I, OmarieGeorges, as a qualified representative of TBD	,	
22 11156 512	, New York, New York, agree to	
the following stipulations for the applicant's Method of Operation:	thursday,	
(1) My hours of operation will be <u>\(\langle \arg \arg \arg \arg \arg \arg \arg \arg</u>	le specified flour).	
(2) I will operate a full-service restaurant, (please describe type of restaurant):	Bas/Tavern	
with full food service until	hour(s) before closing.	
(3) I will install soundproofing (please describe type and locations)		
Double Door to Enter		
(4) I will have: DJs \(\sqrt{Y}\)Yes \(\sqrt{N}\)No Live music \(\sqrt{Y}\)Yes \(\sqrt{N}\)No Recorded Music Promoted events \(\sqrt{Y}\)Yes \(\sqrt{N}\)No Cover fee events \(\sqrt{Y}\)Yes \(\sqrt{N}\)No	YYes □No Dancing □Yes □No Scheduled performances □Yes □No	
(5) Volume of all music, events or performances will be at background levels neighbors, it is not background.	29	
(6) I will close all doors and windows bySun-Thurs and Fri-Sat. 🗹 I wi	ll not have French doors or windows.	
(7) I will employ a doorman/security personnel on the following days and hours:	les all days.	
(8) I will actively manage crowds congregating on the street at night, to minimize dis	turbances 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 will conspicuously post this stipulation form beside my liquor license inside of my business.		
(12) Residents may contact the manager/owner at the below number. Complaints v revisit the above-stated method of operation if necessary in order to minimize my est		
Name: Phone Number	er: X	
Alternate Contact: Phone N	Number:	
(13) I will (additionally): 200' Rule Applies. (SLA W	ill determin)*	
Monday and Tuesday only	For D. J.'s	
One night a week of Live in	usic.	
No gueing at Front door 3	ecurity will manage	
I hereby gerfify that the information provided above is truthful and accurate ba	sed upon my personal belief.	
XU/XX	AJA X7/10/19	
Signed Sugan P.Co		
Sworn to this // day of // 20/9 Notary Public, State of No. e1 c0 48970 Qualified in New Yorl Commission Expires Ma	Countinatory Public	
Community Board 1 requests that the SLA add these stipulations to the license of the	0022	

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.

1-	Applicant Name Omarie Georges
2-	Establishment Name (Corporate & DBA) TBD
3-	Address for Proposed License
	32 Cliff Street, New York, Ny 10038
4-	Proposed Days/Hours of Operation
	Sunday to Saturday: 11am - 4am
5-	Square Footage of Location
	3700 sq ft - Includes basement for storage
6-	Method of Operations (bar restaurant, Catering, etc)
	Bar/Tavern
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Full Liquor
8-	Sidewalk Café? Yes/No
_	No The state of th
9-	Type of Music? 🖾 Live 🖾 Recorded 🖾 DJ
10-	Volume of Music? ☑ Background ☐ Other
11-	Applicant's Previous Licensed Establishments and Addresses
	N/A

I, BRANDON HIRSCH , as a qualified repre	esentative of TACODUMBO
located at 175 GREENWICH STREET	, New York, New York, agree to
the following stipulations for the applicant's Method of O	Operation for their ON PREMISE LIQUOR license
11:am - 11:	pu everyday
(1) My hours of operation will beSundaunderstand this to mean that all patrons will be cleared from	ay - Thursday and Friday - Saturday (I the establishment at the specified hour).
(2) I will operate a full-service restaurant, (please describe ty RESTAURANT	
57	with full food service untilhour(s) before closing.
(3) I will install soundproofing (please describe type and loca	ations) N/14
	Recorded Music Kees No Dancing Yes Ko
Promoted events Yes No Cover fee events	□Yes □No Scheduled performances □Yes □No
	ackground levels only. If it can be heard outside, or by neighbors, it
is not background music.	, closed
(6) I will close all doors and windows by /// Sun-Thurs ar	od Fri-Sat. 🗹 will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during 8AM - 11AM	g the hours of
(8) I will employ a doorman/security personnel on the follow	ring days and hours: V/14
(9) I will actively manage crowds congregating on the street	***
	od 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	y 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 the above-stated method of operation if necessary in order to	number. Complaints will be addressed immediately and I will revisit
and the state of t	minimize my establishment of impact on my noighbors.
Name: Rainlove Lampariello	Phone Number: 646 549 8955
Alternate Contact:	Phone Number:
I hereby certify that the information provided above is tr	uthful and accurate based upon my personal belief.
1	$1/\sqrt{2}$
	- X 7/19/7 / / / / / / / / / / / / / / / / / /
Signed	Dated
1 1	10/4 SUSAN P.COLE
Sworn to this folk day of two	Notary Public, State of New York No. 01C04897056 Qualified in New York County Qualified in New York County
1	Commission Expires May 20, 2018
Community Board 1 requests that the SLA add these stipular stipulations and board resolution shall supersede all other do	
	11012/10

1-	Applicant Name 175 GREENWICH LLC TACOFUMBO
2-	Establishment Name (Corporate & DBA) TACODUMBO
3-	Address for Proposed License 175 GREENWICH STREET (THE OCULUS) STORE LL3100
4-	Proposed Days/Hours of Operation 11AM TO 11PM
5-	Square Footage of Location LESS THAN 2000
6-	Method of Operations (bar restaurant, catering, etc) RESTAURANT
7-	Type of License (Full liquor/OP, beer and wine, etc.) FULL OP
8-	Sidewalk Café? Yes/No NO
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ ☐ RECORDED BACKGROUND
10-	- Volume of Music? Background Other AMBIENT
11-	- Applicant's Previous Licensed Establishments and Addresses SEE BELOW
	Premises Name Address TACODUMBO 666 5TH LLC 15 W 52ND ST AKA 666 5TH AVE NEW YORK, NY 10019 TACODUMBO 2 PENN PLAZA LLC 2 PENNSYLVANIA PLAZA-VENDOR NEW YORK, NY 10121 TACODUMBO 1385 BROADWAY LLC 1385 BROADWAY STORE #2 NEW YORK, NY 10018 TACODUMBO 114W47 LLC114 W 47TH ST STORE 100 NEW YORK, NY 10036

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.

TACODUMBO 237 PARK LLC 237 PARK AVE NEW YORK, NY 10017

I, Brandon Hirsch , as a qualified representative	of Tacodumbo 200 Broadway LLC
I, Brandon Hirsch, as a qualified representative located at 200 Broadway New York NY 10038	, New York, New York, agree to
the following stipulations for the applicant's Method of Operation	for their on premise liquor license
the following stipulations for the applicant's Method of Operation (1) My hours of operation will be Sunday – Thursunderstand this to mean that all patrons will be cleared from the establishment.	sday and Friday – Saturday (I ishment at the specified hour).
(2) I will operate a full-service restaurant, (please describe type of restaurant,	aurant): Mexican 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 \(\text{Yes} \) Live music \(\text{Yes} \) Recorded I	Music Yes No Dancing Yes No
Promoted events Yes No Cover fee events Yes	Scheduled performances \(\sigma\)Yes \(\sigma\)No
(5) Volume of all music, events or performances will be at background is not background music.	l levels only. If it can be heard outside, or by neighbors, it
(6) I will close all doors and windows bySun-Thurs and	Fri-Sat. □I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hour 8am - 11am	
(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, t	
(10) I will not apply to the SLA for an alteration to the method of oper Community Board 1. ⊠	ation agreed to by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at least a year after	er beginning operation. ☑Yes □No
(12) I will conspicuously post this stipulation form beside my liquor li	cense inside of my business.
(13) I confirm that I have 0 violations from previous establishm	nents for which I have served as a principal.
(14) I will (additionally):	
(15) Residents may contact the manager/owner at the below number. the above-stated method of operation if necessary in order to minimize	Complaints will be addressed immediately and I will revisit e my establishment's impact on my neighbors.
Name: Rainlove Lampariello	Phone Number: 646 549 8955
Alternate Contact:	Phone Number:
I hereby cerlify that the information provided above is truthful at	nd accurate based upon my personal belief.
	1/12/19
1	
Signed	Daled
Sworn to this day of UL 2018 Notary P	SUSAN P.COLE SUSAN P.COLE Wolary Public. State of New York No. 01C04897055 No. 01C04897055 No. 01C04897055
Notary P Community Board 1 requests that the SLA add these stipulations to the stipulations and board resolution shall supersede all other documents.	ne licens Qualited in New York County 1021
stipulations and board resolution shall supersede all other documents.	Rev. 12/18

1-	Tacodumbo 200 Broadway LLC
2-	Establishment Name (Corporate & DBA)
	Taco Dumbo
3-	Address for Proposed License
	200 Broadway, NY, NY 10038
4-	Proposed Days/Hours of Operation
	Monday-Sunday, 11am-11pm
5-	Square Footage of Location
	4654
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Full Liquor
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
	Omakasa 31 W52 LLC - 31 West 52nd Street, 10019, RIAL #:1309015
	TacoDumbo, LLC - 117 Adams Street, BK, NY 11201 RIAL #:1296677
	TacoDumbo 666 5th LLC - 666 5th Avenue, New York, NY 10019 RIAL #1302929
	TacoDumbo 2 Penn Plaza LLC - 2 Penn Plaza New York, NY 10001 :RIAL #: 1305640
5)	TacoDumbo 1385 Broadway LLC - 1385 Broadway, New York, NY 10018, SERIAL #13134

Manhattan Community Board 1 Liquor License Stipulations Donella uc 1. Veronica Donella, as a qualified representative of located at 50 Hedson ST 14/K/4 88 Thomas ST, New York, New York, agree to 90 Thomas St the following stipulations for the applicant's Method of Operation for their ___ (1) My hours of operation will be 5 2 2 2 5 Sunday - Thursday and 5 70 cm Friday - Saturday (1 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): Tastino Mena with full food service until \ _\ hour(s) before closing. (3) I will install soundproofing (please describe type and locations) (4) I will have: DJs Tyes To Live music Tyes Tho Recorded Music Tyes Tho Dancing Tyes Tes Cover fee events TYes TYO Promoted events LIYes Woo Scheduled performances LiYes LiVo (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. (1) 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. LiYes ONo (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): Main Enter is 90 Thomas St. (His address For SLA) (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 Veronica Donella Phone Number: <u>×650 862 3300</u> Phone Number: Alternate Contact: I hereby certify that the information provided above is truthful and accurate based upon my personal helief. Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 26, 2019 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

1-	Applicant Name
	Donella LLC
2-	Establishment Name (Corporate & DBA)
	Bonella
3-	Address for Proposed License
	50 Hudson ST
4-	Proposed Days/Hours of Operation
5-	Froposed Days/Hours of Operation Sun To Thur, 5Pm To 12am Front Square Footage of Location
	approx. 1000
6-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	FULL LIQUOS
8-	Sidewalk Café? Yes No
9-	Type of Music? Live Decorded DJ
10-	Volume of Music? ☐ Background ☐ Other
11-	Applicant's Previous Licensed Establishments and Addresses
	RESTAUGAT CONSULTANT From 8/12-5/17
	alfredo of Rome (manager) 8/09-8/12 363 Greenwich St

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.

Veronica Boxella

I, x Eunk Youg Kil, as a qualified representative of Noted Tribeco,
located at 1/2 Hodson 54 , New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be graw - 1: and Sunday - Thursday and Graw - 2: 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)
(4) I will have: DJs \(\text{Yes} \) \(\text{DNo} \) Live music \(\text{Yes} \) \(\text{DNo} \) Recorded Music \(\text{Yes} \) \(\text{Dancing} \) Dancing \(\text{DYes} \) \(\text{DNo} \) Promoted events \(\text{LYes} \) \(\text{DNo} \) Cover fee events \(\text{LYes} \) \(\text{DNo} \) Scheduled performances \(\text{LYes} \) \(\text{DNo} \)
(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 bySun-Thurs and Fri-Sat. \[\sqrt{I}\] 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. 区
(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 will conspicuously post this stipulation form beside my liquor license inside of my business.
(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: X, Eunkyling Kil Phone Number: X, 646.895.0133
Alternate Contact: Phone Number:
No Daneiug allowed.
No Daneiug allowed.
8 # Z ₂
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed SUSAN P.COLE Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 20 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.

1-	Applicant Name
	EUNKYUNG KIL
2-	Establishment Name (Corporate & DBA)
	DREAMING MOON INC. DBA: NOTED TRIBECA
3-	Address for Proposed License
	112 HUDSON STREET, NY, NY 10013
4-	Proposed Days/Hours of Operation
	MON-SUN /7AM -12AM
5-	Square Footage of Location
	2,068 SQ
6-	Method of Operations (bar restaurant, Catering, etc)
	CAFE
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	BEER AND WINE
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
	N/A

I, <u>X</u>	as a qualified representative of Dig Inr	1 412 Greenwich Street LLC,
located at 41	112 Greenwich Street	, New York, New York, agree to
the following s	g stipulations for the applicant's Method of Operation:	
(I understand th	s of operation will be <u>11am-10pm</u> Sunday – Thursday and <u>11</u> this to mean that all patrons will be cleared from the establishment at the	ne specified hour).
(2) I will opera	erate a full-service restaurant, (please describe type of restaurant):	with seasonal local produce and
protein	with full food service until	liour(s) before closing.
(3) I will instal	tall soundproofing (please describe type and locations)	
(4) I will have:	re: DJs □Yes ☒No Live music □Yes ☒No Recorded Music Promoted events □Yes ☒No Cover fee events □Yes ☒No	
	of all music, events or performances will be at background levels is not background.	only. If it can be heard outside, or by
(6) I will close	se all doors and windows bySun-Thurs and Fri-Sat. 🛭 I w	ill not have French doors or windows.
(7) I will emplo	ploy a doorman/security personnel on the following days and hours: N	Ά
(8) I will active	ively manage crowds congregating on the street at night, to minimize di	sturbances to residents.
(9) I will not an Community Bo	apply to the SLA for an alteration to the method of operation agreed to Board 1. \boxtimes	by this stipulation without first notifying
(10) I intend to	to apply for a sidewalk café license. ⊠Yes □No	
(11) I will cons	onspicuously post this stipulation form beside my liquor license inside o	f my business. 🗵
	nts may contact the manager/owner at the below number. Complaints pove-stated method of operation if necessary in order to minimize my es	
Name: Ch	Chris Leahy Phone Number	per: <u>718-930-1202</u>
Alternate Con	ontact: Dan Ross-Leutwyler Phone	Number: 917-892-9011
(13) I will (add	additionally):	
Hours	5 for Sidewalk Cafe	
I hereby cert	ertify that the information provided above is truthful and accurate b	pased upon my personal belief.
Signed		Dated
Sworn to this	is day of	N. (D.) !
		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.

1-	Applicant Name
	Dig Inn 412 Greenwich Street LLC
2-	Establishment Name (Corporate & DBA)
	Dig Inn 412 Greenwich Street LLC d/b/a Dig Inn
3-	Address for Proposed License
	412 Greenwich Street, New York, NY 10013 (currently licensed)
4-	Proposed Days/Hours of Operation
	11am-10pm daily
5-	Square Footage of Location
	2351 sq ft
6-	Method of Operations (bar restaurant, Catering, etc)
	Fine fast restaurant
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 ☐ DJ
10-	- Volume of Music? ☑ Background ☐ Other
11	- Applicant's Previous Licensed Establishments and Addresses
] 	Dig Inn 100 West 67th Street LLC, 100 West 67th Street, New York, NY Dig Inn 1297 Lexington Avenue LLC, 1297 Lexington Avenue, New York, NY Dig Inn 691 Broadway LLC, 691 Broadway, New York, NY Dig Inn 70 Prince Street LLC, 70 Prince Street, New York, NY Dig Inn 709 Lexington Avenue LLC, 709 Lexington Avenue, New York, NY Dig Inn Madison Square Park LLC, 16 E. 23rd Street, New York, NY Dig Inn Rye Ridge LLC, 112 S. Ridge Street, Rye Brook, NY Dig Inn 1319 First Avenue LLC, 1319 1st Avenue, New York, NY Dig Inn 166 North 4th BK LLC, 166 N. 4th Street, Brooklyn, NY

I, JOHN KAPETANOS as a qualified representative of 123W HOSPITALITY GROUP LTD.
located at 123 Washington Street , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their <u>On Premises Liquor</u> license
10:an - 12:am - Sondad
(1) My hours of operation will be \(\frac{1}{2\cong} \) Sunday - Thursday and \(\frac{1}{2\cong} \) Sunday - 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):
Mediterranean Cuisine with full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) iv/A
(4) I will have: DJs \(\text{Yes} \) \(\text{No} \) Live music \(\text{Yes} \) \(\text{No} \) Recorded Music \(\text{Yes} \) \(\text{No} \) Dancing \(\text{Yes} \) \(\text{No} \)
Promoted events \(\text{Tyes} \) \(\text{SNo} \) Cover fee events \(\text{Tyes} \) \(\text{SNo} \) Scheduled performances \(\text{Tyes} \) \(\text{SNo} \)
(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 Main-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 □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):
- NO ROOF TOP USE
- No Deliveries between 10:pm and 8:am
- Out Door Seating Hours on Carlisle Street
Collina Ella Valley I loll Selvine
ad 9: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 John Kapctows Phone Number: X (646)294 1902
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
21.1.0
X (10) L
Signed Dated Time Total
Sworn to this May of July 20/9 SUSAN P. ØLE Notary Public, State of New York No. 01C04897056 Qualified in New York County
Notary Public 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. Rev. 12/18

1-	Applicant Name JOHN KAPETANOS
2-	Establishment Name (Corporate & DBA) 123W HOSPITALITY GROUP LTD. SKINOS MEDITERRANEAN CUISINE
3-	Address for Proposed License 123 Washington Street New York, New York 10009
4-	Proposed Days/Hours of Operation
	Sunday - Thursday - 7:00 a.m. to 12:00 a.m. Friday & Saturday - 7:00 a.m. to 2:00 a.m.
5-	Square Footage of Location 6,800
6-	Method of Operations (bar restaurant, Catering, etc) Mediterranean Restaurant
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	Full On Premises Liquor 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

See Attached

I, ROHAN TALWAR, as a qualified i	representative of IBH PARIS LLC
located at 281 CHURCH STREET; NEW Y	ORK NY 10013 , New York, New York, agree to
the following stipulations for the applicant's Method	
(1) My hours of operation will be 10am to 1am sunderstand this to mean that all patrons will be cleared for	om the establishment at the specified hour).
(2) I will operate a full-service restaurant, (please describ	be type of restaurant): AMERICAN/EUROPEAN
(3) I will install soundproofing (please describe type and N/A	with full food service until \overline{TWO} hour(s) before closing. locations) $\overline{N/A}$
(4) I will have: DJs Wes ZNo Live music Wes ZNo	Recorded Music Ziyes No Dancing Ves Zivo
	ents Tyes ZNo Scheduled performances Tyes ZNo
is not background music.	at background levels only. If it can be heard outside, or by neighbors, it
-(6) I will close all doors and windows by N Sun Thu	rs and Fri-Sat. □I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services d	
(8) I will employ a doorman/security personnel on the fo	llowing days and hours:
(9) I will actively manage crowds congregating on the st	
	ethod of operation agreed to by this stipulation without first notifying
(11) I will not apply for a sidewalk café license until at le	east a year after beginning operation. ZYes No
(12) I will conspicuously post this stipulation form besid	e my liquor license inside of my business.
(13) I confirm that I have violations from previ	ous establishments for which I have served as a principal.
(14) I will (additionally):	
- Cooking vent wear	street lever (will not be used avoid noise up to residental apts. Op President on sound proffing.
- Will sould a roof to	avoid noise up to residental apts.
Will work with co	Op President on sound proffing.
- Will return in a	months to reapply for later closing
hours donce sound	months to reapply for later closing proffing is installed.
(15) Residents may contact the manager/owner at the be	low number. Complaints will be addressed immediately and I will revisit er to minimize my establishment's impact on my neighbors.
Name: ROHAN TALWAR	Phone Number: 917 767 1538
Alternate Contact:	Phone Number:
	is truthful and accurate based upon my personal belief.
\times (D)	×7/10/2019
Signed	Dayled DOC
Sworn to this Way of June 2	SUSAN P.COLE Notary Public, State of New Yorks
an) ar 180-1	No. 01C04897056 Notar 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.

Rev. 12/18

1-	Applicant Name IBH PARIS LLC	
2-	Establishment Name (Corporate & DBA) PENDING	
3-	Address for Proposed License 281 CHURCH STREET, NEW YORK NY 10013	
4-	Proposed Days/Hours of Operation 10am to 1am and 10am to 2am	
5-	Square Footage of Location	
6-	Method of Operations (bar restaurant, catering, etc) RESTAURANT WITH CUSTOMER BAR	
7-	Type of License (Full liquor/OP, beer and wine, etc.) FULL ON-PREMISE LIQUOR LICENSE	
8-	Sidewalk Café? Yes/No NO	
9-	Type of Music? ☐ Live ☑ Recorded ☐ DJ RECORDED BACKGROUND	
10	- Volume of Music?	
11- Applicant's Previous Licensed Establishments and Addresses		

(TWO RESTAURANTS IN LOS ANGELES)

I, X Rosa m. Rviz, as a qualified representative of WW WBrothwis Luzscorp located at 181 Divage Stoce + , New York, New York, agree to
located at 181 Divage Stoce + , New York, New York, agree to
the following stipulations for the applicant's Method of Operation:
(1) My hours of operation will be !!'am - Sunday - Thursday and !!'am - 2'midray 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 Recorded Music □Yes □No Dancing □Yes □No Promoted events □Yes □No Cover fee events □Yes □No Scheduled performances □Yes □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.
(6) I will close all doors and windows by
(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. 区
(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 will conspicuously post this stipulation form beside my liquor license inside of my business.
(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: X Sor Anee Penthamvongrat Phone Number: 4929.278-9696
Alternate Contact: Phone Number:
(13) I will (additionally):
No beliveries to buisess between 10:pm to 8:am
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 7/10/19 Signed SUSAN P. SOLED Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Notary Publication Description: Commission Notary Publication Description Commission Notary Publication Commissi

Community Board I 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.

1-	Applicant Name VV&V Brothers 623 Corp
2-	Establishment Name (Corporate & DBA) TBD
3-	Address for Proposed License 181 Duane Street, New York, NY 10013
4-	Proposed Days/Hours of Operation 11am - 1am, all days
5-	Square Footage of Location
6-	Method of Operations (bar restaurant, Catering, etc) restaurant with background music serving Italian Cuisine
7-	Type of License (Full liquor/OP, beer and wine, etc.) on-premises
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 . n/a