

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

1- Applicant Name

THE VIEW AT BATTERY PARK NYC, INC.

2- Establishment Name (Corporate & DBA)

THE VIEW AT BATTERY PARK

3- Address for Proposed License

17 STATE STREET OPPOSITE, NEW YORK, N.Y. 10007

4- Proposed Days/Hours of Operation SUN - Sat 11a.m. - 2a.m.

4.1 What floor(s) is the establishment on? 1st and 2nd

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

5- Square Footage of Location

4,000

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

ON PREMISES LIQUOR

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

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

See attached.

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Manhattan Community Board 1 Liquor License Stipulations

I, X Greta Nicaj, as a qualified representative of The View at Battery Park NYC located at 17 State Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On Premise Restaurant license 11:am - 2:am all days

- (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): Catering Restaurant Catering 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 8:00 AM - 11:00 PM

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

(14) I will (additionally): Deliveries not before 8:am  
No Residents Nearby

(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: X Greta Nicaj Phone Number: X 347-231-2722

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

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

X \_\_\_\_\_ Signed \_\_\_\_\_ Dated X 3-11-2020  
LUCIA ACEVEDO  
COMMISSIONER OF DEEDS  
CITY OF NEW YORK, NO 212572

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_ COMMISSION EXPIRES March 2020  
Notary Public [Signature]  
on the 11 of March 2020

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 Stipulations

I, Ryan Chadwick, as a qualified representative of Sail Charter NYC LLC located at North Cove Marina Slip 56, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their vessel liquor license

(1) My hours of operation will be 11AM-10PM Sunday - Thursday and 11AM-12AM 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): vessel with full food service until ALL HOURS OF SERVICE 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. N/A

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

(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 N/A

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

(13) I confirm that I have 3 violations from previous establishments for which I have served as a principal.

(14) I will (additionally): Liquor/Beer/Wine Service!  
1) Can start to serve after leaving marina breakwater  
2) Will stop serving when drop sails

*rc*

(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: Ryan Chadwick Phone Number: (508) 221-1689

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

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

X [Signature] Dated 3-11-20

Signed 11th day of March Sworn to this 25th day of February

Notary Public

FRANK W. PAOLLO  
Notary Public, State of New York  
No. 247-402  
Qualified in Kings County  
Commission Expires 4/18/2023

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

- 1- Applicant Name *Vicrey LLC*
- 2- Establishment Name (Corporate & DBA) *Made Fresh Daily*
- 3- Address for Proposed License *226 Front St. NY NY 10038*
- 4- Proposed Days/Hours of Operation *8am - 10pm, 7 days/week*
- 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 *1100 SQ FT.*
- 6- Method of Operations (bar restaurant, Catering, etc) *Restaurant*
- 7- Type of License (Full liquor/OP, beer and wine, etc.) *Beer and wine 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? *NA*
- 12- Applicant's Previous Licensed Establishments and Addresses
- Suteishi (24 Peck Slip, NY NY 10038)*

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I, VICTOR CHAN, as a qualified representative of SEAMLESS INC, located at 24 PECK SUP, 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 12:pm to 12:am all days 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): sushi restaurant with full food service until 1/2 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):

\* Same stipulations as previous Beer + Wine License

(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: X Victor Chan Phone Number: X 917 881 0420

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

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

X [Signature]  
Signed

LUCIA AGEYD  
COMMISSIONER OF DEEDS  
CITY OF NEW YORK, NO 212572  
Dated: 03/11/2020  
COMMISSION EXPIRES March 1, 2022  
Shera [Signature]

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_  
Notary Public On the 11<sup>th</sup> of March 2020

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

- 1- Applicant Name **Slammers Inc**
- 2- Establishment Name (Corporate & DBA) **SUteiShi Japanese Restaurant**
- 3- Address for Proposed License **24 Peck Slip NY, NY 10038**
- 4- Proposed Days/Hours of Operation **Monday- Thursday 12pm-3:30pm & 5:30-11pm  
Friday 12pm-3:30 & 5:30-12am Saturday 12pm- 12am Sunday 12pm-10pm**
- 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 **1166 SqFt**
- 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) **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 **no previous Licenses**

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Manhattan Community Board 1 Liquor License Stipulations

I, Renee Lee, as a qualified representative of VICREY LIC, located at 226 Front street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their wine and beer license

Sun: 10:am to 10:pm / Mon. to Sat. 8:am to 10:pm  
(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): brunch, breakfast cafe  
Restaurant with full food service until 1/2 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 Not before 9:am

(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 \_\_\_\_\_ 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: X Renee Lee Phone Number: X 917 838 2178

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

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

X Renee Lee  
Signed

X 3/11/20  
AGUEDO  
COMMISSIONER OF DEEDS  
Dated \_\_\_\_\_ OF NEW YORK, NO 212572  
COMMISSION EXPIRES March 2022  
Suzanne  
On the 11<sup>th</sup> of March 2020

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_  
Notary Public