None.

Manhattan Community Board 1 Liquor License Stipulations

I, Vivia A	malfitano	_, as a qualified representative of	Liberty Street	Phoenix Corp,
located at1	20 Liberty Street		, New Y	ork, New York, agree to
the following: (0) (1) My hours (I understand t	stipulations for the app au - 12' au (S. of operation will be his to mean that all patro	Sunday – Thursday ons will be cleared from the establish	Z! acm (Mo)	Friday - Scit.) Friday - Saturday
(2) I will oper	ate a full-service restau	arant, (please describe type of resta	urant): Rest	curat
-		with full food se	rvice until hou	ur(s) before closing.
(3) I will insta	Il soundproofing (please	e describe type and locations)		
(4) I will have:	: DJs □YesघNo I Promoted events □Ye	Live music Yes No Recorders Yes	ed Music TYes No Scheduled I	Dancing □Yes □No performances □Yes ►No
	f all music, events or part of an another section for the section of the section	performances will be at backgroun	nd levels only. If it o	can be heard outside, or by
(6) I will close	all doors and windows b	by What Sun-Thurs and Fri-S	Sat. 🗖 I will not have I	French doors or windows.
(7) I will empl	oy a doorman/security po	ersonnel on the following days and	nours:	
(8) I will active	ely manage crowds cong	gregating on the street at night, to mi	nimize disturbances to	residents. 🗵
(9) I will not a Community Bo	7.5 · · · · · · · · · · · · · · · · · · ·	alteration to the method of operation	agreed to by this stipu	ulation without first notifying
(10) I intend to	apply for a sidewalk ca	fé license. □Yes XiNo		
(11) I will cons	spicuously post this stipu	ulation form beside my liquor licens	e inside of my busines	s. 🗵
		ger/owner at the below number. Co ration if necessary in order to minim		
Name: Viv	ia Amalfitano	Pho	one Number: 914-	588-0955
Alternate Cont	tact: _Junior Garcia	a	_ Phone Number: _3	47-979-5050
(13) I will (add	ditionally):			
			· · · · · · · · · · · · · · · · · · ·	
I hereby certi Signed Sworn to this	fy that the information My GH day of C	provided above is truthful and ac	SUSAN Notary Public, No. 614 Qualyfelicany	ny personal belief. Colored N P.COLE State of New York Co4897056 NAUDICOUNTY Opires May 26, 2019

1-	Applicant Name
	Liberty Street Phoenix Corp
2-	Establishment Name (Corporate & DBA)
	Essex World Cafe
3-	Address for Proposed License
	120 Liberty Street, New York, NY 10006
4-	Proposed Days/Hours of Operation
	Monday-Saturday: 6am to 12am Sunday: 8am to 12am
5-	Square Footage of Location
	7,000 sq ft
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	OP full liquor
8-	Sidewalk Café? Yes/No
	No
9-	Type of Music? ☐ Live ☑ Recorded ☐ DJ
10	- Volume of Music? 🖾 Background 🗖 Other
11	- Applicant's Previous Licensed Establishments and Addresses
	None.

Manhattan Community Board 1 Liquor License Stipulations
I, X-Christopher Gallo, as a qualified representative of Legends Hospitality, located at 33 Vesey Street (WYC, New York, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Tayern; Beer & Wine license
New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their 1200 to 11: pm (All Days)
(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):
Ber Garden 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 Tyes No Live music Tyes No Recorded Music Tyes No Dancing Tyes No
Promoted events No Cover fee events Yes No Scheduled performances 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 very 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 Not between 10 pm and 7 am
(8) I will employ a doorman/security personnel on the following days and hours:
(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
(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):
Promoted events: movies rights, live music (applified) No music after 11:pm
No most after 11:pm
(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: X Christopher Gallo Phone Number: × 917-284-5261
Alternate Contact: Richard Porters Phone Number: 7 917-834-1919
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
× 1/2 1/2019 /
Signed Dated
Sworn to this day of Av of Susan P.COLE Notary Public, State of New York No. 01C04897056
Notary Public Commission Expires May 26, 2019

1-	Applicant Name Legends Hospitality,LLC
2-	Establishment Name (Corporate & DBA) NA
3-	Address for Proposed License 33 Vesey Street
4-	Proposed Days/Hours of Operation Monday through Sunday 11:00 am to 11:00 pm
5-	Square Footage of Location 6,500
6-	Method of Operations (bar restaurant, Catering, etc) Tavern with beer, wine and food
7-	Type of License (Full liquor/OP, beer and wine, etc.) Beer and Wine
8-	Sidewalk Café? Yes No
9-	Type of Music? Live Recorded D DJ
10-	Volume of Music? ☐ Background ☐ Other
11-	Applicant's Previous Licensed Establishments and Addresses
	See attached for list in NY

Manhattan Community Board 1 Liquor License Stipulations
1, x A mit Fridman, as a qualified representative of Live Axe (AV 5 International Retail)
located at 40 Broadway NYC , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their OP/Bar license
I, *A mit Fridman, as a qualified representative of Live Axe (AV 5 International Retail) located at 40 Broadway, NVC, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their OP Bar license 10! am to 12: 30 am to 12: 30 am for the Thurs.) 10! am to 1: 30 am (Fri (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)
man and the second state of the second state o
(2) I will operate a full-service restaurant, (please describe type of restaurant): Axe throwing grot Recreations with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) No, OFFize boilding.
(4) I will have: DJs \(\text{DYes \text{DNo}} \) Live music \(\text{DYes \text{DNo}} \) Recorded Music \(\text{DYes \text{DNo}} \) Dancing \(\text{DYes \text{DNo}} \)
Promoted events \(\textsize \) Yes \(\textsize \) No Scheduled performances \(\textsize \) Yes \(\textsize \) 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 NASun-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
(8) I will employ a doorman/security personnel on the following days and hours: Yes, will help outside of bar
(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
(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):
JBL speakers.
Electronic Kitchen system. Not Full service,
Instructor will always be with Axe throwing constance
Most make reservation.
No walk-in's off the street.
(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: X Anit Fridman Phone Number: x 410-227_2745
Alternate Contact: * Zac Soll Phone Number: * 912941817
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
x 4/9/2019
Signed
Sworn to this 9th day of April 2015 SUSAN FIGURE 1 Sew York Notary Public, State of New York
No. 01C04897033
Community Board 1 requests that the SLA add these stipulations to the license of the stipulations and board resolution shall supersede all other documents. Rev. 12/18

1-	Applicant Name AVS International Retail Inc.
2-	Establishment Name (Corporate & DBA)
	Live Axe
3-	Address for Proposed License
	401 Broadway, New York, NY 10013
4-	Proposed Days/Hours of Operation
	Weekdays - 10am-1am; Weekends - 10am-2am
5-	Square Footage of Location
	6,545 sq ft (3,247 ground floor, 3,298 cellar)
6-	Method of Operations (bar restaurant, Catering, etc)
	Bar/tavern/recreational facility
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	OP full liquor
8-	Sidewalk Café? Yes/No
	No
9-	Type of Music? ☐ Live ☒ Recorded ☐ DJ
10	- Volume of Music? 🛛 Background 🚨 Other
11	l- Applicant's Previous Licensed Establishments and Addresses
	None.

	Mannattan Community Board 1 Liquor License Stipulations
	1, Schail Sitaff Zarah Mallas a qualified representative of 58 A Fulton Ta co LLC,
	located at 584 Fulton St. NYC , New York, New York, agree to
	the following stipulations for the applicant's Method of Operation for their Bees + Wine license
	il'am to 12'am (all days)
-	-(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): Fast Food restaurant
	with full food service until hour(s) before closing.
_	(3) I will install soundproofing (please describe type and locations) 50006 Doobe
	(4) I will have: DJs \(\text{DYes \text{DNO}} \) Live music \(\text{DYes \text{DNO}} \) Recorded Music \(\text{DYes \text{DNO}} \) Dancing \(\text{DYes \text{DNO}} \)
	Promoted events \(\text{Yes} \) \(\text{No} \) \(\text{Scheduled performances } \text{Yes} \) \(\text{No} \) \(\text{Scheduled performances } \text{Yes} \) \(\text{No} \)
	(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 ASun-Thurs and Close all will not have French doors or windows.
	(7) I will have delivery of supplies, goods and services during the hours of No deliveres between 10: fin and T.am
	(8) I will employ a doorman/security personnel on the following days and hours: No
	(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
	(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): Employees will manage outside.
	(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: Marie: X 917-680-0336
	Alternate Contact: 8 Phone Number: \$ 917 - 416 - 0446
	I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
	* DEAN MARINO (RS) 4/10 /2019/
	Signed Dated
	SUSAN P.COLE Notary Public, State of New York Notary Public, State of New York
	Sworn to this 7 Ha day of All 1997 Sworn to the 1997
	Notary Public Commission Expires May 26, 2019

1-	Applicant Name	
	58A Fulton Taco LLC	
2-	Establishment Name (Corporate & DBA)	
	Taco Bell Cantina	
3-	Address for Proposed License	
	58A Fulton Street, New York, NY10038	
1-	Proposed Days/Hours of Operation	
	7 Days a week/ 8am-12am	
5-	Square Footage of Location	
	1,643	
5-	Method of Operations (bar restaurant, Catering, etc)	
	Restaurant	
7	Type of License (Full liquor/OP, beer and wine, etc.)	
	Restaurant Wine	
}-	Sidewalk Café? Yes No	
)-	Type of Music? Live Recorded DJ	
١٥-	Volume of Music? Background	
11- Applicant's Previous Licensed Establishments and Addresses		
	None	

Manhattan Community Board 1 Liquor License Stipulations

	I, _Philippe Boujnah, as a qualified representative ofThe		
(4.	the following stipulations for the applicant's Method of Operation for	their license	
Mou	- Sat.) & fam - 10! pm / to:ast of (1) My hours of operation will be5PM-12AM Sunday (I understand this to mean that all patrons will be cleared from the establis	Thursday and 2PM-IAM Friday - Saturday 30 hment at the specified hour).	2
	(2) I will operate a full-service restaurant, (please describe type of restaurant		
	store wit	h full food service until2 hour(s) before	
	closing. (3) I will install soundproofing (please describe type and locations		
	insulation and Quiet Rock.	(4) I will have: DJs □Yes XNo	
	Live music □Yes XNo Recorded Music XYes □No Dancing □Yes X	No Promoted events Tyes XNo Cover fee	
	events Tyes XNo Scheduled performances Tyes XNo		
	(5) Volume of all music, events or performances will be at background levis not background music.	The state of the s	
-	(6) I will close all doors and windows by N6Sun-Thurs and NAFri-S	at. XI will not have French doors or windows.	
1	(7) I will have delivery of supplies, goods and services during the hours of		
-	(8) I will employ a doorman/security personnel on the following days and l	nours: <u>No</u>	
	(9) I will actively manage crowds congregating on the street at night, to mi	nimize disturbances to residents.	
	(10) I will not apply to the SLA for an alteration to the method of operat	ion agreed to by this stipulation without first	
	notifying Community Board 1.	NA THE PART OF THE	
	(11) I will not apply for a sidewalk café license until at least a year after		
	(12) I will conspicuously post this stipulation form beside my liquor lice	2000-2016-000-00-00-00-00-00-00-00-00-00-00-00-0	
	(13) I confirm that I have0_ violations from previous establishmen	ts for which I have served as a principal.	
	(14) I will (additionally):		
	1) Closed beer sales in 2) OP in back room	i Front only.	
	2) Of in back room	bar.	
	(15) Residents may contact the manager/owner at the below number. Comp the above-stated method of operation if necessary in order to minimize my		
	Name:Philippe Boujnah Phone Number:	917 783 6649	
	Alternate Contact:Anna Bajenova Phone Number:	404 580 7126	
	I hereby certify that the information provided above is truthful and acc		
	16	arme onset upon my personal bence.	
•	X	4(10)2019	
8	Signed	Dated	
	all (1 - 1) - and	SUSAN P.COLE	~
1	Sworn to this 77 day of April 20/9	Notary Public, State of New York No. 01C04897056	
	Notary Public	Qualified in New York County Commission Expires May 26, 2019	

Manhattan Community Board 1 Liquor License Stipulations
1, XEWLY PLEMAs a qualified representative of XTHOER FOLD HOLDINGS
located at 517 Clay for Road , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their
Son-Thors. 12pm-9:pm/ Fri. + Sat. 12:pm-7:pm
(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):
with full food service untilhour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs \(\text{DYes} \) \(
The state of the s
(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 byFin-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
(8) I will employ a doorman/security personnel on the following days and hours:
(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
(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):
Small spenker
(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.
V FROUND PIEDO AND V 2718-577-2110
Name: X = MILY VENAN Phone Number: ×716-522-2110
Alternate Contact: X Phone Number: X
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Thereby certify that the information provided above is truthful and accurate based upon my personal belief.
4(9/2019
Signed Dated
the last of the la
Sworn to this day of Dut 20/9 SUSAN P.COLE Notary Public, State of New York
Notary Public Notary Public Ommission Expires May 26, 2019

1-	Applicant Name		
	Joshua Stylman		
2-	Establishment Name (Corporate & DBA)		
	Threefold Holdings LLC dba Threes Brewing		
3-	Address for Proposed License		
	517 Clayton Rd, New York, NY 10004 (Liggett's Terrace Food Court, Governor's Island)		
4-	Proposed Days/Hours of Operation		
	Sunday - Thursday: 12pm - 9pm Friday & Saturday: 12pm - 7pm		
5-	Square Footage of Location		
	Approx. 6000 sqft		
6-	Method of Operations (bar restaurant, Catering, etc)		
	Seasonal Beer Garden		
7-	Type of License (Full liquor/OP, beer and wine, etc.)		
	Beer, Wine & Cider		
3-	Sidewalk Café? Yes No		
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ		
10-	Volume of Music? ☑ Background ☐ Other		
11- Applicant's Previous Licensed Establishments and Addresses			
	Threes Brewing - 333 Douglass St., Brooklyn, NY 11217		