

Manhattan Community Board 1 Liquor License Stipulations

I, Stefan Stefanov, as a qualified representative of Elmwood Ventures LLC,
located at 62 Thomas Street (Assunta) (Buddha), ^{2 Floors} _{Basement} New York, New York, agree to
the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be 11:30am - 11:30pm Sunday - Thursday and 10am - 12am Friday - Saturday
(I understand this to mean that all patrons will be cleared from the establishment at the specified hour). For both Assunta and Buddha

(2) I will operate a full-service restaurant, (please describe type of restaurant): Italian Restaurant
and Buddha Bar (2 sections) with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) Applicant states that
they are soundproofing the ceiling.

(4) I will have: DJs Yes No Live music Yes No Promoted events Yes No No Outside Promoters
Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of CD played on computer

_____ If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows by Windows will be closed all days and times
Sun-Thurs and Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: For Crowd and Traffic

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

(9) 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.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No Will there be dancing? No

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

(13) 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: _____

(14) I will (additionally): No velvet ropes or private parties. Will employ "security" company
to control traffic and crowds and oversee employees.

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

Signed [Signature] Dated 16/05/2018

Sworn to this 16 day of May 2018 [Signature]
Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 3/17

We certify that this is a true copy of the original.
[Signature] MR. LAKVINDER SINGH PANESAR, SOLICITOR
Kaur Maxwell Limited
3 Greek Street, London W1D 4DA

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

1- Applicant Name

Stefan Stefanov

2- Establishment Name (Corporate & DBA)

Elmwood Ventures LLC dba Buddha Bar/
Assunta Madre

3- Address for Proposed License

62 Thomas Street

4- Proposed Days/Hours of Operation

Sun - Thurs 11:30 am - 11:30 pm
Fri / Sat 10:00 am - 12:00 am

5- Square Footage of Location

1,200 sf

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

Restaurant

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

Full liquor

8- Sidewalk Café? Yes/No

No

9- Type of Music? Live Recorded DJ

10- Volume of Music? Background Other

11- 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, Tom MARRON, as a qualified representative of TBD, located at 285 West Broadway, New York, New York, agree to

the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be 12:pm - 2:am Sunday - ^{Wednesday} Thursday and 12:pm - 4:am ^{Thursday} 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): Bar "American style"
No Full Service Kitchen 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 Promoted events Yes No
Cover fee events Yes No Scheduled performances Yes No Live music

(5) I will play recorded background music only, consisting of 8 Speakers with subwoofers
_____ If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by Windows will not be open any time Sun-Thurs and _____ Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: Will employ Allstar Security

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

(9) 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.

(10) I intend to apply for a sidewalk café license. ~~Yes~~ No Yes

(11) I intend to apply for a cabaret license. Yes No No Dancing at all, No Dance Floor will not promote Dancing.

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

(13) 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: _____

(14) I will (additionally): Subject to 500' Rule, 4 Security Guards will be employed Entrance at Canal and West Broadway: Will not promote dancing.

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

Signed _____ Dated 5/9/18

Sworn to this 9th day of May 2018
SUSAN P. COLE
Notary Public, State of New York
No. 01C04897056
Qualified in New York County
Commission Expires May 26, 2019
Notary Public

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

- 1- Applicant Name **St Helier Parish LLC**
- 2- Establishment Name (Corporate & DBA) **To Be determined**
- 3- Address for Proposed License **285 WEST Broadway**
- 4- Proposed Days/Hours of Operation **7 days per week**
NOON to 4 AM
- 5- Square Footage of Location **3500**
- 6- Method of Operations (bar restaurant, Catering, etc)
Bar lounge with food service
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
Full liquor OP
- 8- Sidewalk Café? Yes/No **(No)**
- 9- Type of Music? Live Recorded DJ

10- Volume of Music? Background Other **Entertainment**

11- Applicant's Previous Licensed Establishments and Addresses

The East Pole	133 E 65 th Street, NY NY
The East Fish Bar	964 Lexington Avenue
Pizza Beach	167 Orchard Street
Pizza Beach	1426 Third Avenue
Eastfields	1479 York Avenue

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Manhattan Community Board 1 Liquor License Stipulations

I, JAMES Kout, as a qualified representative of TBD, located at 70 Pine Street (Ground Floor), New York, New York, agree to the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be 10:am-2:am Sunday - Thursday and 10:am-2:am Friday - Saturday } liquor service
(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): Restaurant
American Food with full food service until _____ hour(s) before closing.

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

(4) I will have: DJs Yes No Live music Yes No Promoted events Yes No
Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of Back ground

_____ If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by No Doors Sun-Thurs and _____ Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: Yes

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

(9) 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.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No No Dancing

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

(13) 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: [Signature] Phone Number: 917-577-7075

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): 2 Times a year DJ and Live Music

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

Signed [Signature] Dated 5/9/18

Sworn to this 9th day of May 2018
SUSAN P. COLE
Notary Public, State of New York
No. 01C04897056
Qualified in New York County
Commission Expires May 26, 2020 Notary Public

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

- 1- Applicant Name *EBNB 70 Pine Restaurant Owner*
- 2- Establishment Name (Corporate & DBA) *EBNB 70 Pine Restaurant Owner*
DBA: TBD
- 3- Address for Proposed License *70 Pine Street, NY, NY 10005*
Ground Floor
- 4- Proposed Days/Hours of Operation *Sunday - Saturday*
6am - 2am
[Drink service 10am - 2am]
- 5- Square Footage of Location *10,000 sq. ft.*
- 6- Method of Operations (bar restaurant, Catering, etc) *Restaurant*
- 7- Type of License (Full liquor/OP, beer and wine, etc.) *Full liquor/OP*
- 8- Sidewalk Café? Yes/ No

9- Type of Music? Live Recorded DJ

10- Volume of Music? Background Other

11- Applicant's Previous Licensed Establishments and Addresses

La Sirena - 88 9th Avenue, NY, NY 10011

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, _____, as a qualified representative of TBP, located at 70 Pine Street 62, 63, 64, 66, New York, New York, agree to the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be 10:am - 2:am Sunday - Thursday and 10:am - 2am Friday - Saturday } liquor service (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): 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 Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of on the terraces Floors 62, 63, 64 there will be background music If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by Doors will be closed Sun-Thurs and _____ Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: Yes

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

(9) 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.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No No Dancing

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

(13) 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: 781 799 4968
Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): Floors 62, 63, 64 have outdoor terraces. Owner will provide cell phone number. 2 Times a year for DJ and Live music

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

Signed _____ Dated 5/9/18
Sworn to this 9th day of May 2018
SUSAN P. COLE
Notary Public, State of New York
No. 01C04897056
Qualified in New York County
Commission Expires May 26, 2019 Notary Public

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

- 1- Applicant Name *EBNB 70 Pine Restaurant Owner*
- 2- Establishment Name (Corporate & DBA) *EBNB 70 Pine Restaurant Owner*
DBA: TBD
- 3- Address for Proposed License *70 Pine Street, NY, NY 10005*
Floors: 62, 63, 64, 66
- 4- Proposed Days/Hours of Operation *Sunday - Saturday*
6am - 2am
[Drink Service from 10am]
- 5- Square Footage of Location *9,345 (over 4 floors)*
- 6- Method of Operations (bar restaurant, Catering, etc) *Restaurant*
- 7- Type of License (Full liquor/OP, beer and wine, etc.) *Full liquor/OP*
- 8- Sidewalk Café? Yes/No
-
- 9- Type of Music? Live Recorded DJ
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
La Sirena - 88 9th Avenue, NY, NY 10011

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 O'Connor, as a qualified representative of Mad Dog & Beans, located at 83 Pearl Street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation: 10am - 11pm Monday - Thursday and 10am - 11pm Friday - Saturday
10am - 11pm Sunday - Thursday and 10am - 11pm Friday - Saturday
10am - 11pm Sunday - Thursday and 10am - 11pm Friday - Saturday

(1) My hours of operation will be 10am - 11pm Monday - Thursday and 10am - 11pm Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). Sunday 12pm - 12am

(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 Promoted events Yes No
Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of Computer speakers / small 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. windows will be closed

(7) I will employ a doorman/security personnel on the following days and hours: on Fri, Sat, Sun.

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

(9) 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.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No No Dancing

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

(13) 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 Paul O'Connor Phone Number: 917-691-2141
Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): _____

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

Signed Paul O'Connor Dated 5/9/18

Sworn to this 9th day of May 2018
SUSAN P. COLE
Notary Public, State of New York
No. 01C04897066
Qualified in New York County
Notary Public
Commission Expires May 26, 2019

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

1- Applicant Name

Paul O'Connor

2- Establishment Name (Corporate & DBA)

55 Stone Rest Inc dba Mod Dog + Beans

3- Address for Proposed License

83 Pearl Street.

4- Proposed Days/Hours of Operation

Mon - Wed 11:30am - 12:30am

Thur - Sat 11:30am - 2:30am

Sunday 12:00pm - 12:00am

5- Square Footage of Location

Approx. 3,200 sf

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

Restaurant.

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

Full liquor

8- Sidewalk Café? Yes No

9- Type of Music? Live Recorded DJ

10- Volume of Music? Background Other

11- Applicant's Previous Licensed Establishments and Addresses

1. MDB 38 LLC - 6 East 39th Street, NY, NY
2. JTP Restaurant Corp. 712 3rd Avenue, NY, NY
3. 307 Third Avenue LLC - 307 3rd Avenue, NY, NY

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Manhattan Community Board 1 Liquor License Stipulations

I, William Heckman, as a qualified representative of TBD, located at 200 West Street (Auditorium + Mezzanine) New York, New York, agree to the following stipulations for the applicant's Method of Operation: Floors: 11, 12, 42, 43

(1) My hours of operation will be 5:pm - 9:pm Sunday - Thursday and 5:pm - 9:pm 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 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 Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of Background Recorded 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 N/A Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: _____

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

(9) 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.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No No Dancing

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

(13) 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: _____

(14) I will (additionally): Will employ for traffic control

I hereby certify that the information provided above is truthful and accurate based upon my personal belief. [Signature] Dated 5/9/10

Signed _____ Sworn to this 9th day of May 2010 SUSAN P. COLE Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 26, 2019 Notary Public

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

- 1- Applicant Name Aramark Services Inc.
- 2- Establishment Name (Corporate & DBA) N/A
- 3- Address for Proposed License 200 West Street, Auditorium and Mezzanine
New York, NY 10282
- 4- Proposed Days/Hours of Operation Monday through Sunday 5 pm to 9 pm
- 5- Square Footage of Location 34,517 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc) Catering Establishment
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor
- 8- Sidewalk Café? Yes/ No
- 9- Type of Music ? Live Recorded DJ
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
Attached

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, William Heckman, as a qualified representative of TBD, located at 200 West Street (Auditorium + Mezzanine) New York, New York, agree to the following stipulations for the applicant's Method of Operation: Floors: 11, 12, 42, 43

(1) My hours of operation will be 5:pm - 9:pm Sunday - Thursday and 5:pm - 9:pm 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 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 Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of Background Recorded 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 N/A Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: _____

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

(9) 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.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No No Dancing

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

(13) 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: _____

(14) I will (additionally): Will employ for traffic control

I hereby certify that the information provided above is truthful and accurate based upon my personal belief. [Signature] Signed _____ Dated 5/9/10

Sworn to this 9th day of May 2010 SUSAN P. COLE Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 26, 2019 Notary Public

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

- 1- Applicant Name Aramark Services Inc.
- 2- Establishment Name (Corporate & DBA) N/A
- 3- Address for Proposed License 200 West Street, Floors 11 and 12
New York, NY 10282
- 4- Proposed Days/Hours of Operation Monday through Sunday 5 pm to 9 pm
- 5- Square Footage of Location 70,595 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc) Catering Establishment
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor
- 8- Sidewalk Café? Yes/ No
- 9- Type of Music ? Live Recorded DJ
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
Attached

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, William Hekman, as a qualified representative of TBD, located at 200 West Street (Auditorium + Mezzanine), New York, New York, agree to the following stipulations for the applicant's Method of Operation: Floors: 11, 12, 42, 43

(1) My hours of operation will be 5:pm - 9:pm Sunday - Thursday and 5:pm - 9:pm 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 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 Promoted events Yes No
Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of Background Recorded 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 N/A Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: _____

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

(9) 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.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No No Dancing

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

(13) 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: _____

(14) I will (additionally): Will employ for traffic control

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

Signed [Signature] Dated 5/9/10

Sworn to this 9th day of May 2010
SUSAN P. COLE
Notary Public, State of New York
No. 01C04897056
Qualified in New York County
Commission Expires May 26, 2019 Notary Public

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

- 1- Applicant Name Aramark Services Inc.
- 2- Establishment Name (Corporate & DBA) N/A
- 3- Address for Proposed License 200 West Street, Floors 42 and 43
New York, NY 10282
- 4- Proposed Days/Hours of Operation Monday through Sunday 5 pm to 9 pm
- 5- Square Footage of Location 38,394 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc) Catering Establishment
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor
- 8- Sidewalk Café? Yes/ No
- 9- Type of Music ? Live Recorded DJ
-
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
Attached

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, Steven Rosenblum, as a qualified representative of Hornblower for Great Point, Crest View Advisors, located at 78 South Street, Pier 15, New York, New York, agree to

the following stipulations for the applicant's Method of Operation:

(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): _____ 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 Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of _____ 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 employ a doorman/security personnel on the following days and hours: _____

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

(9) 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.

Add to Reso.

(10) I intend to apply for a sidewalk café license. Yes No

(11) I intend to apply for a cabaret license. Yes No

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

(13) 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: _____

* (14) I will (additionally): Previous stipulations will continue to apply as per Oct. 24, 2017

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

Signed Steven Rosenblum Dated 5/9/18

Sworn to this 9th day of May 2018

SUSAN P. COLE Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 26, 2019 Notary Public

Manhattan Community Board 1 Liquor License Stipulations

I, Alessio de Sensi, as a qualified representative of HHC Fulton Retail, LLC, located at 1 Fulton Street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be Monday-Saturday: 8:am-2:am / Sunday: 10:am-1:am 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): Italian Sec # 1 with full food service until hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) 1" of K13 Sannal matting on ceiling

(4) I will have: DJs Yes No Live music Yes No Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) I will play recorded background music only, consisting of Tannoy Round Speakers Employ select music 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. Doors and windows will be closed

(7) I will employ a doorman/security personnel on the following days and hours: 24 hour secret security

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

(9) 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

(10) I intend to apply for a sidewalk cafe license. Yes No

(11) I intend to apply for a cabaret license. Yes No No Dancing

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

(13) 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: Alessio de Sensi Phone Number: 046-762-4707 Alternate Contact: 310-259-9320 Phone Number:

(14) I will (additionally): 2 events a year with live music

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

Signed [Signature] Dated 5/9/18 Sworn to this 9th day of May 2018 SUSAN P. COLE Notary Public, State of New York No. 01C04897056 Qualified in New York County Commission Expires May 26, 2019 Notary Public