

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

- 1- Applicant Name
Pizza Yard Holdings LLC
- 2- Establishment Name (Corporate & DBA)
Pizza Yard
- 3- Address for Proposed License
402 Comfort Road, Governors Island, NY 10004
- 4- Proposed Days/Hours of Operation
11am-7pm daily
 - 4.1 What floor(s) is the establishment on?
Outdoor only
 - 4.2 Any rooftop, terrace, or other outside usage?
Premises is outdoors
- 5- Square Footage of Location
3500 SF
- 6- Method of Operations (bar restaurant, Catering, etc)
Seasonal tavern/pizzeria
- 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**
- 8- Sidewalk Café? Yes/No
No
- 9- Type of Music? Live Recorded DJ
*private events only
- 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?
Chimney
- 12- Applicant's Previous Licensed Establishments and Addresses
I Pataca Restaurant Corp. d/b/a Piadina; 57 West 10th Street, NY, NY 10011
Clandestino Corp. d/b/a Celestino; 562 Halsey Street, Brooklyn, NY 11233
Carlo Martello LLC d/b/a Union Pizza Works; 423 Troutman Street, Brooklyn, NY 11237

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, MASSIMILIANO NANNI, as a qualified representative of Pizza Yard Holdings LLC located at 402 Comfort Road, Governors Island, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premise beer and wine 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): seasonal tavern and pizzeria with full food service until 0 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 music.
(6) I will close all doors and windows by Sun-Thurs and Fri-Sat. I will not have French doors or windows. *pickup counter only
(7) I will have delivery of supplies, goods and services during the hours of during the mornings only
(8) I will employ a doorman/security personnel on the following days and hours: **only for private events
(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 *the premises is located outdoors
(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):

** The hours of operation will be from 11AM opening to 7PM closing all days of the week, and the hours of food service and bar service will be the same as the hours of operation

** Employ one security guard at private events that are above 50 patrons

(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: MASSIMILIANO NANNI Phone Number: 917 5359142

Alternate Contact: Phone Number:

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

[Signature]

8/17/2021

Signed

Dated

Sworn to this 17 day of August 2021

Notary Public

TARA MARTINS MONTONERI NOTARY PUBLIC-STATE OF NEW YORK No. Q1M06398889 Qualified in Kings County

My Commission Expires 10-07-2023

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
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1- Applicant Name

Fulton Seafood Market LLC & Creative Culinary Management Company LLC

2- Establishment Name (Corporate & DBA)

Tin Building by Jean Georges

3- Address for Proposed License

96 South Street, New York, NY 10038

4- Proposed Days/Hours of Operation

4.1 What floor(s) is the establishment on? All 3 floors of building

4.2 Any rooftop, terrace, or other outside usage? Space outside the marketplace

5- Square Footage of Location 54,494 sq ft

6- Method of Operations (bar restaurant, Catering, etc) Food Hall/Marketplace

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

7.1 Type of application New Alteration, Change in Method of Operation, Corporate Change, Class Change)

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? To the roof

12- Applicant's Previous Licensed Establishments and Addresses

See attached packet

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Manhattan Community Board 1 Liquor License Stipulations

I, David O'Reilly, as a qualified representative of Fulton Seafood Market LLC & Creative Culinary Management Company LLC, located at 96 South 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 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): marketplace will full service and fast casual grab-and-go restaurants with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) Sound level limiters and building construction material

** (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 5AM to midnight
(8) I will employ a doorman/security personnel on the following days and hours: Seaport Security will be present during all hours of operation.
(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):

* The hours of operation will be from 6AM opening to 1AM Sunday through Wednesday, and 6AM opening to 2AM closing Thursday through Saturday, and the hours of food service and bar service will be the same as the hours of operation

** Also include a jukebox, and non-musical entertainment in the form of live cooking shows that can be filmed and broadcasted with audience

*** Open seasonally; May through October, from 6AM to 10PM Monday through Thursday, and 6AM to 11PM Friday through Sunday

- The applicant agreed to provide a 30-days notice in advance to the Community Board for a venue that intends to play music outside of the premises

(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: David R. O'Reilly Phone Number: (917) 583-5043

Alternate Contact: Phone Number:

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

Signed [Signature]

Dated July 1, 2021



Sworn to this 1 day of July 2021 Rebecca Misty Abasta 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 8/2019

- 1- Applicant Name *Jakob Trummer*
- 2- Establishment Name (Corporate & DBA)
Trummer Rx LLC 01/6/19 Rx [DBA pending]
- 3- Address for Proposed License
220 Front Street, New York, NY 10038
- 4- Proposed Days/Hours of Operation
- 4.1 What floor(s) is the establishment on? *Ground*
- 4.2 Any rooftop, terrace, or other outside usage? *NO*
- 5- Square Footage of Location
800 square feet
- 6- Method of Operations (bar restaurant, Catering, etc)
Cocktail bar serving small plates and sushi 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

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Manhattan Community Board 1 Liquor License Stipulations

I, Jakob Trummer, as a qualified representative of TRUMMER BX LLC, located at 220 Front Street, New York, NY 10038, 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 & sushi rolls with full food service until All hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) Soundproof curtain front door
(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. 12PM-10PM all days of the week
(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: _____ on an on-needed basis _____
(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):

* The hours of operation will be from 12PM opening to 12AM closing Sunday through Thursday, and 12PM opening to 1AM closing Friday and Saturday, and the hours of food service and bar service will be the same as the hours of operation for the days mentioned

** Delivery of supplies, goods and services will be done about one to two times per week, with food purveyors delivering to other restaurants, and deliveries will be made starting at 12PM, and liquor delivery once a week from 12PM to 2PM

(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.

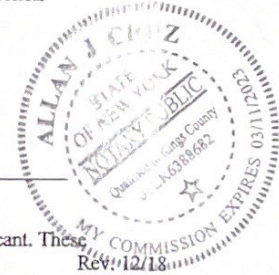
Name: Jakob Trummer Phone Number: +1(347)4453476

Alternate Contact: _____ Phone Number: _____

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

Signed [Signature] Dated 8/5/21

Sworn to this 5th day of August 2021 Notary Public [Signature]



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
An NFP to be formed by David Litwak
- 2- Establishment Name (Corporate & DBA)
Maxwell
- 3- Address for Proposed License
451 Washington Street, NY, NY 10013
- 4- Proposed Days/Hours of Operation 9am-1am daily
 - 4.1 What floor(s) is the establishment on? Ground
 - 4.2 Any rooftop, terrace, or other outside usage? Outdoor patio
- 5- Square Footage of Location
4900 SF
- 6- Method of Operations (bar restaurant, Catering, etc)
Private Members 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)
- 8- Sidewalk Café? Yes/No
No, outdoor patio within property line
- 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 Amplified for private events only
- 11- Where will the kitchen exhaust system vent to?
Exhaust vents to exterior of building (the roof or the courtyard with adequate clearance from surrounding buildings and windows)
- 12- Applicant's Previous Licensed Establishments and Addresses
n/a

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Manhattan Community Board 1 Liquor License Stipulations

I, David Litwak, ABC Officer, as a qualified representative of Maxwell Social Club Tribeca Inc., located at 451 Washington Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Members club license

(1) My hours of operation will be 9AM - 1 AM Sunday - Thursday and 9AM - 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): private members club with food available with full food service until 0 hour(s) before closing.

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

(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-Thursday 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 7:30AM Monday - 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. 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 *Approved outdoor space within property line.

(12) I will conspicuously post this stipulation form beside my liquor license inside of my business. X

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

(14) I will (additionally):

** DJ on the weekends, live music in the form of jazz and not bands that will be generating amplified noise, which will play during special programming or special events only, non-musical entertainment such as comedy nights, quarterly supper clubs, idea dinners, and dinners celebrating culinary and creative talent

* The hours for the outdoor patio will be from 9AM opening to 10PM closing Monday through Thursday, and 9AM opening to 11PM closing Friday through Sunday.

(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: David Litwak Phone Number: (310) 625-4916

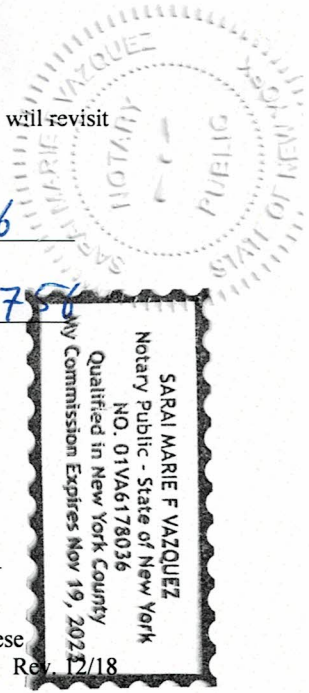
Alternate Contact: Joelle Fuchs Phone Number: (646) 203 9758

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

Signed [Signature] Dated 7/28/2021

Sworn to this 28th day of July 2021 [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 8/2019

- 1- Applicant Name Poseidon Hospitality LLC
- 2- Establishment Name (Corporate & DBA) Poseidon Restaurant
- 3- Address for Proposed License 124 Chambers Street
NYC, NY 10007
- 4- Proposed Days/Hours of Operation SUN-THURS 12pm-1am
Fri/Sat 12pm-2am
 - 4.1 What floor(s) is the establishment on? ground ; basement
 - 4.2 Any rooftop, terrace, or other outside usage? COVID USAGE
- 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) Full OP
 - 7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change) NEW
- 8- Sidewalk Café? Yes/No N/A, unavailable
- 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
239 Entertainment LLC ① 239 Third Ave NYC
② 114-116 E. 16th St NYC
LIC COMEDY LLC 47-38 Vernon Blvd
LIC, NY

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, Paolo Italia, as a qualified representative of Poseidon Hospitality LLC located at 124 Chambers 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 12pm-1am Sunday - Thursday and 12pm-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): seafood restaurant with full food service until _____ hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) ceiling
- (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. Windows will not be open
- ** (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 10AM-4PM
- (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 N/A
- (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 newly proposed hours of operation will be from 12PM opening to 1AM closing Sunday through Thursday, and 12PM opening to 1AM closing Friday and Saturday, and the hours of food service will be from 12PM opening to 1AM closing all days of the week, and bar service will be the same as the hours of operation

*** The applicant may return to the Community Board if they wish to alter their hours of operation after six months from the date of commencing operations

(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: Paolo Italia Phone Number: (917) 415-0530

Alternate Contact: _____ Phone Number: _____

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

X _____ 7-27-21
Signed Dated

Sworn to this 27th day of July
Notary Public _____

NOTARIZED
REMOVELY
DUE TO
COVID

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. 24-4754182
Qualified in Kings County
Commission Expires April 30, 2023

Rev. 12/18

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

1- Applicant Name

Fonda Avenue B LLC

2- Establishment Name (Corporate & DBA)

d/b/a Fonda

3- Address for Proposed License

139 Duane Street

4- Proposed Days/Hours of Operation

Monday - Thursday: 12 pm - 12 am

Friday: 12 pm - 1 am

Saturday: 11 am - 1 am

Sunday: 11 am - 12 am

4.1 What floor(s) is the establishment on?

ground and basement

4.2 Any rooftop, terrace, or other outside usage?
sidewalk

5- Square Footage of Location

Approx 2500 total

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

Full Service Restaurant (relocating Fonda)

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

OP252 (On Premises Liquor)

7.1 Type of application (New, Alteration, Change in Method
of Operation, Corporate Change, Class Change)

New

8- Sidewalk Café? Yes/No

Yes

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 (existing black iron venting)

12- Applicant's Previous Licensed Establishments and Addresses

Fonda (Park Slope)

Fonda (Chelsea)

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Manhattan Community Board 1 Liquor License Stipulations

I, Roberto Santibanez, as a qualified representative of Fonda Avenue B LLC located at 139 Duane Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premise 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): upscale Mexican restaurant with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) n/a (no additional soundproofing - recorded background/ambient music only)
(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. 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 8AM - 4PM
(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.
(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):

* The hours of operation will be from 12PM opening to 12AM closing Monday through Thursday, 12PM opening to 1AM closing Fridays, 11AM to 1AM closing Saturdays, and 11AM to 12AM Sunday, and the hours of food service and bar service will be the same as the hours of operation, except for bar service on Sundays which will be from 11AM opening to 11PM closing

(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: Roberto Santibanez Phone Number: 917-476-1950

Alternate Contact: Erika Flores Phone Number: 917-822-5882

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

Roberto Santibanez

Signed by Roberto Santibanez Date & Time: July 02, 2021 12:54:05 EDT

7/2/2021

Signed

Dated

Sworn to this

2nd day of July

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

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

- 1- Applicant Name Fathelbab, Inc.
- 2- Establishment Name (Corporate & DBA) Pending
- 3- Address for Proposed License 102 Greenwich St, New York, NY
- 4- Proposed Days/Hours of Operation Seven days per week - 24 hrs.
Alcohol will be served weekdays until 12AM + weekends 1AM
- 4.1 What floor(s) is the establishment on? ground fl + basement
- 4.2 Any rooftop, terrace, or other outside usage? No
- 5- Square Footage of Location Approximately 3000 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc) Restaurant / Diner
- 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
- 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

- 2-One Diner + Lounge Inc. - 1821 Richmond Ave ST, NY 10314
2-Two Diner + Lounge Inc. - 2925 Veterans Rd West ST, NY 10309
2 Restaurant + Lounge Inc. 2939 Crosey Ave Brooklyn NY

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Manhattan Community Board 1 Liquor License Stipulations

I, Paolo Italia, as a qualified representative of Poseidon Hospitality LLC located at 124 Chambers 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 12pm-1am Sunday - Thursday and 12pm-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): seafood restaurant
with full food service until _____ hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) ceiling
- (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. Windows will not be open
- ** (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 10AM-4PM
- (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 N/A
- (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 newly proposed hours of operation will be from 12PM opening to 1AM closing Sunday through Thursday, and 12PM opening to 1AM closing Friday and Saturday, and the hours of food service will be from 12PM opening to 1AM closing all days of the week, and bar service will be the same as the hours of operation

*** The applicant may return to the Community Board if they wish to alter their hours of operation after six months from the date of commencing operations

(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: Paolo Italia Phone Number: (917) 415-0530

Alternate Contact: _____ Phone Number: _____

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

X
Signed _____ Dated 7-27-21

Sworn to this 27th day of July
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.

NOTARIZED
REMOETLY
DUE TO
COVID

FRANK W. PALILLO
Notary Public, State of New York
No. 24-4754182
Qualified in Kings County
Commission Expires April 30, 2023