

Manhattan Community Board 1 Liquor License Stipulations

I, Jennifer Waverek as a qualified representative of BKLYN CLAY LLC located at 288 West Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Tavern Wine license

(1) My hours of operation will be 9 am - 9pm Sunday - Thursday and 9am - 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): tavern and clay studio with full food service until hour(s) before closing.

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

(4) I will have: DJs [ ]Yes [X]No Live music [ ]Yes [X]No Recorded Music [ ]Yes [X]No Dancing [ ]Yes [X]No Promoted events [ ]Yes [ ]No Cover fee events [ ]Yes [X]No Scheduled performances [ ]Yes [X]No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. [X]

(6) I will close all doors and windows by Sun-Thurs and Fri-Sat. [X] 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: None

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

(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. [X]

(11) I will not apply for a sidewalk cafe license until at least a year after beginning operation. [X]Yes [ ]No

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

(13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

Applicant will use reasonable efforts to ensure taxis and other vehicles do not double park or restrict traffic in front 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.

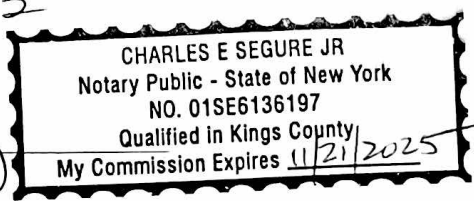
Name: Jennifer Waverek Phone Number: (718) 208-6106

Alternate Contact: Laura Vogel Phone Number: (201) 919-8712

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

Signed [Signature] Dated 5/18/22

Notary Public Charles E Segure Jr Sworn to this 18 day of May, 2022



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

- 1- Applicant Name BKLYN CLAY LLC
- 2- Establishment Name (Corporate & DBA) BKLYN CLAY LLC
- 3- Address for Proposed License 288 West Street
- 4- Proposed Days/Hours of Operation 9am - 9pm (seven days)
- 4.1 What floor(s) is the establishment on? Ground floor
- 4.2 Any rooftop, terrace, or other outside usage? No
- 5- Square Footage of Location 3,600 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc) Bar/tavern/clay studio
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Beer and Wine
- 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 Nonc
- 10- Volume of Music?  Background (*no sound from events, performances or music will be heard outside the premises or by neighbors*) N/A; No music
- Other
- 11- Where will the kitchen exhaust system vent to? No open flame cooking
- 12- Applicant's Previous Licensed Establishments and Addresses
- BKLYN CLAY LLC  
535 Carlton Avenue  
Space B  
Brooklyn, NY 11238

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, Craig Kuppel, as a qualified representative of Concord Panormama Greenwich LLC, located at 100 Greenwich St., New York, NY 10006, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Bar/Tavern license

- (1) My hours of operation will be 6:30 am - 1 am Sunday - Thursday and 6:30 am - 1 am Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). \*This is a hotel lobby that will operate as such 24/7
(2) I will operate a ~~full-service restaurant~~, (please describe type of restaurant): Bar/Tavern serving beer and wine only with full food service until \_\_\_\_\_ hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) N/A Existing Sound Proofing Will Be Used
(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 10 am - 3 pm; Monday through Saturday
(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 Sidewalk cafe with 2 tables and 4 seats approved at meeting.
(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):

Erik Tapia Commissioner of Deeds, City of New York No. 4-10261 Cert. Filed in New York County Commission Expires March 1st 2024 The UPS Store @ 82 Nassau 212.406.9010

(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: Craig Kuppel Phone Number: 347-219-9847
Alternate Contact: Matina B Phone Number: 929-350-5437

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

Signed: [Signature] Dated: 5-24-22

State of New York County of New York

Sworn to this 24 day of May, 2022 Notary Public [Signature]

Manhattan Community Board 1 Liquor License Stipulations

I, Mahender T. Tulsiani, as a qualified representative of DEK Foods Inc., located at 120 Cedar Street-Store #1A New York, NY 10006, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Restaurant-Wine license

- (1) My hours of operation will be 11 AM-11PM Sunday - Thursday and 11AM-12AM Friday - Saturday...
(2) I will operate a full-service restaurant, (please describe type of restaurant): Indian Restaurant with full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) N/A
(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 10AM Sun-Thurs and 11AM Fri-Sat.
(7) I will have delivery of supplies, goods and services during the hours of 10 AM - 4 PM
(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 1 violations from previous establishments for which I have served as a principal.
(14) I will (additionally): Covid 19 Mask violation for kitchen staff

(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: Mahender T. Tulsiani Phone Number: 917-415-0574

Alternate Contact: Gary Tulsiani Phone Number: 212-772-6262

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

Signed [Signature]

Dated May 5, 2022

ANTHONY L. CARABALLO Notary Public, State of New York No. 24-4880989 Qualified in Kings County Commission Expires December 22, 2022

Sworn to this 5th day of May, 2022 [Signature] Notary Public

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

1- Applicant Name

**Grupo Gitano LLC & Gitano NYC LLC**

2- Establishment Name (Corporate & DBA)

**DBA Gitano Island**

3- Address for Proposed License

**125 Carder Road, New York, New York 10004**

4- Proposed Days/Hours of Operation

**Weekdays 11:00am - Midnight\***  
**Weekends 11:00am - Midnight\***  
**\* special events with alcohol service stopping at 1:30am**  
**and guests off island by 2:00am (if so permitted by Governors Island)**

4.1 What floor(s) is the establishment on?

**N/A - on grounds of Governors Island**

4.2 Any rooftop, terrace, or other outside usage?

**Yes - entire space is an outdoor bar/restaurant/lounge**

5- Square Footage of Location

**27,000 square feet**

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

**Bar, restaurant and lounge**

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

**Full Liquor On-Premises License**

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

**New Application**

8- Sidewalk Café? Yes/No

**No**

9- Type of Music ?  Live  Recorded  DJ

10- Volume of Music?  Background (*no sound from events, performances or music will be heard outside the premises or by neighbors*)

Other **Entertainment level**

11- Where will the kitchen exhaust system vent to?

**Mobile kitchen trailers exhaust to roof**

12- Applicant's Previous Licensed Establishments and Addresses

**Gitano Tulum - Quintana Roo, Mexico**

**Gitano NYC - 76 Varick Street, New York, New York 10013**

**Gitano Jungle Room - 27 Grand Street, New York, New York 10013**

**Gitano Miami - 3500 Collins Avenue, Miami Beach, Florida 33140**

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, James Gardner, as a qualified representative of Grupo Gitano LLC & Gitano NYC LLC, located at 125 Carder Road, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their full on-premises seasonal liquor license

(1) My hours of operation will be 11:00am - Midnight\* Sunday - Thursday and 11:00am - Midnight\* Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). \*special events with alcohol service until 1:30am, patrons off island by 2:00am

(2) I will operate a full-service restaurant, (please describe type of restaurant): bar, tavern, restaurant and lounge with full food service until at least 1 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 \* Events are promoted by licensee and staff or third-party marketers that do not have control of space or receive any part of revenue.

(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 - No windows

(7) I will have delivery of supplies, goods and services during the hours of 7:00am - 10:00am (as required by Governors Island Trust)

(8) I will employ a doorman/security personnel on the following days and hours: As needed

(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 No

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

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

(14) I will (additionally):

Volume of music will be background at certain times and entertainment level at other times via a sound system configured in accordance with a sound acoustician recommendations to avoid music being heard inside any Manhattan residences.

(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: James Gardner Phone Number: (347) 613-9130

Alternate Contact: Max Moore Phone Number: (347) 613-9130

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

Signed

Dated

Sworn to this 20 day of May 2022 [Signature]

Notary Public

TARI J HARDIN Notary Public, State of New York Qualified in Greene County No. 01HA6385294 Commission Expires December 31, 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 8/2019**

- 1- Applicant Name BKLYN CLAY LLC
- 2- Establishment Name (Corporate & DBA) BKLYN CLAY LLC
- 3- Address for Proposed License 288 West Street
- 4- Proposed Days/Hours of Operation 9am - 9pm (seven days)
- 4.1 What floor(s) is the establishment on? Ground floor
- 4.2 Any rooftop, terrace, or other outside usage? No
- 5- Square Footage of Location 3,600 sq. ft.
- 6- Method of Operations (bar restaurant, Catering, etc) Bar/tavern/clay studio
- 7- Type of License (Full liquor/OP, beer and wine, etc.) Beer and Wine
- 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 Nonc
- 10- Volume of Music?  Background (*no sound from events, performances or music will be heard outside the premises or by neighbors*) N/A; No music
- Other
- 11- Where will the kitchen exhaust system vent to? No open flame cooking
- 12- Applicant's Previous Licensed Establishments and Addresses
- BKLYN CLAY LLC  
535 Carlton Avenue  
Space B  
Brooklyn, NY 11238

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, Jennifer Waverek as a qualified representative of BKLYN CLAY LLC located at 288 West Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Tavern Wine license

(1) My hours of operation will be 9 am - 9pm Sunday - Thursday and 9am - 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): tavern and clay studio with full food service until hour(s) before closing.

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

(4) I will have: DJs [ ]Yes [X]No Live music [ ]Yes [X]No Recorded Music [ ]Yes [X]No Dancing [ ]Yes [X]No Promoted events [ ]Yes [ ]No Cover fee events [ ]Yes [X]No Scheduled performances [ ]Yes [X]No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music. [X]

(6) I will close all doors and windows by Sun-Thurs and Fri-Sat. [X] 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: None

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

(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1. [X]

(11) I will not apply for a sidewalk cafe license until at least a year after beginning operation. [X]Yes [ ]No

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

(13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

Applicant will use reasonable efforts to ensure taxis and other vehicles do not double park or restrict traffic in front 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.

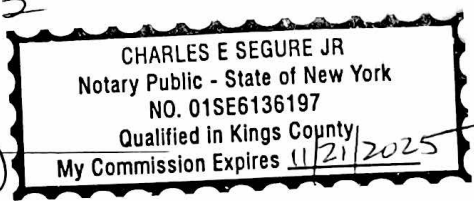
Name: Jennifer Waverek Phone Number: (718) 208-6106

Alternate Contact: Laura Vogel Phone Number: (201) 919-8712

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

Signed [Signature] Dated 5/18/22

Notary Public Charles E Segure Jr Sworn to this 18 day of MAY, 2022





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

1- Applicant Name

2- Establishment Name (Corporate & DBA)

3- Address for Proposed License

4- Proposed Days/Hours of Operation

4.1 What floor(s) is the establishment on?

4.2 Any rooftop, terrace, or other outside usage?

5- Square Footage of Location

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

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?

12- Applicant's Previous Licensed Establishments and Addresses

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

**Manhattan Community Board 1 Liquor License Stipulations**

I, Mark Fox, as a qualified representative of entity to be determined, located at 515 Wheeler Avenue, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Tavern license

(1) My hours of operation will be 12pm-7pm Sunday – Thursday and 12pm-7pm Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(2) I will operate a full-service restaurant, (please describe type of restaurant): \_\_\_\_\_ with full food service until \_\_\_\_\_ hour(s) before closing.

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

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

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.

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

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

(8) I will employ a doorman/security personnel on the following days and hours: \_\_\_\_\_

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

(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.

(11) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No

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

(13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

a. Keep the agreed to capacity of 50 at 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: Mark Fox Phone Number: 917-261-5495

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

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

[Signature]  
Signed

5-19-2022  
Dated



Sworn to this 19th day of May, 2022 [Signature]  
Notary Public