

I, X Richard Terry, as a qualified representative of Lam Pearl Street Hotel, LLC located at 213-221 Pearl Street, New York, New York, agree to

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

(1) My hours of operation will be Monday - Saturday: 8:am - 2:am / Sunday: 10:am - 2: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): Restaurant
Hotel with full food service until 1:am 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 Background
_____ If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by M/A 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 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: X Richard Terry / Manager Phone Number: 212-274-3000

Alternate Contact: _____ Phone Number: 646-350-0192

(14) I will (additionally): On 2nd Floor, 84 Seats

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

X Richard Terry
Signed

7/12/18
Dated

Sworn to this 12th day of July 2018

Susan P. Cole
Notary Public, State of New York
No. 016048706
Qualified in New York County
Commission Expires May 26, 2019

I, X Kelly Fitzpatrick, as a qualified representative of Blue Park Kitchen, located at 70 Pine Street, New York, New York, agree to

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

(1) My hours of operation will be Monday - Sunday: 11:00 am - 10:00 pm 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 10:00 pm hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) N/A

(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 Background 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 _____ 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 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: X Kelly Fitzpatrick Phone Number: 609-712-1343

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 X Kelly Fitzpatrick

Sworn to this 2th day of July, 2018

7/12/18
Notary Public, State of New York
SUSAN P. COLE
Qualified in New York County
Commission Expires May 26, 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 Application Questionnaire Summary
Revised 4/2018

1- Applicant Name

Blue Park Pine LLC

2- Establishment Name (Corporate & DBA)

Blue Park Pine

3- Address for Proposed License

70 Pine Street

4- Proposed Days/Hours of Operation

daily, closing at 10pm.

5- Square Footage of Location

1500 sq ft (700 for patrons)

6- Method of Operations (bar restaurant, Catering, etc)

restaurant, quick service

7- Type of License (Full liquor/OP, beer and wine, etc.)

beer/wine

8- Sidewalk Café? Yes/No

no

9- Type of Music ? Live Recorded DJ

recorded background

10- Volume of Music? Background Other

recorded background

11- Applicant's Previous Licensed Establishments and Addresses

n/a (this is beer/wine only)

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, Douglas McMahon, as a qualified representative of 100 Church Street Club Inc.,

located at 100 Church Street, 7th floor, New York, New York, agree to

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

- (1) My hours of operation will be liquor Monday - Thursday: 8:am - 1:am / Friday + Saturday: 8:am - 2:am Sunday - Thursday and Sunday: 10:am - 1:am
(2) I will operate a full-service restaurant, (please describe type of restaurant): American (Restaurant/Lounge/Health and Fitness) Private Members Club License (CL) with full food service until 1:am or 2:am hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) Speaker in Ceilings

- (4) I will have: DJs (Yes/No), Live music (Yes/No), Recorded Music (Yes/No), Dancing (Yes/No), Promoted events (Yes/No), Cover fee events (Yes/No), Scheduled performances (Yes/No)
Members Only, membership fee

(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.

(6) I will close all doors and windows by N/A 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. [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/No

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

(12) 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: Douglas McMahon Phone Number: (407) 909-7006

Alternate Contact: Phone Number:

(13) I will (additionally): Members Only Events, Membership Fees
*Would need to apply to BCA For Physical Culture Est, Public Assembly = 670. (CL)

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed: [Signature] Date: 7/12/18

Sworn to this 12th day of July, 2018
SUSAN P. COLE
Notary Public, State of New York
No. 01C04897699
Qualified in New York County
Commission Expires May 26, 2019

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.

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 4/2018

- 1- Applicant Name
Douglas McMahon, ABC Officer
- 2- Establishment Name (Corporate & DBA)
100 Church Street Club Inc.
- 3- Address for Proposed License
100 Church Street, 7th floor, New York, New York 10007
- 4- Proposed Days/Hours of Operation
Sunday 10am - 1am
Monday to Thursday 5am-1am
Friday to Saturday 5am-2am
- 5- Square Footage of Location
34,000 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc)
Private Members Club
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
Full Liquor On-Premises
- 8- Sidewalk Café? Yes/No
No
- 9- Type of Music ? Live Recorded DJ
- 10- Volume of Music? Background Other *On occasion, a club member may have a private event (e.g. 50th birthday party) with a DJ or live music
- 11- Applicant's Previous Licensed Establishments and Addresses
N/A

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.

I, X Kevin Moore, as a qualified representative of Governors Island, located at 515 Hay Road, 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 - 10:pm Every Day 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): Restaurant 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 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 Background 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 _____ 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 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: X Kevin Moore Phone Number: X 917 608 6457

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 X Kevin Moore

Dated 7/12/10

Sworn to this 12th day of July, 2010

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

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 4/2018

- 1- Applicant Name
 Salmon West LLC
- 2- Establishment Name (Corporate & DBA)
 Eva's Icebox
- 3- Address for Proposed License
 515 Hay Road, Governors Island. NY 10004
- 4- Proposed Days/Hours of Operation
 10AM - 10PM Mon-Fri
 10AM - 10PM Sat- Sun
- 5- Square Footage of Location
 112 Sq Ft kiosk,
 2000 Sq Ft outdoor area.
- 6- Method of Operations (bar restaurant, Catering, etc)
 Seasonal outdoor kiosk serving, picnic fares, hotdogs, quedillas, salads.
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
 Full Liquor
- 8- Sidewalk Café? Yes/ No
 Outdoor Venue on Governors Island
- 9- Type of Music? Live Recorded DJ
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
- | | |
|---|--|
| Salmon East Seven Corp. | 277A Van Brunt Street, Brooklyn, NY 11231 |
| Salmon East Seven Corp.
(Seasonal License) | Liggett Hall Crtyd Bldg 400, Governor's Island, NY 10004 |

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, Zachary Winiick, as a qualified representative of Pier 17 Restaurant C101, LLC
located at 95 South St, Bldg C,, New York, New York, agree to

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

(1) My hours of operation will be 10am - 1:am Sunday - Thursday and 10:am - 1:am 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): Modern Asian
_____ 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 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 Background and "Karaoke"
_____ 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 _____ 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.

(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: Jenny Mullins Phone Number: 212-228-0031

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 Zachary Winiick

Dated 7/12/18
Susan P. Cole

Sworn to this 12 day of July 2018

SUSAN P. COLE
Notary Public, State of New York
Notary ID: 010000056
Qualified in New York County
Commission Expires May 26, 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 Application Questionnaire Summary
Revised 4/2018

- 1- Applicant Name Pier 17 Restaurant C101, LLC
- 2- Establishment Name (Corporate & DBA) TBD
- 3- Address for Proposed License 95 South Street, Building C
New York, NY 10038
- 4- Proposed Days/Hours of Operation Sun -Sat
9AM - 1AM
- 5- Square Footage of Location 7124sq ft
- 6- Method of Operations (bar restaurant, Catering, etc) Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Full liquor/OP
- 8- Sidewalk Café? Yes/No *There will be an outdoor patio area*
- 9- Type of Music ? Live Recorded DJ
Karaoke
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
Various Seaport applications pending

Notar: *Signature*
State of New York
Date: *4/11/18*
Commission Expires: *1/1/19*

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 *26 Cream / eam*

I, X Eurie Choi, as a qualified representative of Panchak Aggarwal Corp,
located at 26 Vesey Street, 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 - 9:pm Every Day 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): Restaurant/Deil
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 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 Background
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 _____ 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 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: X Eurie Choi Phone Number: X 212-594-1035

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): Beer only

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

Signed X Eurie Choi

Sworn to this 12th day of July 2018

Dated 7/12/18
Susan P. Cole
SUSAN P. COLE
Notary Public, State of New York
04897056
Notary Public
Qualified in New York County
Commission Expires May 26, 2019

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 4/2018

1- Applicant Name

Pankaj Aggarwal

2- Establishment Name (Corporate & DBA)

26 Dream Team Corp

3- Address for Proposed License

26 Vesey Street

4- Proposed Days/Hours of Operation

Su 7a-4p

Sa 6a-6p

Mon-Thurs 5a-9p

5- Square Footage of Location

~ 3600

6- Method of Operations (bar restaurant, Catering, etc)

sit-in deli

7- Type of License (Full liquor/OP, beer and wine, etc.)

eating place beer

8- 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

Jaknap Farms LLC

505 Columbus Ave, New York

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, X Louis Klach, as a qualified representative of The Mint NYC Restaurant located at 11 Stone Street, New York, New York, agree to

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

(1) My hours of operation will be Monday - Thursday: 12 pm - 12:am / Friday + Saturday: 12: pm - 1: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): 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 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 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 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: X Louis Klach Phone Number: X 646-942-0961

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): 3 Stand Up Bars, Open to Public

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

Signed [Signature]

Dated 7/12/18
[Signature]
SUSAN P. COLE

Sworn to this 12th day of July, 2018

Notary Public, State of New York
No. 01C04897056
Qualified in New York County
Expires May 26, 2019

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 4/2018

1- Applicant Name

The Mint NYC Restaurant Inc

2- Establishment Name (Corporate & DBA)

The Mint NYC Restaurant Inc dba The Mint

3- Address for Proposed License

11 Stone Street, New York, NY 10004

4- Proposed Days/Hours of Operation

Weekday: 12PM to 12AM

Weekend: 12PM to 1AM

5- Square Footage of Location

Total 3,700 sq. ft. for 4 floors: 1st Floor - 1,000 sq. ft. 26th & 27th Floor - 1,000 sq. ft.
2nd Floor - 1,400 sq. ft. 2nd Floor patio - 300 sq.ft.

6- Method of Operations (bar restaurant, Catering, etc)

Hotel restaurant, bar/lounge

7- Type of License (Full liquor/OP, beer and wine, etc.)

Full Liquor/HL (Hotel License)

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

Not applicable

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, X KEVIN HUANG, as a qualified representative of Convene, located at One Liberty Plaza 2nd and 3rd Floor, New York, New York, agree to the following stipulations for the applicant's Method of Operation: 10:am - 12:am Every Day

(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): Corporate Meetings Events Space 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 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 Background or... see # 14 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. closed All Days

(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 cafe 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: X KEVIN HUANG Phone Number: X 1 310 985 5858

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): DJ's and Live Music For Events
PA = ~~200~~ (M) PA = 1715 persons.

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

Signed X Kevin Huang

Sworn to this 11th day of July, 2018

Dated 7.11.18
Susan P. Cole
Notary Public, State of New York
Qualified in New York County
Commission Expires May 26, 2019

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 4/2018

- 1- Applicant Name
Ryan Simonetti
- 2- Establishment Name (Corporate & DBA)
Convene at One Liberty Plaza, LLC
- 3- Address for Proposed License
One Liberty Plaza, 2nd Fl & 3rd Fl
- 4- Proposed Days/Hours of Operation
Mon-Sunday: 6am - 12am
- 5- Square Footage of Location
86,252
- 6- Method of Operations (bar restaurant, Catering, etc)
Corporate Meetings & Events and shared workspace venue
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
OP252
- 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

Downtown Locations - 101 Greenwich Street, 32 Old Slip
Midtown West Locations - 117 W 46th Street, 810 Seventh Ave.
Midtown East Locations - 730 Third Ave., 101 Park Ave., 237 Park Ave.

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, X KEVIN HUAPL, as a qualified representative of Convenc,

located at One Liberty Plaza (Ground Floor), New York, New York, agree to

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

10: am - 10: pm Every day

(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): Cafe
_____ with full food service until 10: pm hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) N/A

(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 Background
_____ If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by Closed all Days 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 cafe 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: X KEVIN HUAPL Phone Number: X 310 985 5858

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): Open to public
No cooking ~~and~~ on site

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

Signed X KEVIN HUAPL

Sworn to this 11th day of July, 2018

Dated 7.11.18
[Signature]

Notary Public P. COLE
Notary Public, State of New York
No. 01C04897056

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17
Commission Expires May 26, 2019

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 4/2018

1- Applicant Name

Ryan Simonetti

2- Establishment Name (Corporate & DBA)

Convene at One Liberty Plaza, LLC

3- Address for Proposed License

One Liberty Plaza, Ground Floor

4- Proposed Days/Hours of Operation

Mon-Friday: 7am - 7pm; Saturday - 7am - 10¹⁰pm

5- Square Footage of Location

4,774

6- Method of Operations (bar restaurant, Catering, etc)

Ground Floor Cafe

7- Type of License (Full liquor/OP, beer and wine, etc.)

OP252

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

Downtown Locations - 101 Greenwich Street, 32 Old Slip

Midtown West Locations - 117 W 46th Street, 810 Seventh Ave.

Midtown East Locations - 730 Third Ave., 101 Park Ave., 237 Park Ave.

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.

I, X, as a qualified representative of Liam Street Ventures, LTD

located at 19 S. William Street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation: End at 11: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): Magic Performances
_____ with full food service until _____ 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 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: X Phone Number: X

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): 30-40 people, 2nd Floor,
Also enter on 47 Stone, Interactive Dining

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

X
Signed _____

Dated

Sworn to this _____ day of _____
Notary Public