



Manhattan Community Board 1 Liquor License Stipulations

I, Dana Li, as a qualified representative of GM 27 LLC, located at 27 Vestry Street aka 177 Hudson Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-premises liquor license

- \* (1) My hours of operation will be 7AM-10PM Monday -Thursday and 7AM - 11:30PM 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/Tavern with work and meeting space with full food service until all hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) on ceilings (wood wool acoustical panels).
(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 music.
(6) I will close all doors and windows by 10pm Sun-Thurs and 11:30pm Fri-Sat. I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of 7AM - 12PM
(8) I will employ a doorman/security personnel on the following days and hours: 5pm till closing all days of the week.
(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 cafe license until at least a year after beginning operation.
(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):

\* Hours of operation will be from 7AM-10PM Monday -Thursday, 7AM-11:30 on Fridays and Saturdays, and 8AM-9PM on Sundays. Food service hours will be the same as the hours of operation. Bar service hours will begin at 5PM all days of the week, and end at 10PM Monday-Thursday, 11PM Fridays and Saturdays, and 9PM on Sundays.

\*\* Agree to employ security personnel to avoid any unwelcome behavior such as loitering outside the establishment

(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: Dana Li Phone Number: 347-497-0440

Alternate Contact: Phone Number:

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

Signed [Signature] Dated 8/18/20

KIMBERLY ANNE SUMMERS NOTARY PUBLIC, STATE OF NEW YORK Registration No. 02SU6217398 Qualified in Queens County Commission Expires August 4, 2022

Sworn to this 18th day of August 2020 Kimberly A Summers Notary Public Notarized pursuant to NYS Executive Order 202.7

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**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire Summary**  
**Revised 8/2019**

- 1- Applicant Name **107 Greenwich Inc.**
- 2- Establishment Name (Corporate & DBA) **N/A**
- 3- Address for Proposed License **107 Greenwich St., 18th Floor  
New York, NY 10006**
- 4- Proposed Days/Hours of Operation **M-W: 8am-11pm; Th-Sat: 8am-12am; Sun: 7am-6pm\*  
(for outdoor area: M-Sat: 8am-10pm; Sun: 8am-6pm\*)**
- 4.1 What floor(s) is the establishment on? **18th** \*Sunday alcohol service begins at 10am
- 4.2 Any rooftop, terrace, or other outside usage? **Terrace**
- 5- Square Footage of Location **7,619 sq. ft.**
- 6- Method of Operations (bar restaurant, catering, etc.) **Club/tenant amenity space for building tenants and the employees, leadership, and vestrymen of Trinity Church**
- 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) **New**
- 8- Sidewalk Café? Yes/No **No**
- 9- Type of Music?  Live\*  Recorded  DJ\*  
**\*For rare, special events only**
- 10- Volume of Music?  Background† (*no sound from events, performances or music will be heard outside the premises or by neighbors*)  
 Other **\*On the terrace: small speakers programmed for projecting spoken word and ambient, low-level background music (i.e., minimum amplification of speakers); no subwoofers inside or outside**
- 11- Where will the kitchen exhaust system vent to? **At a louver on building's facade**
- 12- 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.

Manhattan Community Board 1 Liquor License Stipulations

I, Robert Sokol, as a qualified representative of 107 Greenwich Inc., located at 107 Greenwich Street, 18th Floor, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their club liquor license

- (1) My hours of operation will be Sunday - Thursday and Friday - Saturday...
(2) I will operate a full-service restaurant, (please describe type of restaurant): private club for building tenants and employees, leadership and vestrymen of church...
(3) I will install soundproofing (please describe type and locations) double-paned insulated windows and spray-on soundproofing insulation in ceiling and flooring...
(4) I will have: DJs, Live music, Recorded Music, Dancing, Promoted events, Cover fee events, Scheduled performances...
(5) Volume of all music, events or performances will be at background levels only...
(6) I will close all doors and windows by 6pm Sun-Thurs and 10pm Fri-Sat...
(7) I will have delivery of supplies, goods and services during the hours of 7am-9am...
(8) I will employ a doorman/security personnel on the following days and hours: Building security 24/7...
(9) I will actively manage crowds congregating on the street at night...
(10) I will not apply to the SLA for an alteration to the method of operation...
(11) I will not apply for a sidewalk cafe license until at least a year after beginning operation...
(12) I will conspicuously post this stipulation form beside my liquor license...
(13) I confirm that I have 0 violations from previous establishments...
(14) I will (additionally):

\* Hours of operation and food service hours will be from 8AM-11PM Monday through Wednesday, 8AM-12AM

- Thursday through Saturday, and 7AM-6PM on Sundays. Bar service hours will be from 8AM to 11PM Monday through Wednesday, 8AM to 12AM Thursday through Saturday, and 10AM to 6PM on Sundays
Roll out a trash removal guideline for the 18th floor to ensure best practices of trash removal from the 18th floor amenity space
The applicant intends to have the in-house director of security oversee security for the entire building
There will not be recorded background music or non-musical entertainment in the form of spoken word or single panel speakers on the terrace

(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.

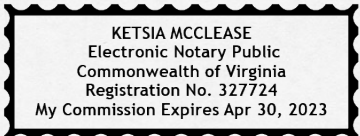
Name: Robert Sokol Phone Number: 917 290 5291

Alternate Contact: Phone Number:

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

Signed [Signature]

Dated 8-10-20



Sworn to this 10 day of August 2020 Ketsia McCleese

Notary Public

**MANHATTAN COMMUNITY BOARD 1**  
**Liquor License Application Questionnaire Summary**  
**Revised 8/2019**

- 1- Applicant Name  
WTC Tower 1 LLC and Legends Hospitality, LLC
- 2- Establishment Name (Corporate & DBA)  
TBD
- 3- Address for Proposed License  
One World Trade Center, 64th Floor  
New York, NY 10007
- 4- Proposed Days/Hours of Operation  
7 Days a week- 7:00AM - 1:00 AM
  - 4.1 What floor(s) is the establishment on?  
64th Floor
  - 4.2 Any rooftop, terrace, or other outside usage?  
No
- 5- Square Footage of Location  
17, 016
- 6- Method of Operations (bar restaurant, Catering, etc)  
Catering
- 7- Type of License (Full liquor/OP, beer and wine, etc.)  
On Premies Full Liquor
  - 7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)  
New application.
- 8- Sidewalk Café? Yes/No  
No.
- 9- Type of Music ?  Live  Recorded  DJ
- 10- Volume of Music?  Background (*no sound from events, performances or music will be heard outside the premises or by neighbors*)  
 Other
- 11- Where will the kitchen exhaust system vent to?  
N/A- no exhaust.
- 12- Applicant's Previous Licensed Establishments and Addresses  
Please see attached rider.

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, David Neil, as a qualified representative of WTC Tower 1 LLC and Legends Hospitality, LLC, located at One World Trade Center, 64th Floor, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Catering Establishment license

(See Section 14)

- \* (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): N/A Catering Establishment  
\_\_\_\_\_ with full food service until \_\_\_\_\_ hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) None
- \*\* (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 music.
- (6) I will close all doors and windows by \_\_\_\_\_ Sun-Thurs and \_\_\_\_\_ Fri-Sat.  I will not have French doors or windows.
- (7) I will have delivery of supplies, goods and services during the hours of \_\_\_\_\_ 7AM - 5PM \_\_\_\_\_
- (8) I will employ a doorman/security personnel on the following days and hours: Royal 1 Management LLC Security 24/7.
- (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 No violations from previous establishments for which I have served as a principal.
- (14) I will (additionally):

\* The hours of operation and food service hours will be from 7AM to 1AM all days of the week, and bar service hours will be from 8AM to 1AM all days of the week except for Sundays when no sales of alcoholic beverages will be made before noon and after 11PM. Closing hours are for private, invite-only events

\*\* Have live music including jazz, string, acoustic, acapella and amplified

(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: Delfin Ortiz Phone Number: 832-217-0733

Alternate Contact: Spencer Cohn Phone Number: 646-995-8492

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

DocuSigned by:  
David Neil 8/7/2020  
4E52CA78E7124B6...  
Signed Dated

Sworn to this 7 day of August

DocuSigned by:  
Marie Lunie Jean Batard  
CAF2374A8F048D...  
Notary Public

MARIE LUNIE JEAN BATARD  
Notary Public  
Kings County  
State of New York  
Commission Expires 4/23/2022

01JE6374323

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 8/2019

- 1- Applicant Name Davide Poggi
- 2- Establishment Name (Corporate & DBA)  
Osteria Del Porto inc, DBA Osteria Del Porto
- 3- Address for Proposed License  
212 Front Street
- 4- Proposed Days/Hours of Operation
- 4.1 What floor(s) is the establishment on? Basement, 1st + 2nd
- 4.2 Any rooftop, terrace, or other outside usage? NO
- 5- Square Footage of Location 1600
- 6- Method of Operations (bar restaurant, Catering, etc)  
Restaurant
- 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- Sidewalk Café? Yes/No (No)
- 9- Type of Music?  Live  Recorded  DJ
- 10- Volume of Music?  Background (*no sound from events, performances or music will be heard outside the premises or by neighbors*)  
 Other
- 11- Where will the kitchen exhaust system vent to? Existing (Roof)
- 12- Applicant's Previous Licensed Establishments and Addresses

DAVIDE - OSTERIA PIEMONTE CORPORATION 90 THOMPSON ST NY NY 10012

MAURIZIO - OSTERIA 106 LTD 53-55 W 106th ST NY NY 10025  
DRAFT HOUSE 3473 BROADWAY NY 10031, ANCHOR HEIGHTS 575 W 207th ST NY 10034

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BRETT - OSTERIA 106 LTD 53 W 106th ST NY 10025  
XAI XAI WINE BAR 369 W 51st ST NY 10018  
BRAII RESTAURANT 329 W 51st ST NY 10018

Manhattan Community Board 1 Liquor License Stipulations

I, DAVIDE POGGI, as a qualified representative of Osteria Del Porto Inc, located at 212 Front Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-premises liquor license

- \* (1) My hours of operation will be see below Sunday - Thursday and see below 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): Italian restaurant with full food service until 1 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 music.
- (6) I will close all doors and windows by \_\_\_\_\_ Sun-Thurs and \_\_\_\_\_ Fri-Sat.  I will not have French doors or windows.
- (7) I will have delivery of supplies, goods and services during the hours of 9AM - 11AM Monday through Friday
- (8) I will employ a doorman/security personnel on the following days and hours: N/A
- (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 cafe 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 NO violations from previous establishments for which I have served as a principal.
- (14) I will (additionally):

\* Hours of operation and food service hours will be from 11AM-12AM Monday through Wednesday, 11AM-1AM Thursday through Friday, 10AM-1AM on Saturdays, and 12PM-12AM on Sundays. Bar service hours are the same as hours of operation except for Sundays, which will be from 12PM-10PM

(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: DAVIDE POGGI Phone Number: 917 2943781

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

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

Signed [Signature] Dated 08/04/20  
Sworn to this 5<sup>th</sup> day of August 2020 [Signature]  
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.

