MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 9/2023

1-	Applicant Name 787 COFFEE ROASTERS LLC
2-	Establishment Name (Corporate & DBA) 787 COFFEE
3-	Address for Proposed License 66 PEARL STREET NEW YORK, NY 10004
4-	Proposed Days/Hours of Operation 7 DAYS A WEEK/ 7AM-10PM
	4.1 What floor(s) is the establishment on? GROUND FLOOR AND CELLAR
5-	4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage Square Footage of Location 3235 SQFT
6-	Method of Operations (bar restaurant, Catering, etc) TAVERN/CAFE
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	7.1 Type of application ■ New ■ Alteration ■ Change in Method of Operation, Corporate Change, Class Change
8-	Outdoor Seating? Sidewalk Roadbed
10- (n	Type of Music? □ Live □ Recorded □ DJ Volume of Music? ■ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11	- Where will the kitchen exhaust system vent to? ELECTRIC COOKING ONLY AND NO GAS.
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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Brandon Pena	, as a qualified representative	e of 787 Coffee Ro	asters LLC	
located at 66 Pearl Street			York, New York, agree to	
the following stipulations for the	applicant's Method of Operation	for their full service	liquor license	
(1) My hours of operation will be $\frac{7}{2}$ understand this to mean that all path	rons will be cleared from the establ	ishment at the specified	M Friday – Saturday (I	
(2) I will operate a full-service resta	aurant, (please describe type of rest	aurant): tavern		
			ntil hour(s) before closing.	
(3) I will install soundproofing (ple	ase describe type and locations)			
(4) I will have: DJs □Yes ☑No L	ive music □Yes ♥No Recorded !	Music ⊈Yes □No	Dancing □Yes ☑No	
Promoted events □Yes □No	Cover fee events □Yes □N		cheduled performances \(\sigma\)Yes \(\sigma\)No	
(5) Volume of all music, events or p is not background music.	performances will be at background	d levels only. If it can be	heard outside, or by neighbors, it	
(6) I will close all doors and windo	ws bySun-Thurs and	Fri-Sat. ☑ I will not hav	e French doors or windows.	
(7) I will have delivery of supplies,	goods and services during the hour	rs of		
(8) I will employ a doorman/securit	ty personnel on the following days:	and hours: NA		
(9) I will actively manage crowds c			to residents.	
(10) I will not apply to the SLA for Community Board 1. ⊠				
(11) I will not apply for a sidewalk	café license until at least a year after	er beginning operation.	Myes □No	
(12) I will conspicuously post this s	stipulation form beside my liquor li-	cense inside of my busin	ness. 🗵	
(13) I confirm that I have 0	violations from previous establishn	nents for which I have se	erved as a principal.	
(14) I will (additionally):				
have the sar DOT Dining	me operating hours for out Out program that is sched	door seating once luled to commence	approved for the e Fall 2024.	
				*
(15) Residents may contact the mar the above-stated method of operation				
Name: BRANDON PENA		Phone Number: 908-	-230-8846	
Alternate Contact: KARINA TA	ARANOVSKA	Phone Number:	917-400-4212	
I hereby certify that the informat	ion provided above is truthful an	d accurate based upon	my personal belief.	
		10119	/23	
Signad		Dated	XIN PAN NOTARY PUBLIC-STATE OF	NEW YORK
Signed /		Dated	NO. 01PA62430	
Sworn to this 19th day of	December 12023		Sualified in Kings	
	Notary Pu	blic	My Commission Expires Ju	ne 13,4407

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

MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 9/2023

1-	Applicant Name Fogo de Chao Churrascaria (NYWTC) LLC			
2-	Establishment Name (Corporate & DBA) Fogo de Chao Churrascaria (NYWTC) LLC			
3-	Address for Proposed License 3 World Trade Center, 40 Cortlandt Way, Tower 3, Space 1340, NY, NY 10007			
4-	Proposed Days/Hours of Operation 11am to 11pm Daily			
	4.1 What floor(s) is the establishment on? First floor			
5-	4.2 Any Rooftop, Terrace, • Sidewalk Roadbed or other outside usage? Square Footage of Location 5,000 sq ft			
6-	Method of Operations (bar restaurant, Catering, etc) Restaurant			
7-	Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/On-Premise Restaurant			
	7.1 Type of application New Alteration Change in Method of Operation, Corporate Change, Class Change 			
8-	Outdoor Seating? Sidewalk Roadbed			
	*Covered patios			
9- 10-	Type of Music? ☐ Live			
•	o sound from events, performances or music will be heard outside the premises or by ighbors)			
11-	Where will the kitchen exhaust system vent to? Will vent to an electrostatic precipitator in the mechanical floor, level 4, of the commercial portion of the			
12-	building and exhaust out from there Applicant's Previous Licensed Establishments and Addresses			
	See attached.			

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Manhattan Community Board 1 Liquor License Stipulations

I, Anthony Laday, as a qualified repr	resentative of _Fogo de Chao Churrascaria (NYWTC) LLC,
located at _40 Cortlandt Way, Tower 3, Space 1340, New	v York, New York, agree to
the following stipulations for the applicant's Method of C	Operation for theirFull Service Liquor license
(1) My hours of operation will be _11AM-11PMSunday - understand this to mean that all patrons will be cleared from (2) I will operate a full-service restaurant, (please describe ty	
(2) 1 mm operate a ran service restaurant, (prease describe ty	with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and local	
(4) I will have: DJs Tyes No Live music Tyes No R	Recorded Music Wes No Dancing Yes No
Promoted events \(\sqrt{Y}\) es \(\sqrt{N}\) Over fee events \(\sqrt{S}\)	□Yes ☑No Scheduled performances □Yes ☑No
(5) Volume of all music, events or performances will be at basis not background music. ⊠	ackground levels only. If it can be heard outside, or by neighbors, it
	nd Fri-Sat. ☑I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during 8:00AM to 11:00AM and/or 2:00PM to 5:00PM (certain items may require	g the hours of re overnight delivery)
(8) I will employ a doorman/security personnel on the follow	
(9) I will actively manage crowds congregating on the street a	at night, to minimize disturbances to residents.
	od of operation agreed to by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at least a	a year after beginning operation. Tyes WNo
(12) I will conspicuously post this stipulation form beside my	y liquor license inside of my business.
(13) I confirm that I have violations from previous e	establishments for which I have served as a principal.
(14) I will (additionally):	
(15) Residents may contact the manager/owner at the below n the above-stated method of operation if necessary in order to a	number. Complaints will be addressed immediately and I will revisit minimize my establishment's impact on my neighbors.
Name: Ronaldo Chiesa	Phone Number: (312) 623-1617
	Phone Number:
I hereby certify that the information provided above is tru	athful and accurate based upon my personal belief.
Astry Joly	12/20/2023
Signed /	Dated
Sworn to this 20th day of De camber 20	LINDSAY J. GOULET Notary Public, State of Texas
	lotary Public Comm. Expires 11-07-2026 Notary ID 129942071
	170taly 1D 1299420/1

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

MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 9/2023

1-	Applicant Name La Noxe Trinity LLC				
2-	Establishment Name (Corporate & DBA) La Noxe Trinity LLC dba La Noxe Trinity				
3-	Address for Proposed License 111 Broadway, New York, New York 10006				
4-	Proposed Days/Hours of Operation Sunday - Wednesday 2:00 pm - 1:00 am and Thursday - Saturday 2:00 pm - 2:00 am				
	4.1 What floor(s) is the establishment on? Ground floor				
5-	4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage? Square Footage of Location 1600 sf (Approximate)				
6-	Method of Operations (bar restaurant, Catering, etc) Tavern				
7-	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				
8-	Outdoor Seating? □ Sidewalk □ Roadbed				
10- (ne	Type of Music? Live Recorded DJ Volume of Music? Background Dother o sound from events, performances or music will be heard outside the premises or by ighbors)				
11-	- Where will the kitchen exhaust system vent to? n/a				
12-	- Applicant's Previous Licensed Establishments and Addresses				
	La Noxe LLC 315 7th Avenue, New York, New York March 2020-Present				

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Manhattan Community Board 1 Liquor License Stipulations
I, Jeremie Perie , as a qualified representative of La Noxe Trinity LLC .
located at 111 Broadway , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their full service liquor
(1) My hours of operation will be 2PM-1AM Monday – Thursday and 2PM-2AM Friday – Saturday, Sunday 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
with full food service until hour(s) before clos
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs Tyes Two Live music Tyes Two Recorded Music Tyes Two Dancing Tyes Two
Promoted events Tyes No Cover fee events Tyes No Scheduled performances Tyes
(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors is not background music.
(6) I will close all doors and windows from 2pm- 10pm. □ IwillnothaveFrenchdoorsorwindows.
(7) I will have delivery of supplies, goods and services during the hours of gam-4pm
(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. Wes 🗥
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) I confirm that I have 0 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 revenue above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
Name: JEREMIE PERIE Phone Number: 646-509-4117
Alternate Contact: JOHN VAN LIESHOUT Phone Number: 920-809-96
I hereby certify that the information provided above is truthful and accurate based upon my perional belief.
/2 /18/2 B Magella Notary Public S

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

18th day of December 2023

Dated

Reg. No. 01SA0006311
Qualified in New York County

Commission Expires 04/26/2027

Signed

Manhattan Community Board 1 Liquor License Stipulations

I,	Maurilinn R Wa	aneka	, as a qualified	representative of	78 Franklin (CILLC	 ,
located	at 78 Franklin	Street		representative of	, N	ew York, New York, a	gree to
the foll	owing stipulation	is for the app	licant's Method	d of Operation for	their beer, wir	ne and cider	license
(1) My understa	hours of operation and this to mean t	n will be 10A hat all patrons	M- 10PM will be cleared	Sunday – Thursday from the establishn	and 10AM - 1	OPM Friday – Sat	urday (I
(2) I wi	ll operate a full-se	ervice restaura	nt, (please descri	ribe type of restaura	nt)converted b	athhouse with a ca	<u>fe</u>
					th full food service	e until hour(s) l	before closing.
(3) I wi	ll install soundpro	ofing (please	describe type and	d locations) NA			
(4) I wi	ll have: DJs □Yes	s 🗥 Live	music □Yes ∕ N	No Recorded Mus	ic \ Yes □ No	Dancing □Ye	es W No
Promo	oted events \(\sigma\)Yes	⊠No	Cover fee ev	vents □Yes □No		Scheduled performance	es □Yes ੴNo
	ume of all music, ackground music.	_	formances will be	e at background lev	els only. If it can	be heard outside, or by	neighbors, it
(6) I wi	ll close all doors a	and windows l	oySun-Th	urs and Fri-	Sat. ⊿ I will not l	nave French doors or wi	ndows.
	ll have delivery of nd 10AM	f supplies, goo	ods and services	during the hours of	•		
(8) I wi	ll employ a doorn	nan/security p	ersonnel on the f	following days and	hours: for spe	cial events	
(9) I wi	ll actively manage	e crowds cong	regating on the s	street at night, to m	inimize disturban	ces to residents.	
	vill not apply to thunity Board 1. $oxtimes$		alteration to the i	method of operation	n agreed to by thi	s stipulation without fir	st notifying
(11) I w	vill not apply for a	ı sidewalk caf	é license until at	least a year after be	eginning operatio	n. V Yes □No	
(12) I w	vill conspicuously	post this stipu	lation form besi	de my liquor licens	se inside of my bu	ısiness. 🗵	
(13) I c	onfirm that I have	, <u>0</u> viol	ations from prev	vious establishment	s for which I have	e served as a principal.	
(14) I w	vill (additionally):						
No red	membership	is require	ed, the estable enities which	lishment is open the	en to the pub cafe.	lic but there is an	entrance fee
Th	is is a conve	rted bathho	ouse with a s	spa, lounge ar	ea and class	es.	
				-p-:,:g:.			
						dressed immediately an impact on my neighbors	
Name:	Maurilinn R	Waneka		Ph	one Number:	4178481956	
Alterna	te Contact:	Esther Hur	mphrey		Phone Numbe	r:4158665936	
I hereb	y certify that the	information	provided above	e is truthful and ac	ccurate based up	oon my personal belief.	
4	111				04/08/20)24	
Signed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Dated		
C .	outin Oth	ıcΔnri	I 2024	Onal. V	Hamil Dal		CAROLA VILLAMIZAR
Sworn t	to this Oth	_day of Apri	. 2024	CALOLA (1	HAMI KAC	Notar	y Public - State of Florida

Notarized remotely online using communication technology via Proof.

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