

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

1- Applicant Name

Alexander Pincus, Miles Pincus

2- Establishment Name (Corporate & DBA)

109 West Broadway Basement LLC dba "TBD"

3- Address for Proposed License

109 West Broadway, Basement, New York, NY 10013

4- Proposed Days/Hours of Operation Daily from 10am - 2am

4.1 What floor(s) is the establishment on? Basement

4.2 Any rooftop, terrace, or other outside usage? No

5- Square Footage of Location 2,039 sqft

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

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

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

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?

There is an existing exhaust system which vents to the roof.

12- Applicant's Previous Licensed Establishments and Addresses

Grand Banks, 225 West St., New York, NY 10013

Island Oyster, 146 Carder Rd., New York, NY 10004

Pilot, Pier 6, Brooklyn Bridge Park, Brooklyn, NY 11201

Drift In, 389 West St., New York, NY 10014

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Alexander Pincus, as a qualified representative of 109 West Broadway Basement LLC located at 109 West Broadway, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Liquor, Wine, and Beer license

(1) My hours of operation will be Monday through Saturday from 10:00am - 1:00am, Sunday from 10:00am to 12:00am (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): Oyster bar with full food service until 1 hour(s) before closing. One hour

(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 music. X

(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 10-2pm M, W, F

(8) I will employ a doorman/security personnel on the following days and hours: NONE

(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. X

(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. X

(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. X

(13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally): If law pass road bed or sidewalk availability

(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.

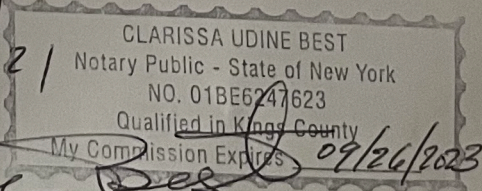
Name: Phone Number:

Alternate Contact: Phone Number:

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

Signed [Signature]

Dated 8/23/21



Sworn to this 23rd day of August 2021

Clarissa Best

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

6 in person, 1 abstained or remote

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

- 1- Applicant Name Kuma Eats LLC
- 2- Establishment Name (Corporate & DBA) L'Abeille
- 3- Address for Proposed License 412 Greenwich Street, New York, NY 10013
Hours of Operation: (7 days a week)
- 4- Proposed Days/Hours of Operation Weekdays: 8 am - 11 pm
Weekends: 8 am - Midnight
- 4.1 What floor(s) is the establishment on? 1st/Ground Floor
- 4.2 Any rooftop, terrace, or other outside usage? Sidewalk Cafe
- 5- Square Footage of Location 2,043 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc) Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Full - Beer, Wine, & Spirits
- 7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New Application
- 8- Sidewalk Café? Yes/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? Roof
- 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, Rahul Saito, as a qualified representative of Kuma Eats LLC, located at 412 Greenwich Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Restaurant license

(1) My hours of operation will be 12pm-11pm Sunday - Thursday and 8pm mid 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): French high End Restaurant with full food service until 1 hour(s) before closing.

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

(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 6pm-11pm Sun-Thurs and 6pm midnight Fri-Sat. I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of 8am-5pm M-Friday

(8) I will employ a doorman/security personnel on the following days and hours: None

(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 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

Door on won't be used.
When apply for a sidewalk cafe on ~~10th~~
Greenwich not height.
Windows not open before 10 AM.
pick-up 2-3x week. garbage.

(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: Rahul Saito Phone Number: 415-602-1720

Alternate Contact: _____ Phone Number: _____

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

Signed [Signature]

Dated 08/18/2021

Sworn to this 18 day of AUG 2021

Notary Public

[Signature]

ALAN T. SOLMAN
NOTARY PUBLIC STATE OF NEW YORK
Qualifies in New York County
My Commission Expires 12-24-2022

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These No. 01SQ0385139 stipulations and board resolution shall supersede all other documents.

7-0-0-0. In Favor