

Manhattan Community Board 1 Liquor License Stipulations

I, Robert Romano, as a qualified representative of SABF-LLC Sant Ambrose's located at 200 Vesey Street - Stone #199, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-Premises license For liquor: Monday - Saturday 7am - 1am and Sunday 10am to 1am

(1) My hours of operation will be 7AM - 1AM Sunday - Thursday and 7AM - 1AM 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 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 music.  9pm. Sunday through Saturday

(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 7 a.m to 12 p.m

(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 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):

(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: Alex Berlinger Phone Number: 917 - 664 - 1116

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

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

Signed Robert Romano (Attorney)

Dated 6/12/2019

Sworn to this 12th day of June 2019  
Notary Public

SUSAN P. COLE  
Notary Public, State of New York  
No. 04C04897056  
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 Stipulations

I, EDIN FOYLE, as a qualified representative of Padre LLC d/b/a Mezcali located at 83 Maiden Lane, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premises license

(1) My hours of operation will be 10a.m - 12a.m Sunday - Thursday and 10a.m - 1a.m 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): Mexican Restaurant with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) existing, will put additional if needed.

(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 9p.m Sun-Thurs and 10p.m Fri-Sat.  I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of 10a.m - 12p.m

(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 LB 20190613

(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):  
- if there is a large crowd on the establishment, the establishment will work with the community Board Manhattan on a mitigation plan

(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: EDIN FOYLE Phone Number: 914-830-2393

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

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

Signed E. Foyle

Dated 6-13-19  
Susan P. Cole  
Notary Public, State of New York  
No. 01C04897056  
Qualified in New York County  
Commission Expires May 26, 2019

Sworn to this 27th day of June 2019  
Notary Public

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

1- Applicant Name

McNally Jackson Seaport

2- Establishment Name (Corporate & DBA)

McNally Jackson Seaport

3- Address for Proposed License

4 Fulton Street  
NY, NY 10038

4- Proposed Days/Hours of Operation

Sun-Sat 10am-11pm

5- Square Footage of Location

7,400 square ft

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

bookstore with cafe and bar

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

beer & wine

8- Sidewalk Café? Yes/No

~~yes~~

9- Type of Music ?  Live  Recorded  DJ

10- Volume of Music?  Background  Other

11- Applicant's Previous Licensed Establishments and Addresses

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, Sarah McNally, as a qualified representative of McNally Jackson Seaport, located at 4 Fulton street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation for their On premises license

(1) My hours of operation will be 10a.m - 11p.m Sunday - Thursday and 10a.m - 11p.m 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): books store with cafe and bar 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 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 \_\_\_\_\_

(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 cafe license until at least a year after beginning operation.  Yes  No RS 20190613

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

(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. 917-509-9924

Name: Sarah McNally Phone Number: 212-274-2190

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

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

Signed [Signature]

Dated 6.12.19 [Signature]

Sworn to this 12th day of June 2019

SUSAN P. COLE  
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.

Manhattan Community Board 1 Liquor License Stipulations

I, E. Buckingham, as a qualified representative of Trybecca LLC d/b/a tyger-tyger, located at 105 Hudson Street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation for their full liquor on-premises license

RB 20190613

SUNDAY: 12 p.m. to 1 a.m.; Monday through Thursday: 5 p.m. to 1 a.m.; Friday: 5 p.m. to 2 a.m. and Saturday 12 p.m. to 2 a.m.

(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): South East Asian with full food service until 1 hour(s) before closing.

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

(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 10 a.m. to 4 p.m.

(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

RB 20190613

(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):

(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: Edward Buckingham Phone Number: 347 493 5825

Alternate Contact: Andrew Lam Phone Number: 917 407 7279

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

Signed [Signature]

Dated 6/12/19 [Signature]

Sworn to this 12<sup>th</sup> day of June 2019  
Notary Public

SUSAN P. COLE  
Notary Public, State of New York  
No. 01C04897058  
Qualified in New York County  
Commission Expires May 26, 2019  
2022

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.