

Manhattan Community Board 1 Liquor License Stipulations

I, Mark Gordon, as a qualified representative of 143 Fullon Street Development Owner LLC & Good Guys Hospitality, LLC, located at 26 Ann Street, New York, New York 10038, New York, New York, agree to

the following stipulations for the applicant's Method of Operation: BAR: 8:00AM - 2:00AM 7 DAYS A WEEK

(1) My hours of operation will be HOTEL 24/7 Sunday Thursday and Friday Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). C-24/7 (Liquor/Wine/Beer): 8:00AM - 4:00AM 7 DAYS A WEEK

(2) I will operate a full-service restaurant, (please describe type of restaurant): HOTEL WITH RESTAURANT with full food service until hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) ALREADY SOUNDPROOFED

(4) I will have: DJs [X]Yes [ ]No Live music [X]Yes [ ]No Promoted events [ ]Yes [X]No Cover fee events [ ]Yes [X]No Scheduled performances [ ]Yes [X]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. [X] I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: HOTEL SECURITY

(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. [X]

(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. [X]

(10) I intend to apply for a sidewalk cafe license. [ ]Yes [X]No

(11) I intend to apply for a cabaret license. [ ]Yes [X]No

(12) I will conspicuously post this stipulation form beside my liquor license inside of my business. [X]

(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: Jeff De Canelo (Manager F&B) Phone Number: (212) 477-8111

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.

Signed [Signature]

Dated 1/15/18

Sworn to this 15th day of January 2018

[Signature] Notary Public

Manhattan Community Board 1 Liquor License Stipulations

I, ROBERT ANDREWS, as a qualified representative of 5 Beekman Hotel Owners Llc located at 5 Beekman Street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation: Change in method of operation

(1) My hours of operation will be Sunday 10:am-2:am / Monday - Saturday 8:30-2:am / Celler: 4:pm-4:am 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): Upstairs: 8:30 am - 2: am Downstairs: 4:pm - 4:am with full food service until 4:am hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) Subwoofers

(4) I will have: DJs [X]Yes [ ]No Live music [X]Yes [ ]No Promoted events [ ]Yes [ ]No Cover fee events [ ]Yes [X]No Scheduled performances [ ]Yes [X]No

(5) [ ]I will play recorded background music only, consisting of Live DJ will stop at 2: am 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: Yes

(8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. [X]

(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. [X]

(10) I intend to apply for a sidewalk cafe license. [ ]Yes [X]No

(11) I intend to apply for a cabaret license. [ ]Yes [ ]No No Dancing

(12) I will conspicuously post this stipulation form beside my liquor license inside of my business. [X]

(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:

Alternate Contact: Phone Number:

(14) I will (additionally): Roof hours will remain the same D.J. will stop at 4:am in celler

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

Signed [Signature]

Dated 1/10/18

Sworn to this 10 day of Jan 2018

[Signature] Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17

DONALD M. BERNSTEIN Notary Public, State of New York No. 02BE4806351 Qualified in New York County Commission Expires November 30, 2018



Manhattan Community Board 1 Liquor License Stipulations

I, Marla G Laport, as a qualified representative of CP Maiden Lane LLC,  
located at 151 Maiden Lane, AC Hotel New York City Downtown, New York, New York, agree to

the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be 10:am - 1:am Sunday - Thursday and 6:30am - 1:am Friday - Saturday  
(I understand this to mean that all patrons will be cleared from the establishment at the specified hour). Lounge will open at 12: pm  
Friday & Saturday

(2) I will operate a full-service restaurant, (please describe type of restaurant): 6:30 - 2:am  
Full Service Kitchen with full food service until \_\_\_\_\_ hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) ceiling speakers

(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 Will have live music  
\_\_\_\_\_ 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: 24 hr. security

(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 No Dancing

(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: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(14) I will (additionally): No Rooftop

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

[Signature]  
Signed \_\_\_\_\_

1.12.2018  
Dated \_\_\_\_\_

Sworn to this 12th day of January, 2018

[Signature] / Diane Easton  
Notary Public  
My Commission Expires: 1.9.2019



Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17

Manhattan Community Board 1 Liquor License Stipulations

I, Adrian Bruyere, as a qualified representative of AB Hospitality Inc., located at 9-11 Maiden Lane, New York, New York, agree to

the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be <sup>10:am @ AD</sup> 7am-9pm Sunday - Thursday and <sup>8:am @ AB</sup> 7am-9pm 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): French Cafe with full food service until all hours 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 None 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: 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 cafe 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: Adrian Bruyere Phone Number: (347) 601-0287

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.

X  Signed \_\_\_\_\_

FRANK J. ... Notary Public ... Dated 1/10/18 ... Commission Expires ... 2018 Notary Public

Sworn to this 10th day of January 2018



Manhattan Community Board 1 Liquor License Stipulations

I, Oleg Azizov, as a qualified representative of AFNYC LLC

located at 205 Hudson Street, New York, New York 10013, New York, New York, agree to

the following stipulations for the applicant's Method of Operation:

- (1) My hours of operation will be Sunday - 10:am - 1:am / Monday - Thursday - 8:am - 1:am / Friday - 8:am - 6:pm  
 (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). Saturday - 7:pm - 2:am
- (2) I will operate a full-service restaurant, (please describe type of restaurant): Kosher Restaurant

\_\_\_\_\_ with full food service until all hour(s) before closing.

- (3) I will install soundproofing (please describe type and locations) 20 speakers, ceiling  
Foam

- (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 Will be 20 speakers  
 \_\_\_\_\_ 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: No will provide security to monitor customer activities

- (8) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.  on Thursday and Saturday. First night 10:pm to closing.

- (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 No Dancing

- (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: Moses Wendel Phone Number: (215) 208-2831

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- (14) I will (additionally): Ground Floor 138 seats/13 Bar stools. Add to Website Prop/Off/PickUp on  
Will have bicycle delivery, there will be no DJ on Abbot St.

Basement has 64 seats/18 Bar stools. No private promoters, space will not be rented to any outside entities. No "wedding" type events.

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

Signed \_\_\_\_\_

Dated 1/17/18

Sworn to this 17 day of January 2018

Notary Public

JAVA WEISS  
Notary Public, State of New York  
No. 01WE6100761  
Qualified in Kings County  
Commission Expires Oct. 24, 2019  
Rev. 3/17

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant.