

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

- 1- Applicant Name *The Sanctuary Courts LLC*
- 2- Establishment Name (Corporate & DBA) *The Sanctuary at the Courts*
- 3- Address for Proposed License *Kiosks adjacent to 1 Centre Street, Manhattan, New York*
- 4- Proposed Days/Hours of Operation *Seasonal, Monday - Sunday, 7am - 4am*
- 4.1 What floor(s) is the establishment on? *Ground Floor*
- 4.2 Any rooftop, terrace, or other outside usage? *Patio*
- 5- Square Footage of Location
8178 sq ft
- 6- Method of Operations (bar restaurant, Catering, etc)
Restaurant
- 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 *Special events, weddings*
- 11- Where will the kitchen exhaust system vent to? *Through our annual equipment vent, to the outside.*
- 12- Applicant's Previous Licensed Establishments and Addresses
The Sanctuary RI LLC
851 Main St, New York, NY 10044

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Gene Sky, as a qualified representative of The Sanctuary Courts LLC located at Kiosks adjacent to 1 Centre St, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their upcoming SLA license on premise liquor license

- (1) My hours of operation will be 7AM-2AM Sunday - Thursday and 7AM-2AM 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): outdoor cafe/restaurant with full food service until 11⁰⁰ hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) not necessary/applicable per the resolution. Noise will not be a hinderance to the community.
- (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 2AM Sun-Thurs and 2AM Fri-Sat. I will not have French doors or windows.
- (7) I will have delivery of supplies, goods and services during the hours of 6AM to Noon, whenever possible
- (8) I will employ a doorman/security personnel on the following days and hours: whenever needed.
- (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):

Be reachable, and be a good neighbor with a value add of a business to the community.

(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: Gene Sky Phone Number: 917-733-0131

Alternate Contact: Alfonso Biondi Jr Phone Number: 917-225-9188

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

Signed Sky Dated 2/27/2022

Sworn to this 15th day of March, 2022 Notary Public [Signature]

MISON HWANG
NEW JERSEY PUBLIC NOTARY
ID # 50098760
My Commission Expires 2/11/24

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, Jakob Trummer, as a qualified representative of Trummer Rx LLC, located at 2 Coenties Slip New York, NY 10004, 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 _____ 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): Cocktail Bar serving small plates and Sushirolls with full food service until All hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) YES we will install ceiling soundproofing and soundproof curtains
- (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 Between 11am - 1pm
- (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 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: Jakob Trummer Phone Number: (347) 445-3776

Alternate Contact: _____ Phone Number: _____

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

Signed _____ Dated 03/07/2022
 Sworn to this 7 day of March, 2022
 Notary Public

LISSETTE APOLO
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01AP6319820
 Qualified in Queens County
 My Commission Expires 02-23-2023

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

- 1- Applicant Name
Jacob Trommer
- 2- Establishment Name (Corporate & DBA)
TrommerRx LLC
- 3- Address for Proposed License
2 Coenties Slip New York, NY, 10004
- 4- Proposed Days/Hours of Operation
- 4.1 What floor(s) is the establishment on? Ground Floor
- 4.2 Any rooftop, terrace, or other outside usage? Patio
- 5- Square Footage of Location
1100
- 6- Method of Operations (bar restaurant, catering, etc)
Cocktail Bar serving small plates and sashi rolls
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
On Premises Liquor license
- 7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) New
- 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?
No Kitchen Vent (Cold Kitchen)
- 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.

DOCUMENT 2:

-Community Board 1 Stipulation Sheet

Manhattan Community Board 1 Liquor License Stipulations

I, Jakob Trummer, as a qualified representative of Trummer Rx LLC, located at 2 Coenties Slip New York, NY 10004, 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 _____ 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): Cocktail Bar serving small plates and Sushirolls with full food service until All 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 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: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

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

Signed _____

Dated _____

Sworn to this _____ day of _____

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.

DOCUMENT 3:

- Completed Community Board 1 Questionnaire
- A. List of all establishments with an on-premises liquor license within 500ft of 220 Front Street
- b. Copy of latest certificate of occupancy for the premises.

Manhattan Community Board 1 Liquor License Stipulations

I, Jan Henrik Gudmundson, as a qualified representative of 10 South Street Club Operator Inc., located at 10 South Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Club Liquor license

8AM to 2AM Monday - Saturday; 10AM-2AM Sunday for liquor service

- (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~~ ~~club~~ ~~bar~~ ~~nightclub~~ ~~private club~~ ~~other~~: Private Member Club with full food service until _____ hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) soundproofed
- (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 Membership
- (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 n/a 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 After 7AM
- (8) I will employ a doorman/security personnel on the following days and hours: Yes
- (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):
Live music will be Jazz on 5th floor
Deck space allowed as no residents in close proximity

(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: Jan Henrik Gudmundson Phone Number: 646-577-9324

Alternate Contact: Michael Romei Phone Number: 646-256-2050

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

Signed [Signature] Dated 3/7/2022

Sworn to this 8 day of March, 2022 Tami J. Chotkowski
This remote notarial act involved the use of communication technology. Notary Public

Community Board 1 requests that the SLA add these stipulations to the license. If any Board Resolution or Board Resolution and board resolution shall supersede all other documents.
Notary Public, State of New York
No. 01CH3206038 Rev. 12/18
Qualified in New York County
Commission Expires May 18, 2025

Manhattan Community Board 1 Liquor License Stipulations

I, Steven Kerzman, as a qualified representative of LTF Club Operations Company Inc, located at 29 New Street aka 1 Wall Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premises liquor license

*Restaurant: 6AM - 12AM - 7 days/Alcohol service no earlier than 8AM Mon-Sat and 10AM Sun
Club: 5AM -11PM/Mon-Fri and 7AM - 10PM/Sat-Sun

- (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): full service restaurant serving nutritious meals within a portion of a health club with full food service until 1/2 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) Acoustical panel applied to the concrete structure. Walls around studios are an acoustically isolated wall system. Acoustical measures were approved by the Board of Standards and Appeals.
(4) I will have: DJs [X]Yes []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 music. [X]
(6) I will close all doors and windows by Sun-Thurs and Fri-Sat. []I will not have French doors or windows. N/A
(7) I will have delivery of supplies, goods and services during the hours of TDB Deliveries need to be coordinated with the NY Stock Exchange Anticipated times are 9AM to 5PM.
(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. [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. [X]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 zero 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: Steven Kerzman Phone Number: 952 380 0303

Alternate Contact: Claire Challeen Phone Number: 651 587 5312

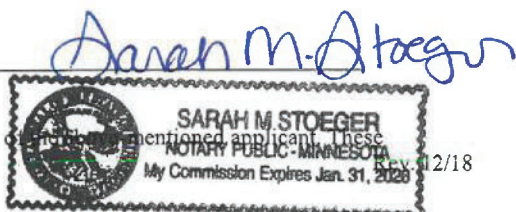
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed [Signature]

Dated 2/10/2022

Sworn to this 10th day of February, 2022

Notary Public



Community Board 1 requests that the SLA add these stipulations to the license of the 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
LTF Club Operations Company Inc
- 2- Establishment Name (Corporate & DBA)
LTF Club Operations Company Inc dba Life Time One Wall Street
- 3- Address for Proposed License
29 New Street aka 1 Wall Street
- 4- Proposed Days/Hours of Operation **Restaurant: 6AM - 12AM - 7 days /**
Health Club: Alcohol service no earlier than 8AM Mon-Sat and 10AM Sun
5AM -11PM /Mon-Fri
7AM - 10PM /Sat-Sun
- 4.1 What floor(s) is the establishment on?
Basement (ground floor), mezzanine and cellar
- 4.2 Any rooftop, terrace, or other outside usage?
No
- 5- Square Footage of Location
26,981
- 6- Method of Operations (bar restaurant, Catering, etc)
Restaurant in portion of health club
- 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 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?
Exhaust is tied into the base building system.
- 12- Applicant's Previous Licensed Establishments and Addresses
LTF Club Operations Company Inc. - 605 West 42nd Street/ New York, NY 10036

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

1- Applicant Name

PAUL LAMAS

2- Establishment Name (Corporate & DBA)

CEDAR STREET PI LLC

3- Address for Proposed License

35 CEDAR STREET NEW YORK, NY 10005

4- Proposed Days/Hours of Operation ALL DAYS 7AM-11PM

4.1 What floor(s) is the establishment on?

GROUND FLOOR AND CELLAR

4.2 Any rooftop, terrace, or other outside usage?

5- Square Footage of Location

1800

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

CAFE

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

BEER/WINE/CIDER

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?

CEDAR ST

12- 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, PAUL LAMAS, as a qualified representative of CEDAR STREET PI LLC, located at 35 CEDAR STREET, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their BEER AND WINE license

- (1) My hours of operation will be 7am-11pm Sunday - Thursday and 7am-11pm 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 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 daytime deliveries 6:00am-12:00pm
(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
(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):

This is a cafe with a limited food menu and limited food prep area and will be classified as a tavern wine license serving beer and wine.

(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: THEODORE VLACHOS Phone Number: 917-991-6424

Alternate Contact: PAUL LAMAS Phone Number: 212-344-0500

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

Signed [Signature]

Dated 2/12/2022

MINVERA E. CHISHOLM Notary Public, State of New York Qualified in New York County Reg. No. 01CH4928736 My Commission Expires July 31, 2022

Sworn to this 14th day of February 2022

[Signature]

Notary Public

Manhattan Community Board 1 Liquor License Stipulations

I, Sachin Yadav, as a qualified representative of DM SAI NYC LLC, located at 120 Church STREET, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Full Liquor license

(1) My hours of operation will be 11AM to 10PM Sunday - Thursday and 11AM to 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): ORGANIC BURGER JOINT with full food service until All hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) We Play Very Slow Sound Music But whatever need to make it soundproof, we will do it.

(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 music. [X]

(6) I will close all doors and windows by 10PM Sun-Thurs and 10PM Fri-Sat. [X] I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of

Key delv shipment 11PM - 6AM

(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. [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. [X] 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 NO 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: Sam Yadav / Nick Yadav Phone Number: 646-251-4029 / 917 310 8454

Alternate Contact: Ravi Yadav / Vicki Yadav Phone Number: 631 578 2437 / 347 798 6202

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

Signed [Signature]

Dated 02/01/2022

Sworn to this 1st day of February, 2022

[Signature]

Notary Public

ANGELA CALIXTO ORTEGA Notary Public, State of New York No. 01CA6401720 Qualified in Suffolk County Commission Expires 12/16/2023

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

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

- 1- Applicant Name OM SAI NYC LLC
- 2- Establishment Name (Corporate & DBA) BURGER VILLAGE
- 3- Address for Proposed License 120 CHURCH STREET NEW YORK NY 10007
- 4- Proposed Days/Hours of Operation 11AM- 10PM (every day)
- 4.1 What floor(s) is the establishment on? Ground Floor
- 4.2 Any rooftop, terrace, or other outside usage? N.A
- 5- Square Footage of Location 3400 SQFT (APPROX)
- 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) 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?
YES

12- Applicant's Previous Licensed Establishments and Addresses

BURGER VILLAGE - 222 7th AVE BROOKLYN NY 11215
BURGER VILLAGE 286 LIVINGSTON STREET BROOKLYN NY
BURGER VILLAGE 216 BROADWAY MAIL HICKSVILLE NY 11801
BURGER VILLAGE 901 BROAD HOLLOW RD FARMINGDALE NY

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Manhattan Community Board 1 Liquor License Stipulations

I, Francesco Varni, as a qualified representative of QC Terme NY LLC d/b/a QC NY, located at 112 -111-114 Andes Rd Governors Is. 10004, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their premises license

- (1) My hours of operation will be 10am-9pm 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): Light cafe with limited food menu
Service will have the same hours as the main license for building 112 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 _____
- (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 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: FRANCESCO MARIO VARNI Phone Number: +39 335442686
Alternate Contact: DANIELA MASALA Phone Number: +1 (201) 375-8848

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

[Signature] 1/3/2022
Signed Dated

1 MAR 2022

Sworn to this _____ day of _____

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

COMMISSION:
INDEFINITE

[Signature]

Thomas Chidiac
Vice Consul
United States of America

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 Republic of Italy
 Province of Milan
 City of Milan
 Consulate General of the
 United States of America

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

- 1- Applicant Name QC TERME NY LLC
- 2- Establishment Name (Corporate & DBA) QC NY
- 3- Address for Proposed License 111-112-114 ANDES ROAD, GOVERNORS ISLAND, NY 10004
- 4- Proposed Days/Hours of Operation 10AM - 9MPM SUN-THURS, 10AM-10PM FRI-SAT
- 4.1 What floor(s) is the establishment on? GROUND FLOOR
- 4.2 Any rooftop, terrace, or other outside usage? YARD TO BE USED FOR
ADDITIONAL SPACE
- 5- Square Footage of Location 42,589 SQ FT
- 6- Method of Operations (bar restaurant, Catering, etc) SPA WITH CAFE
- 7- Type of License (Full liquor/OP, beer and wine, etc.) OP
- 7.1 Type of application (New, Alteration, Change in Method
of Operation, Corporate Change, Class Change) ALTERATION/ADD BAR
- 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?
- 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.