

Manhattan Community Board 1 Liquor License Stipulations

I, Nicolas Dutko, as a qualified representative of Tartinery Liberty LLC, located at Waterfront Plaza At Brookfield Place, 250 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 10am - 9pm Sunday - Thursday and 10am - 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): Tartinery
French sandwich shop with full food service until All 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 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 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: From Brookfield

(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 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: Nicolas Dutko Phone Number: (646) 675-6190

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally): Will change to 3 LLC's. (interior)
3 New Bars approx 18' foot = 146#
Beer + Wine to OP

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

Signed _____ Dated 6-13-18

Sworn to this 13th day of June 2018 _____ 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.

FRANK W. PALILLO
Notary Public, State of New York
No. 24-470492
Qualified in Kings County
Commission Expires April 13, 2019
Rev. 4/18

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

2 BAPD ✓
CORP CA
→ LIQUOR

- 1- Applicant Name *Tartinery Liberty LLC*
- 2- Establishment Name (Corporate & DBA) *Tartinery Liberty LLC*
DBA Tartinery
- 3- Address for Proposed License *Waterfront Plaza @ Brookfield Place*
250 Vesey Street
NYC, NY
- 4- Proposed Days/Hours of Operation *10 AM - 9 pm*
7 days per week
- 5- Square Footage of Location *Approx 7500sf*
- 6- Method of Operations (bar restaurant, catering, etc) *restaurant*
- 7- Type of License (Full liquor/OP, beer and wine, etc.) *Summer Liquor*
- 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 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, Shreef A. Mostafa, as a qualified representative of Ning Bo Cafe Restaurant
located at 21 South End Avenue, Only U Restaurant Corp., New York, New York, agree to

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

(1) My hours of operation will be Sunday - Thursday 11:am - 10:pm / Fri. + Sat., 11:am - Midnight
(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): Shanghai Food
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 _____ 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: Shreef A. Mostafa Phone Number: 212-786-1888
Alternate Contact: _____ Phone Number: 201-686-6966 cell
212-964-3000

(14) I will (additionally): PA = 74 seats, No Dancing
Same MoFO

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

Signed [Signature] Dated 6/13/2018

Sworn to this 13th day of June 2018
SUSAN P. COLE, Notary Public, State of New York
No. 01C04897056

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

- 1- Applicant Name
ONLY U RESTAURANT CORP.
- 2- Establishment Name (Corporate & DBA)
ONLY U RESTAURANT CORP.
DBA NINGBO CAFE
- 3- Address for Proposed License
21 SOUTH END AVE., STORE 3, NEW YORK, NY 10280
- 4- Proposed Days/Hours of Operation
7 DAYS weekdays (Sun - Thurs) 11 a.m. - 10 p.m.
weekends (Fri & Sat) 11 a.m. - midnight
- 5- Square Footage of Location
3,000 S.F.
- 6- Method of Operations (bar restaurant, Catering, etc)
Bar restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
Full liquor (OP)
- 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

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, Mike Slosser, as a qualified representative of Pier 17 Seafood Restaurant LLC, located at 95 South St., Building G, New York, New York, agree to

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

- (1) My hours of operation will be Sun - Wed. 12:pm - 11:pm / Thurs. - Sat. - 12:pm - 1:am Sunday - Thursday and Friday - Saturday
(2) I will operate a full-service restaurant, (please describe type of restaurant): Seafood 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, 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 N/A Sun-Thurs and Fri-Sat.
(7) I will employ a doorman/security personnel on the following days and hours: N/A Pier 17
(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.
(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: Daniel Del Vecchio Phone Number: 917-607-0132

Alternate Contact: Phone Number:

(13) I will (additionally): Windows will be closed 2 Fl Terrace has 8 table/16 seats

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

Signed [Signature] Dated 6/13/2018

Sworn to this 13th day of June 2018 Notary Public, State of New York SUSAN P. COLE

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 Pier 17 Seafood Restaurant, LLC

- 2- Establishment Name (Corporate & DBA)

- 3- Address for Proposed License 95 South Street, Building G
New York, NY 10038

- 4- Proposed Days/Hours of Operation Sun - Wed 12pm -11pm
Thurs - Sat 12pm - 1am

- 5- Square Footage of Location 9,772

- 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

- 10- Volume of Music? Background Other

- 11- Applicant's Previous Licensed Establishments and Addresses
Various Seaport applications pending

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, MARCA CRISTINA CAUSONE, as a qualified representative of 45 Beekman Operations LLC, located at 45 Beekman Street, New York, New York, agree to

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

(1) My hours of operation will be 11:am-11:pm Sunday - Thursday and 11:am-11:pm 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 Delivery 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 _____ 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: _____

(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: Simone Tiagna Phone Number: x

Alternate Contact: MARCA C. CAUSONE Phone Number: (917) 868-688

(14) I will (additionally): Wine & Beer

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

MARCA C. CAUSONE Signed [Signature] Dated 6/13/2018

Sworn to this 13th day of June 2018 SUSAN P. COLE Notary Public, State of New York No. 01004897056 Qualified in New York County Commission Expires May 26, 2019 Notary Public

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

- 1- Applicant Name
45 BEEKMAN OPERATIONS LLC
- 2- Establishment Name (Corporate & DBA)
45 BEEKMAN OPERATIONS LLC - SOCA LAB
- 3- Address for Proposed License
45 BEEKMAN STREET, NEW YORK, NY, 10038
- 4- Proposed Days/Hours of Operation
7/7 12:00 am to 11:00 pm
- 5- Square Footage of Location
- 6- Method of Operations (bar restaurant, catering, etc)
RESTAURANT
- 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
Ø

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 Luiz Campos, as a qualified representative of Ross Inc., located at 229 Fract Street, New York, New York, agree to

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

(1) My hours of operation will be Sun - Thurs. 11:30 am - 11: pm / Fri + Sat: 11:30 am - 12: 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): Brazilian / Portuguese 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 Acoustic Guitar 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 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 Luiz Campos Phone Number: x 973 449 0276

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): Live Acoustic Guitar (2) on Fri. and Sat.

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

Signed x Luiz Campos Dated 6/13/2018

Sworn to this 13th day of July 2018 SUSAN P. COLE Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 28, 2019 Notary Public

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

- 1- Applicant Name
Luiz Campos
- 2- Establishment Name (Corporate & DBA)
RSOL, Inc d/b/a Sabor Unido
- 3- Address for Proposed License
229 Front Street, New York, NY 10038
- 4- Proposed Days/Hours of Operation
Monday to Friday / 11:30 am - 11:00 pm
Saturday to Sunday / 11:30 am - 12:00am
- 5- Square Footage of Location
1,881 Sq Ft
- 6- Method of Operations (bar restaurant, Catering, etc)
Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
Full Liquor License/OP
- 8- Sidewalk Café? Yes/No
Yes
- 9- Type of Music ? Live Recorded DJ
Accoustic Guitar
- 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, Xin Chi Tang, as a qualified representative of August Gatherings Corp., located at 266 Canal St, West store, New York, New York, agree to

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

(1) My hours of operation will be 10AM-10PM Sunday - Thursday and 10AM-10PM 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): Chinese 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 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 _____ 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 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: Xin Chi Tang Phone Number: (718) 666-9936

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally): Change in class from Wine + Beer to OP. Same MoFO. No dancing.

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

Signed [Signature]

Dated May 30 2018

Sworn to this 30th day of May 2018

BRUCE FENTON [Signature]
Notary Public, State Of New York
No. 02FE6129702 - New York County
Commission Expires July 5, 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 *AUGUST GATHERINGS CORP. / Xin Chi Tang*
- 2- Establishment Name (Corporate & DBA) *AUGUST GATHERINGS CORP.*
- 3- Address for Proposed License *266 Canal Street, New York, NY 10013*
- 4- Proposed Days/Hours of Operation *Mon-Sunday 10AM - 10 PM*
- 5- Square Footage of Location *2,103*
- 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 *Class change for
Same establishment - 266 Canal Street, New York, NY 10013*

BRUCE FENTON
Notary Public, State Of New York
No. 02FE6129702 - New York County
Commission Expires July 5, 2019

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, Bryan Cowan, as a qualified representative of WFP 412 Greenwich St LLC dba WiseFish

located at 412 Greenwich, New York, New York, agree to the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be 1130am-930pm Sunday - Thursday and 1130am-930pm 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): Poke Restaurant Hawaii Fish with full food service until .5hr hour(s) before closing.

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

(4) I will have: DJs [] Yes [X] No Live music [] Yes [X] No Recorded Music [X] Yes [] No Dancing [] Yes [X] No Promoted events [] Yes [X] No Cover fee events [] Yes [X] No Scheduled performances [] Yes [X] 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. Background only

(6) I will close all doors and windows by 10pm Sun-Thurs and 10pm 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 no SWC in this application

(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: Bryan Cowan Phone Number: 631-875-1875

Alternate Contact: Phone Number:

(13) I will (additionally): No dancing, Beer & Wine & Cider Nadelweics after closing

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

Signed [Signature]

Dated 6/13/2018

Sworn to this 13th day of June 2018

[Signature]

SUSAN P. COLE Notary Public State of New York No. 01C04897056 Qualified in New York County Commission Expires 12/31/2019

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
WFP 412 Greenwich St LLC
- 2- Establishment Name (Corporate & DBA)
Wisefish
- 3- Address for Proposed License
412 Greenwich St
New York, NY
- 4- Proposed Days/Hours of Operation
11:30am-9:30pm
- 5- Square Footage of Location
1400sqft
- 6- Method of Operations (bar restaurant, Catering, etc)
Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
RW (Beer/Wine)
- 8- Sidewalk Café? Yes/No
Not in this application. Applicant will return to CB1 if they decide to apply for SWC
- 9- Type of Music ? Live Recorded DJ
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
Wisefish - 263 W 19th St, New York, NY 10011

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 Sarah Krathen, as a qualified representative of DW Broad Street LLC, located at 75 Broad Street (28 So. William St.), New York, New York, agree to

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

(1) My hours of operation will be Sun. - Thurs. - 12pm - 9:pm / Fri + Sat. - 12:pm - 11: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): Take Out
Wagyu Beef 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 Two small speakers
_____ 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 Sarah Krathen Phone Number: x 917-656-9525

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): PA = 174 / (main Enter) is on 28 South William St.

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

Sarah Krathen
Signed _____

Sworn to this 13th day of June 2018

Susan P. Cole
Dated 6/13/2018

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

DW BROAD STREET LLC

2- Establishment Name (Corporate & DBA)

DON WAGYU

3- Address for Proposed License

28 S. WILLIAM STREET

4- Proposed Days/Hours of Operation

SUN- THURS: 12PM -9PM ; FRIDAY - SATURDAY 12PM - 11PM

5- Square Footage of Location

450 SQUARE FEET

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

NO

9- Type of Music ? Live Recorded DJ

10- Volume of Music? Background Other

11- Applicant's Previous Licensed Establishments and Addresses

NISHIWAKI LLC DBA UCH - 217 ELDRIDGE STREET
SUSHI ON W 10TH ST LLC DBA SUSHI ON JONES - 210 W 10TH 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.

Manhattan Community Board 1 Liquor License Stipulations

I, Neil Kapoor, as a qualified representative of AMERICAN BREW+PRESS, INC., located at 4 South Street, Space WH3, New York, NY 10004, New York, New York, agree to

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

(1) My hours of operation will be Sun - Thurs. - 8:am - 11:30pm / Fri. + Sat. 8:am - 12:am / Sun. - 10:am - 12: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): Cafe with full food service until half 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 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 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: Neil Kapoor Phone Number: 516-233-8633

Alternate Contact: Phone Number:

(13) I will (additionally):

I hereby certify that the information provided above is truthful and accurate based upon my personal belief. Signed [Signature] Dated 6/13/2018 5/28/2018

Sworn to this 28th day of May, 2018 [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.

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

- 1- Applicant Name AMERICAN BREW + PRESS, INC.
- 2- Establishment Name (Corporate & DBA) N/A
- 3- Address for Proposed License 4 South Street, Space WH3, New York, NY 10004
- 4- Proposed Days/Hours of Operation 7am - 11:30pm(Sun. to Thur) 7am - 12pm (Friday to Sat)
- 5- Square Footage of Location 450 sq.
- 6- Method of Operations (bar restaurant, Catering, etc) Cafe
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Restaurant Wine
- 8- Sidewalk Café? Yes/No No
- 9- Type of Music ? Live Recorded DJ No music
- 10- Volume of Music? Background Other No 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.

Manhattan Community Board 1 Liquor License Stipulations

I, Michael Klein, as a qualified representative of Split Eights, located at 40 Exchange Place, New York, New York, agree to

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

(1) My hours of operation will be Sun. 10:am - 12:am / Mon. - Wed. 8:am - 12:am / Thurs. Fri. Sat. 8:am - 12: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): Cafe/Bar with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) Cafe/Bar (m) Existing

(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 Evid 3.2 Speaker (4) 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: Doorman for noise

(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 Michael Klein Phone Number: x 512-422-7030

Alternate Contact: Jessica Che, Mark Couell Phone Number: 415-819-1185 / 212-343-7251

(14) I will (additionally): PA = 74

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

X
Signed _____

6/13/2018
Dated _____

Sworn to this _____ day of _____
Notary Public _____

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

- 1- Applicant Name
Split Eights, LLC
- 2- Establishment Name (Corporate & DBA)
Split Eights, LLC, d/b/a Split Eights
- 3- Address for Proposed License
40 Exchange Pl., New York, NY 10005
- 4- Proposed Days/Hours of Operation
Full Service: Monday - Sunday 8AM - 2AM
Alcohol Service: Monday - Sunday 12PM - 2AM
- 5- Square Footage of Location
970 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc)
Cafe / Bar
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
Full Liquor / OP
- 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
 1. Botanica Bar, 47 E. Houston Street, New York, NY 10012
 2. Estela, 47 E Houston Street, New York, NY 1001
 3. Nowadays, 56-06 Cooper Ave, Ridgewood, NY 11385

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.