

Manhattan Community Board 1 Liquor License Stipulations

I, DAMIAN O'BRIEN, as a qualified representative of MURRAY 57 LLC, located at 57 MURRAY STREET, New York, New York, agree to the following stipulations for the applicant's Method of Operation:

HOURS FRIDAY 11PM TO 1AM

(1) My hours of operation will be 10PM MIDNIGHT Monday to 11PM to 12AM Sunday - Thursday Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). *SATURDAY 10PM - TO 1AM*

(2) I will operate a full-service restaurant: MODERN AMERICAN AND IRISH CUISINE with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) QUIET ROCK will employ sound proofing

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

(6) I will close all doors and windows by 9pm Sun-Thurs and 10pm Fri-Sat. I will not have French doors or windows.

(7) I will employ a doorman/security personnel on the following days and hours: as per hours listed above.

(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

(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: JOHN CAREY Phone Number: 516 770 1162

Alternate Contact: DAMIAN O'BRIEN Phone Number: 718 614 0675

(14) I will (additionally):

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

Signed [Signature]

Dated 7/12/17
[Signature]

Sworn to this 12th day of July 2017

SUSAN P. COLE
Notary Public State of New York
No. 01000000000000000000
Exp. 05/26/2019

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

Manhattan Community Board 1 Liquor License Stipulations

I, Lindsey Farina, as a qualified representative of WTC Tower 1, LLC, located at 1 WTC, 64 FL, New York, New York, agree to

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

(1) My hours of operation will be 8:am-12:am Sunday - Thursday and M-F/10:am-12:am Friday - Saturday 12:am Sunday (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 America with full food service until _____ 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.

(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.

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

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

(12) 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 Lindsey Farina Phone Number: 47327275030

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally): _____

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

Signed x Lindsey Farina

Dated 08 May 2019

Sworn to this 8th day of May, 2019

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 4/2018

1- Applicant Name

WTC Tower 1, LLC and Convene One World Trade, LLC d/b/a TBD

2- Establishment Name (Corporate & DBA)

WTC Tower 1, LLC and Convene One World Trade, LLC d/b/a TBD

3- Address for Proposed License

One World Trade Center, 64th Floor
New York, NY 10007

4- Proposed Days/Hours of Operation

7 Days a week - 7:00 AM - midnight

5- Square Footage of Location

36, 828 square feet

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

Restaurant

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

Full Liquor On Premises

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

Please see attached rider.

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, SHANE BENSON, as a qualified representative of IFNOTNOW LLC located at 100 CHURCH STREET, NEW YORK NY 10009/63 Barclay, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their ON-PREMISE/FULL license

- (1) My hours of operation will be 10:am to 2:am every day. (2) I will operate a full-service restaurant, (please describe type of restaurant): AMERICAN 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, 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. (6) I will close all doors and windows by Sun-Thurs and Fri-Sat. (7) I will have delivery of supplies, goods and services during the hours of Dorsy Business Hours. (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. (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): Enter on 63 Barclay

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MAY 17 2019

Manhattan Community Board 1 1 Centre St, Rm 2202N, NY, NY 212-650-7910

(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: SHANE BENSON Phone Number: x 9175137090

Alternate Contact: Phone Number:

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

Signed: [Signature] Dated: 07 May 2019

MEGAN T. RODRIGUEZ Notary Public, State of New York Reg. No. 01R08181570 Qualified in Queens County Commission Expires 03/05/2020

Sworn to this 14 day of May 2019 [Signature] Notary Public

Liquor

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

- 1- Applicant Name
IFNOTNOW LLC
- 2- Establishment Name (Corporate & DBA)
CORDYLINE
- 3- Address for Proposed License
100 CHURCH STREET, UNIT 1
- 4- Proposed Days/Hours of Operation
MONDAY TO SUNDAY 7AM TO 4AM
- 5- Square Footage of Location
4249
- 6- Method of Operations (bar restaurant, catering, etc)
BAR/RESTAURANT/LOUNGE
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
FULL OP LICENSE
- 8- Sidewalk Café? Yes/No
NO
- 9- Type of Music ? Live Recorded DJ
RECORDED BACKGROUND MUSIC, LIVE ACOUSTIC MUSIC ON OCCASSION
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
OWNER OF NEW YORK VINTNERS WINE SHOP

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, Matthias Laga, as a qualified representative of Belgo Mobile LLC, located at 517 Clayton Road, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their beer, wine & liquor license

- (1) My hours of operation will be 11AM-9PM Sunday - Thursday and 11AM-9PM 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): quick service kiosk serving Venezuelan street-style hot dogs & all-natural lemonades 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 8:00 am & 9:00 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 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: Rossanna Figuera Phone Number: 917 535-5027

Alternate Contact: Daniela Portagnuolo Phone Number: 646 565-8310

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

Signed [Signature]

Dated 5/8/2019 [Signature]

Sworn to this 7th day of May 2019 Notary Public

RAVI IVAN SHARMA Notary Public, State of New York Reg. No. 025F6221466 Qualified in Kings County Commission Expires October 23, 2022

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 4/2018**

- 1- Applicant Name BELGO MOBILE LLC
- 2- Establishment Name (Corporate & DBA) PERROS Y VAINAS
- 3- Address for Proposed License 517 CLAYTON ROAD, NY, NY 10004
- 4- Proposed Days/Hours of Operation Mon-Thurs 11:00 to 8:00 pm / Fri & Sat 11:00 am to
9:00 pm
- 5- Square Footage of Location 160 SQ FT
- 6- Method of Operations (bar restaurant, Catering, etc) QUICK SERVE 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

Belgo Landing, Pier 45 Hudson River Park, 393 West Street, 10014
DeGeest LLC, 15 Avenue B, New York, NY 10009
Belgo TMS, 1557 Broadway, New York, NY 10036

is 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, X Andrew Heaton, as a qualified representative of 10 South Street LLC, located at 10 South Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Catering license

8:00 am to 2:00 am Mon - Sat / 10:00 am to 2:00 am Sunday

- (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 Establishment 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 (closed)

(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: Every day

(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):
- 3rd party booked events only
- Will employ traffic and pedestrian 'officers' to deal with congestion, of a PA of 1192 persons.

(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 Andrew Heaton Phone Number: X 347 879 1832

Alternate Contact: _____ Phone Number: _____

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

Signed: [Signature] Dated: X 08 May 2019

Sworn to this 8th day of MAY 2019
Notary Public

DONALD M. BERNSTEIN
Notary Public, State of New York
No. 02BE4806351
Qualified in New York County
Commission Expires November 30, 2022

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 4/2018

- 1- Applicant Name **10 South Street LLC**

- 2- Establishment Name (Corporate & DBA) **10 South Street LLC d/b/a TBD**

- 3- Address for Proposed License **10 South Street, New York, NY 10004**

- 4- Proposed Days/Hours of Operation **Hours will vary by event; latest closing hour will be 2AM**

- 5- Square Footage of Location **20,689**

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

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

- 8- Sidewalk Café? Yes **No**

- 9- Type of Music? Live Recorded DJ

- 10- Volume of Music? Background Other will vary by event

- 11- Applicant's Previous Licensed Establishments and Addresses
 - *42nd Street Lessee LLC (Cipriani 42nd Street), 110 East 42nd Street, New York, NY 10017
 - *Downtown Restaurant Company LLC (Cipriani Downtown), 372-376 W Broadway, New York, NY 10012
 - *GC Ballroom Operator LLC (Cipriani Club 55), 55 Wall Street, New York, NY 10005
 - *GC Alpha LLC (Cipriani Dolce), Grand Central Station -West Balcony, New York, NY 10017

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Manhattan Community Board 1 Liquor License Stipulations

I, Enrico Ciotti, as a qualified representative of VB Pier 16 LLC located at Pier 16 89 South Street, New York, New York, agree to

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

(1) My hours of operation will be Bar - 11AM - 1AM Sunday - Thursday and Bar 11AM - 1AM Friday - Saturday Food 9AM (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): Continental with full food service until closing hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) None specified

(4) I will have: DJs Yes No Live music Yes No Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No 1 x per week Friday or Saturday Light Jazz (stops 11pm)

(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 4pm 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: Management will be responsible for controlling clientele

(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 cafe 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: Enrico Ciotti Phone Number: (917) 450-7415

Alternate Contact: _____ Phone Number: _____

(14) I will (additionally): if complaints management will be responsible

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

Sworn to this 12th day of July [Signature] 7/12/17

SUSAN P. COLE
Notary Public, State of New York
No. 244754782
Qualified in New York County
Commission Expires May 26, 2019

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

08 May 2019 Update: All Stipulations will remain the same.

X [Signature]
Enrico Ciotti

FRANK V. PALILO
Notary Public, State of New York
No. 244754782
Qualified in Kings County
Commission Expires April 22, 2019



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

1- Applicant Name

Enrico Ciotti

2- Establishment Name (Corporate & DBA)

VB Pier 16 LLC d/b/a To be determined

3- Address for Proposed License

Pier 16, 89 South Street

4- Proposed Days/Hours of Operation

9am - 1am; 7 days per week

5- Square Footage of Location

3,200

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

Restaurant

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

On Premises liquor license

8- Sidewalk Café? Yes/No

9- Type of Music? Live Recorded DJ

↓
occasional 1x per week

10- Volume of Music? Background Other

11- Applicant's Previous Licensed Establishments and Addresses

① Caffe Valdinolre - 225 Sullivan St, NY, NY

② V Bar 3 LLC - 212 Front St, NY, NY

③ St. Marks Enterprises - 132 1st Ave, NY, 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, Kanika Malhotra, as a qualified representative of Benares Fine Cuisine, LLC located at 45 Murray St., New York, New York, agree to the following stipulations for the applicant's Method of Operation for their OP license

(1) My hours of operation will be 11am to 11pm Sunday to Thursday / 11am to 12am Sat. & Sun. 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): Indian Restaurant with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) No

(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 9pm Sun-Thurs and 9pm Fri-Sat. I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of During Day Time Business Hours.

(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 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):

DJ, Live Music, Dancing, only For Special Events,
★ One special Event a month allowed with (11am to 1am) hours.
Will inform neighbors when Special Events are scheduled.

(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 Kanika Malhotra Phone Number: 908-369-7856

Alternate Contact: Arun Phone Number: 908-442-3152

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

Signed X Kanika Malhotra Dated 08 May 2019

Sworn to this 7th day of May 2019
Notary Public

NEHAL M. TRIVEDI
Notary Public, State of New York
Registration #02TR6072812
Qualified In Nassau County
Commission Expires July 10, 2022

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

1- Applicant Name

Benares Fine Cuisine Inc

2- Establishment Name (Corporate & DBA)

3- Address for Proposed License

45 Murray Street, New York, NY 10007

4- Proposed Days/Hours of Operation

7 days a week. 11 to 11.

5- Square Footage of Location

App 3000

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

None.

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, Dustin Wilson, as a qualified representative of Nutopian Embassy, LLC, located at 1 White 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 11am - 12am Sunday - Thursday and 11am - 1am Friday - Saturday...
(2) I will operate a full-service restaurant, (please describe type of restaurant): modern/progressive American with full food service until ___ hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) No subwoofers
(4) I will have: DJs [X]Yes []No Live music [X]Yes []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 9pm Sun-Thurs and 10pm Fri-Sat. []I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of During business hours.
(8) I will employ a doorman/security personnel on the following days and hours: No
(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. [X]
(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. [X]
(11) I will not apply for a sidewalk cafe license until at least a year after beginning operation. []Yes [X]No
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business. [X]
(13) I confirm that I have ___ violations from previous establishments for which I have served as a principal.
(14) I will (additionally): Restaurant is on 3 floors.

(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: Dustin Wilson Phone Number: (303) 819-6822

Alternate Contact: FIVE Phone Number: _____

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

[Handwritten signature of Dustin Wilson]

5/21/19

Signed

Dated

Sworn to this 21 day of May, 2019

[Handwritten signature of Notary Public]

Notary Public

