

Manhattan Community Board 1 Liquor License Stipulations

I, PAUL DAURIAK, as a qualified representative of SAILAWAY NY LLC located at 33 PARK VIEW AVE, JERSEY CITY, NJ, New York, New York, agree to the following stipulations for the applicant's Method of Operation:

JERSEY CITY NJ MAINT BPT

(1) My hours of operation will be 10AM-10PM Sunday - Thursday and 10AM 11PM 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): NOT A RESTAURANT - WE SERVE LIGHT FOOD ON BOAT with full food service until ___ hour(s) before closing.

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

(4) I will have: DJs [] Yes [X] No Live music [] 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.

(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: NA

(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 [X] No

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

(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: PAUL DAURIAK Phone Number: 917 560 2090

Alternate Contact: Phone Number:

(13) I will (additionally): -STEPHANIE GREENE ACTING FOR CAPT PAUL DAURIAK

NO LIQUOR SERVICE will start and stop within 500 FT OF N.Y. DOCK NO MUSIC ALSO WITHIN 500 FT. ALL TRIPS pre-scheduled (NO MORE THAN 5 TRIPS FOR EACH BOAT)

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

Signed [Signature]

Sworn to this 21 day of November, 2018

10/31/2018 Date LICIA ACEVEDO COMMISSIONER OF DEEDS CITY OF NEW YORK, NO 212572 Notary Public Expires 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. On 11/21/18 Nov. 2018

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

- 1- Applicant Name **SAILAWAYNY LLC**
PAUL DAURIAE
- 2- Establishment Name (Corporate & DBA)
SAILAWAYNY LLC
- 3- Address for Proposed License **10 MIN. PICKUPS ARE DONE AT NORTH COVE MARINA**
NY HARBOR
- 4- Proposed Days/Hours of Operation
7 DAYS A WEEK 10AM - 10PM
- 5- Square Footage of Location
40 SQ FT
- 6- Method of Operations (bar restaurant, Catering, etc)
SAILING CHARTERS
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
FULL / SEASONAL
- 8- Sidewalk Café? Yes No
- 9- Type of Music? Live Recorded DJ
- 10- Volume of Music? Background Other
ONLY PLAY MUSIC WHILE SAILING IN
- 11- Applicant's Previous Licensed Establishments and Addresses
HARBOR

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, SAM O'CONNOR, as a qualified representative of LOFE SAM PAT CO INC, located at 86 1/2 NASSAU ST, 12 CANDIES, 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 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 café 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: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally): When building complete I agree to Acoustab
or their equivalent provide a report to the
Community Board regarding noise level.
I further agree that no musicians speakers will be outside

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

Signed _____

Dated 11/14/18
Susan P. Cole

Sworn to this 14th day of November 2018

SUSAN P. COLE
Notary Public, State of New York
Notary Public 04897056
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. 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 JAM O'CONNOR
- 2- Establishment Name (Corporate & DBA)
LOFT CANDIES
- 3- Address for Proposed License
86 1/2 NASSAU ST.
- 4- Proposed Days/Hours of Operation NOON - 3AM
- 5- Square Footage of Location 2200
- 6- Method of Operations (bar restaurant, Catering, etc)
RESTAURANT / BAR
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
- 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
TRADING POST.
170, JOHN ST. 10038

THE GLOBE
158 E 23 ST. 10010

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, Harold Narcisse, as a qualified representative of 87 Walker Hospitality LLC,

located at 87 Walker Street, New York, New York, agree to

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

(1) My hours of operation will be 1130 am-1am Sunday - Thursday and 1130 am-2am 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): American Cuisine Restaurant & Bar with full food service until 2 hour(s) before closing.

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

(4) I will have: DJs [X] Yes [] No Live music [] Yes [X] 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.

(6) I will close all doors and windows by 8 pm Sun-Thurs and 8pm Fri-Sat. [] I will not have French doors or windows.

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

(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 [X] No

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

(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: Harold C Narcisse Phone Number: 646-342-9209

Alternate Contact: Brian Kennedy Phone Number: 212-620-0938

(13) I will (additionally): HAVE PERSONNEL PRESENT TO ENFORCE NO SMOKING OUTSIDE PREMESIS AND CONTROL NOISE FROM CROWD, IF ANY. Will come back in one year for extended hours.

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

Signed [Signature] Dated 10/15/18

Sworn to this 15th day of October 2018

Notary Public Lawrence E. Morrison, Notary Public, State of New York, Registration #02MO6059654, Qualified In New York County, Commission Expires July 28, 2019

Community Board 1 requests that the SLA add these stipulations to the application. 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 | Harold C Narcisse |
| 2. Establishment Name | 87 Walker Hospitality LLC/ DBA- Babcock's (TBD) |
| 3. Address for Proposed License | 87 Walker Street, New York, NY 10013 |
| 4. Open Daily/ Hours of Operation | Sun-Thur 1130am-1am/Fri-Sat 1130am-2am |
| 5. Square Footage of Location | 1800 Sq Feet |
| 6. Method of Operation | American Cuisine Restaurant and Bar |
| 7. Type of License | Full Liquor License |
| 8. Sidewalk Café | No |
| 9. Type of Music | Recorded and DJ |
| 10. Volume of Music | Background |
| 11. Applicant's Previous Licensed Establishments and Address | |

AER Lounge	Café Simple
409 West 13 th Street	132 Greenpoint Ave
New York NY, 10013	Brooklyn NY 11222

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

ALAMO DRAFT HOUSE CINEMA AND VIDEO VORTEX

I, TIM LEAGUE, as a qualified representative of ALAMO LIBERTY LLC located at 28 LIBERTY STREET, SUB-CELLAR 293, New York, New York, agree to

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

(1) My hours of operation will be 10:00 AM to 2:00 AM Sunday - Thursday and 10:00 AM to 2:00 AM Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). *-because of late night movie*

(2) I will operate a full-service restaurant, (please describe type of restaurant): MOVIE THEATRE AND RESTAURANT with full food service until 2 AM 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 *RIS MOVIES*

(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 NONE 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: KARLA RODRIGUEZ Phone Number: 303-246-7543

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally): ALL NOISE WILL BE AT BACKGROUND LEVELS
ALL LIQUOR SERVICE WITH will stop
at 2 AM and with the understanding that
patrons will not immediately vacate, if movie runs

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

Signed [Signature] Dated 10/14/18

Sworn to this 14th day of November 2018

SUSAN P. COLE
Notary Public, State of New York
Notary Public 04897056
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. 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
Alamo Liberty, LLC
- 2- Establishment Name (Corporate & DBA)
Alamo Draffhouse Cinema & Video Vortex
- 3- Address for Proposed License
28 Liberty Street (Sub-Cellars 2 & 3), New York, New York 10005
- 4- Proposed Days/Hours of Operation
The premises will open daily at 10:00 a.m., and all alcoholic beverage service will cease no later than 2:00 a.m. The premises will be closed and vacated (by patrons - not cleaning staff) within 15-30 minutes after the last film ends.
- 5- Square Footage of Location
**Sub-Cellar 2 is approximately 4,302 sq. ft (~828 sq. ft. is back-of-house, ~3,478 sq. ft. is patron space)
Sub-Cellar 3 is approximately 40,788 sq. ft. (~5,515 sq. ft. is back-of-house, ~35,272 sq. ft. is patron space)**
- 6- Method of Operations (bar restaurant, Catering, etc)
Movie Theater & Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
On-Premises Liquor
- 8- Sidewalk Café? Yes/No
No
- 9- Type of Music ? Live* Recorded DJ
*On occasion, or in connection with a special or private event.
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
**Alamo City Point, LLC
445 Gold Street, Suite 4-400 & 4-410
Brooklyn, New York, 11201**
**Alamo Yonkers LLC
2548 Central Park Avenue
Yonkers, New York 10710**
***See the list attached to CB1's Liquor License Application Questionnaire for the 15 other Alamo Draffhouse locations throughout the US (does not include franchised locations).**

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Manhattan Community Board 1 Liquor License Stipulations

I, Akihiko Urashi, as a qualified representative of YSI Inc.,

located at 94 Reade Street / New York, New York 10013, New York, New York, agree to

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

(1) My hours of operation will be 5:30pm - 11:30pm Sunday - WEDNESDAY and 5:30pm - 12:30am 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): Upscale Japanese Yakitori with full food service until 1/2 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: n/a

(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 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: Akihiko Urashi / urashiurashi@gmail.com Phone Number: 929 444 0579

Alternate Contact: Atsushi Kono / siva-ats@hotmail.co.jp Phone Number: 646 243 3503

(13) I will (additionally):

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

Signed Akihiko Urashi

Dated 11/14/18
Susan P. Cole
Notary Public, State of New York

Sworn to this 14th day of November

No. 01534397056
Notary Public
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. 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
Akihiko Urashi
- 2- Establishment Name (Corporate & DBA)
YSI, Inc. dba Torishin Tribeca
- 3- Address for Proposed License
94 Reade Street / New York, New York 10013
- 4- Proposed Days/Hours of Operation
Sunday to Wednesday: 5:30PM to 11:30PM
Thursday to Saturday: 5:30PM to 12:30AM
- 5- Square Footage of Location
1,100 for the ground floor and 1,100 for the basement space for a total of 2,200 square feet.
- 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
No music
- 10- Volume of Music? Background Other
N/A
- 11- Applicant's Previous Licensed Establishments and Addresses
362 West 53rd Street / New York, New York 10019

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, Manjit Saggi, as a qualified representative of Benarasi Food & Catering, Inc located at 45 Murray street, New York, NY, New York, New York, agree to the following stipulations for the applicant's Method of Operation:

- (1) My hours of operation will be 11am - 12am 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)
(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. I will not have French doors or windows.
(7) I will employ a doorman/security personnel on the following days and hours: n/a
(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.
(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: Manjit Saggi Phone Number:
Alternate Contact: Sunny Saggi. Phone Number: 732 996 - 9596

(13) I will (additionally):

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

Signed: Manjit Saggi Dated: 11/14/18

Sworn to this 14th day of November 2018 by SUSAN P. COLE Notary Public, State of New York No. 01C04897056 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. 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
Benarasi Food & Catering Inc
- 2- Establishment Name (Corporate & DBA)
Benares
- 3- Address for Proposed License
US Murray street, New York, NY 10007.
- 4- Proposed Days/Hours of Operation
7 days 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

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Manhattan Community Board 1 Liquor License Stipulations

I, EFFRAM BASON, as a qualified representative of FISH REPUBLIC LLC, located at 139 DUANE STREET, New York, New York, agree to

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

- (1) My hours of operation will be 11 AM - 12 AM Sunday - Thursday and 11 AM - 1 AM 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): RESTAURANT/BAK with full food service until 1 hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) USING EXISTING SOUNDPROOFING
- (4) I will have: DJs Yes No Live music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No
- (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background.
- (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 café 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: EFFRAM BASON Phone Number: 917 502 5750

Alternate Contact: NOAM LANGLEY Phone Number: 917 238 5583

(13) I will (additionally):

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

Signed [Signature] Dated 11/14/2018

Sworn to this 14th day of November 2018

SUSAN P. COLE
Notary Public, State of New York
No. 01C04897058
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. 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

Efram Basov

2- Establishment Name (Corporate & DBA)

Fish Republic LLC / Savida

3- Address for Proposed License

139 Duane St.

4- Proposed Days/Hours of Operation

Sun. to Thur., 11am to 12am
Fri. & Sat., 11am to 1am

5- Square Footage of Location

Approx 2500 (1st floor) approx 1640 in Basement
Storage / office area

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

OUT OF THE BLUE SEAFOOD
252 E MONTAUGH HWY
HAMPTONS BAY, NY

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Manhattan Community Board 1 Liquor License Stipulations

I, Zak Normandin, as a qualified representative of The Drug Store Tribeca LLC, located at 293 Church Street, New York, New York, agree to

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

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

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

(3) I will install soundproofing (please describe type and locations) RX11 INSULATION

(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: SECURITY WILL BE PRESENT WHEN THERE ARE LONG LINES

(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: Katelin Sisson Phone Number: 917-992-0426

Alternate Contact: Josip Davenovich Phone Number: 703-371-9738

(13) I will (additionally): DJ refers to person curating music from a computer; CBI APPROVES OF THE USE OF A DJ AS DEFINED ABOVE SO LONG AS MUSIC IS BACKGROUND LEVELS ONLY.

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

Signed [Signature]
Sworn to this 14th day of November 2018

Dated 11/14/2018
[Signature]
SUSAN P. COLE
Notary Public, State of New York
Notary Public No. 01C04897056
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. 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

The Drug Store Tribeca LLC

2- Establishment Name (Corporate & DBA)

The Drug Store

3- Address for Proposed License

293 Church Street, New York, NY 10013

4- Proposed Days/Hours of Operation

Sun - Thurs 11am-11pm

Fri & Sat 12pm-1am

5- Square Footage of Location

989 sq ft

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

Bar/lounge

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

11- Applicant's Previous Licensed Establishments and Addresses

None - 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.