

Manhattan Community Board 1 Liquor License Stipulations

I, Chad C. White, as a qualified representative of BKD Ballwin, LLC d/b/a Brookdale Battery Park located at 455 North End Avenue, New York, New York, agree to

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

(1) My hours of operation will be 4pm-10pm Sunday - Thursday and 4pm-10pm 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): full kitchen and full menu with full food service until all 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 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: building regular 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 [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: Jessica Dwyer, Dining Services Director Phone Number: 212-791-2500

Alternate Contact: John V. Muzio, Jr., Executive Director Phone Number: 212-791-2500

(13) I will (additionally):

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

Signed [Signature] EVP

LINDA B. DEVAULT State 9/12/18 Dated

Sworn to this 12th day of September, 2018

Notary Public Linda B. Devault Tennessee Comm Exp. 11-18-19

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 Classic Harbor Line, LLC.

2- Establishment Name (Corporate & DBA) Corporate: Classic Harbor Line, LLC. **DBA:** Full Moon

3- Address for Proposed License 250 Vesey St., Slip N6, D Dock

4- Proposed Days/Hours of Operation 7 days a week 1pm-pm

5- Square Footage of Location 500

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

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

- Manhattan II: 62 Chelsea Piers
- Manhattan: Chelsea Piers Pier 62 W. 23rd St.
- Adirondack: Chelsea Pier 23rd St. & Hudson
- America 2.0: 62 Chelsea Piers
- Kingston: W. 23rd St.

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.

Barbara Kinn

Manhattan Community Board 1 Liquor License Stipulations

I, Alessio De Sensi, as a qualified representative of HHC Fulton Retail, LLC, located at 19 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 Sun - Wed 11am - 1am / Thurs - Sat 11:am - 2: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): American 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: HHC

(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: Alessio De Sensi Phone Number: 646 762 4767

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally):

Alteration Omission of Cobble Stone Area and Outdoor Bar

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

Signed [Signature]

Dated 9/12/18

Sworn to this _____ day of _____

[Signature]
Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-named applicant. These stipulations and board resolution shall supersede all other documents.

Notary Public, State of New York
No. 01-TA5020010 Rev. 4/18
Qualified in Queens County
Commission Expires January 06, 2022

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

Alteration

- 1- Applicant Name HHC Cobblerstones, LLC
- 2- Establishment Name (Corporate & DBA) Cobble & Co.
- 3- Address for Proposed License 19 Fulton Street
New York, NY 10038
- 4- Proposed Days/Hours of Operation Sun - Wed 11am - 1am
Thur - Sat 11am - 2am
- 5- Square Footage of Location 7,041
- 6- Method of Operations (bar restaurant, Catering, etc) Restaurant/Bar
- 7- Type of License (Full liquor/OP, beer and wine, etc.) On-Premises
- 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
Several affiliated licenses throughout Seaport

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.

Barbara Kwan

Manhattan Community Board 1 Liquor License Stipulations

I, Alessio de Sensi, as a qualified representative of HHC Cobblestones, LLC, located at 19 Fulton Street, New York, NY 10038, New York, New York, agree to

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

(1) My hours of operation will be Sun-Wed 11:00am - 1am / Thurs. - Sat. 11:00am - 2:00am 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): New American _____ 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 N/A 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: HHC _____

(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: Alessio De Sensi Phone Number: (646) 762-4767/(310) 259-9320

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally):
~~Let me use at outdoor bar~~ JE JK

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
 Signed [Signature] Dated 9/12/18

Sworn to this _____ day of _____
Notary Public [Signature]

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.

KELLY TAM
Notary Public, State of New York
No. 01-TA5020010
Qualified in Queens County
Commission Expires January 06, 2022 Rev. 4/18

New OP

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

- 1- Applicant Name HHC Cobblerstones, LLC
- 2- Establishment Name (Corporate & DBA) Cobble & Co.
- 3- Address for Proposed License 19 Fulton Street
New York, NY 10038
- 4- Proposed Days/Hours of Operation Sun - Wed 11am - 1am
Thur - Sat 11am - 2am
- 5- Square Footage of Location 7,041
- 6- Method of Operations (bar restaurant, Catering, etc) Restaurant/Bar
- 7- Type of License (Full liquor/OP, beer and wine, etc.) On-Premises
- 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
Several affiliated licenses throughout Seaport

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.

Barbara Kern

Manhattan Community Board 1 Liquor License Stipulations

I, Alessio De Sensi, as a qualified representative of HHC Cobblestones, LLC, located at 203 Front Street, New York, NY 10038, New York, New York, agree to

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

(1) My hours of operation will be Sun - Wed 11:00am - 1:00am / Thur - Sat 11:00am - 2:00am 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): New American with full food service until _____ hour(s) before closing.

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

(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 N/A 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: HHC personnel

(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: Alessio De Sensi Phone Number: (646) 762-4767/(310) 259-9320

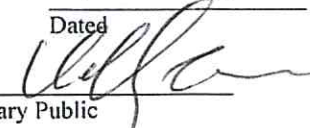
Alternate Contact: _____ Phone Number: _____

(13) I will (additionally):

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

Signed 

7/12/18
Dated

Sworn to this _____ day of _____
Notary Public 

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.

KELLY TAM Rev. 4/18
Notary Public, State of New York
No. 01-TA5020010
Qualified in Queens County
Commission Expires January 06, 2022

Now OP

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

- 1- Applicant Name HHC Cobblestones, LLC

- 2- Establishment Name (Corporate & DBA) Trade Name Pending

- 3- Address for Proposed License 203 Front Street
New York, NY 10038

- 4- Proposed Days/Hours of Operation Sun - Wed 11am - 1am
Thur - Sat 11am - 2am

- 5- Square Footage of Location 4,597

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

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

- 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
Several affiliated licenses throughout Seaport

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.

Barbara Kimm

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, NY 10038, New York, New York, agree to

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

(1) My hours of operation will be Mon. - Sat. 9am - 2am / Sun. 10am - 12am 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 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 N/A 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: HHC

(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: Alessio De Sensi Phone Number: (646) 762-4767/(310) 259-9320

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally): Have live music at outside bar until 10 PM. Alterations: Increase outdoor space by reconstruction incorporating cobble stones and outdoor bar. 

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

Signed [Signature] Dated 9/12/18

Sworn to this _____ day of _____ Notary Public

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.

KELLY TAM
Notary Public, State of New York
No. 01-TA5020010 Rev. 4/18
Qualified in Queens County
Commission Expires January 06, 2022

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

- 1- Applicant Name HHC Fulton Retail, LLC
- 2- Establishment Name (Corporate & DBA) 10 Corso Como
- 3- Address for Proposed License 1 Fulton Street
New York, NY 10038
- 4- Proposed Days/Hours of Operation Mon - Sat 8am - 2am
Sun 10am - 1 am
- 5- Square Footage of Location 7460
- 6- Method of Operations (bar restaurant, Catering, etc) Restaurant/Bar
- 7- Type of License (Full liquor/OP, beer and wine, etc.) On - Premises
- 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
Several affiliated licenses throughout Seaport

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.



The City of New York
Manhattan Community Board 1

Anthony Notaro, Jr. CHAIRPERSON | Lucian Reynolds DISTRICT MANAGER

October 3, 2018

Ms. Jacqueline Held
Deputy Commissioner of Licensing
State Liquor Authority
317 Lenox Avenue
New York, NY 10027

Dear Deputy Commissioner Held:

Please note this resolution recommends that the State Liquor Authority **deny** the request from Spring Studios for a change in the method of operations at this time, and asking that more time and accurate information be provided for the Spring Advisory Committee, an independent group of neighbors, to negotiate with the Spring Studio principals.

Attached is a CB 1 resolution from February 2018 resolution that details both complaints and persistent questions about Spring's operations and is still the official position of the Board with regards to Spring Studios current methods of operation.

Also attached are the three submissions from Spring for the July Licensing committee, during which they decided to postpone their presentation and said they would "withdraw" their application until September. No further electronic copies or directions were received prior to September meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "Lucian Reynolds".

Lucian Reynolds
District Manager

cc: Applicant

Attachments:

Working draft of revised stipulations
July 2018 questionnaire packet
Spring Studios 30 Day Notice for change in M of O plus revised hours request
2018 CB1 resolution on Spring Studios Renewal
2013 CB1 resolution and stipulations agreed to by CB1 and applicant.

Richard ~~DKR~~

Manhattan Community Board 1 Liquor License Stipulations

I, Jill Dantley, as a qualified representative of Wine Bar 71 Worth LLC, located at 71 Worth Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation:

(1) My hours of operation will be 4-12AM Sunday - Thursday and 4pm-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): American with Wine 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 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 10pm 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: 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: X ALEC VAUGHN Phone Number: X 585-313-4300

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally):

Wine, Beer, Cider

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

Signed X [Signature]
Commonwealth of PA
County of Northampton
Sworn to this 14th day of September, 2018

Dated 9-14-18
9-12-18
[Signature]
Notary Public

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.

[Signature]

Rev. 4/

NOTARIAL SEAL
ANA DEJESUS, Notary Public
South Whitehall Twp., Lehigh County
My Commission Expires March 5, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Manhattan Community Board 1 Liquor License Stipulations

I, German H. Metz, as a qualified representative of Metz Zutto Ramen Inc.

located at 77 Hudson Street, New York, NY 10013, New York, New York, agree to

the following stipulations for the applicant's Method of Operation: *Mon - Thurs: 11:30am - 10:00pm / Fri: 11:30am - 11:00pm*
Sat: 12pm - 11:00pm
Sun: 12pm - 10pm

(1) My hours of operation will be ~~_____~~ Sunday - Thursday and ~~_____~~ Friday - Saturday *Sun: 12pm - 10pm*
(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): Japanese Restaurant
10pm Mon -Thur, Sun. 11pm Fri-Sat.
with full food service until _____ hour(s) before closing.

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

Gm

(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 Not now, may in future.

(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: German H. Metz Phone Number: 212-233-3287, 917-518-1034

Alternate Contact: Yiluan Yin Phone Number: 646-255-5410

(13) I will (additionally):

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
[Signature]
Signed _____ Dated 9/12/18

Sworn to this 12th day of Sept 2018 *[Signature]*
Notary Public

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.

WAH HEE LEI
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01LE6151951
QUALIFIED IN KINGS COUNTY
CERTIFICATE FILED IN NEW YORK COUNTY
COMMISSION EXPIRES AUGUST 28, 2022

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

- 1- Applicant Name German H. Metz
- 2- Establishment Name (Corporate & DBA) Metz Zutto Ramen Inc. DBA: Zutto Japanese American Pub
- 3- Address for Proposed License 77 Hudson Street, New York, NY 10013
- 4- Proposed Days/Hours of Operation Mon-Thur: 10:30am - 10:00 pm
Fri: 11:30am - 11:00pm
Sat: 12pm- 11pm/ Sun: 12pm - 10pm
- 5- Square Footage of Location App. 1850sq.
- 6- Method of Operations (bar restaurant, Catering, etc) Restaurant & Bar
- 7- Type of License (Full liquor/OP, beer and wine, etc.) On-Premises Liquor License
- 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, Bella Karakis, as a qualified representative of Chefscape NYC, LLC d/b/a Chefscape,

located at 205 Hudson Street, New York, New York, agree to

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

(1) My hours of operation will be 7am - midnight Sunday - Thursday and 7am - 1am Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). 10am - 1am for the bar

(2) I will operate a full-service restaurant, (please describe type of restaurant): Food hall with revolving menu with full food service until 0 hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) n/a, whatever already exists

(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. YES when garage door is closed,

(6) I will close all doors and windows by 10pm Sun-Thurs and 10pm Fri-Sat. I will not have French doors or windows. OPEN MAY HAVE garage door

(7) I will employ a doorman/security personnel on the following days and hours: n/a, except when there's a full buy-out

(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 Not at this time at least one year

(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: Bella Karakis Phone Number: (917) 215-3309

Alternate Contact: Rob Batchelder Phone Number: (703) 297-1068

(13) I will (additionally): 12 private events for year in a full buy-out of space
- 2 days before event takes place, neighbors will be notified
- no window open when there's a buyout
no more than 3 full buyouts per month

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

Bella Karakis
Signed

9/14/18
Dated

Sworn to this 14th day of Sept. 2018

Rohini N Bedasie

Notary Public
ROHINI N BEDASIE
Notary Public State of New York
NO. 01BE6224922
Qualified in Queens County, NY
My Commission Expires 7/19/2022

Community Board 1 requests that the SLA add these stipulations to the license of the above-named applicant. These stipulations and board resolution shall supersede all other documents.

Manhattan Community Board 1 Liquor License Stipulations

I, Lindita Paloka, as a qualified representative of WB Cafe Inc, located at 134 West Broadway, New York, New York, agree to

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

11:30am - 12am (Sun. - Thurs.) / 11:30am - 2am (Fri + Sat.)

(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): Italian with full food service until _____ hour(s) before closing.

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

(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.

will close -> 9:pm Sun - Thurs / 10:pm Fri + Sat.

(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: LINDITA PALOKA Phone Number: (917) 622-0414

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally):

Will apply for sidewalk cafe,
4-6 speakers. Will have bike delivery.

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

X _____
Signed

X 09/12/18
Dated

Sworn to this 21 day of Sept 2018
Notary Public

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.

CHEN, YUAN JIE
Notary Public, State of New York
No. 01CH6012510
Qualified in New York County
Commission Expires Aug. 31, 2022

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

- 1- Applicant Name
WB Cafe INC
- 2- Establishment Name (Corporate & DBA)
Max Restaurant
- 3- Address for Proposed License
134 West Broadway
- 4- Proposed Days/Hours of Operation
11:30am - 1am Sun. to Thur
11:30am - 2am Fri. & Sat
- 5- Square Footage of Location
1276 1st Floor + 1276 in Basement
- 6- Method of Operations (bar restaurant, Catering, etc)
Restaurant
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
OP
- 8- Sidewalk Café? (Yes) No
The Bennett, Jada Restaurant Inc, had a license
- 9- Type of Music? Live Recorded DJ we want to apply for the same footprint with 7 tables + 14 seats
- 10- Volume of Music? Background Other
- 11- Applicant's Previous Licensed Establishments and Addresses
Max Restaurant 181 Duane St
7.5 years with an OP
Had a wine license from 2006 to 2011

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

Alteration

I, Jeff Lam, as a qualified representative of The Mint NYC Restaurant Inc located at 11 Stone Street, 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): American with full food service until _____ hour(s) before closing.

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

(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 N/A 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 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.

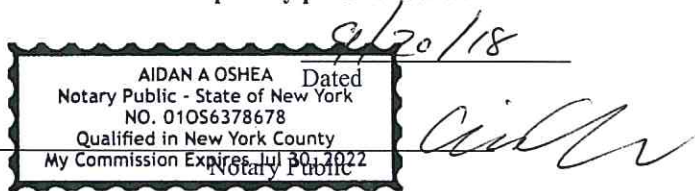
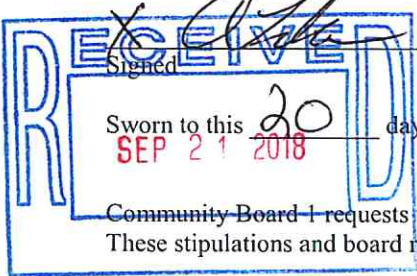
Name: X Louis Klack Phone Number: X 646-942-0961

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally):

Alteration Request: No liquor on Terraces on FL 27,
1st Floor: 7:am - 12:am, 2nd Floor: 7:am - 1:am
26 Floor: 12:pm - 2:am, 27 Floor: 12:pm - 1:am (stay the same)

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



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 Mint NYC Restaurant Inc

2- Establishment Name (Corporate & DBA)

The Mint NYC Restaurant Inc dba The Mint

3- Address for Proposed License

11 Stone Street, New York, NY 10004

4- Proposed Days/Hours of Operation

1st & 2nd Floors – Sun-Thurs: 7AM to 12AM Fri-Sat: 7AM to 1AM
26 & 27 Floors – Sun-Thurs: 12PM to 4AM Fri-Sat : 12PM to 4AM

5- Square Footage of Location

Total 3,700 sq. ft. for 4 floors: 1st Floor - 1,000 sq. ft. 26th & 27th Floor - 1,000 sq. ft.
2nd Floor - 1,400 sq. ft. 2nd Floor patio - 300 sq.ft.

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

Hotel restaurant, bar/lounge

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

Full Liquor/HL (Hotel License)

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

Not applicable

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, Ying Qing Cai, as a qualified representative of 22 Thai Cuisine Fuc., located at 59 Nassau St., New York, New York, agree to

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

(1) My hours of operation will be 11:00am - 10:30Pm Sunday - Thursday and 12:00Pm - 10:30Pm 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): Thai restaurant with full food service until _____ hour(s) before closing.

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

(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 all the time of operations 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

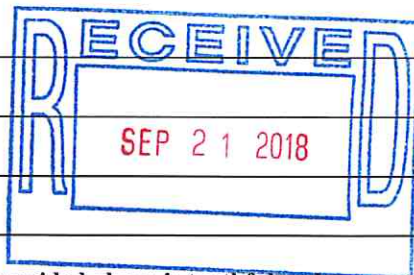
(11) I will conspicuously post this stipulation form beside my liquor license inside of my business.

(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: Ying Qing Cai Phone Number: 212-732-9250

Alternate Contact: _____ Phone Number: _____

(13) I will (additionally):



HONG CAI
Notary Public, State of New York
No. 01CA6273883
Qualified in Kings County
Certificate Filed in New York County
Commission Expires Dec. 24, 2020

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

X Ying Qing Cai
Signed

9/12/18
Dated

Sworn to this 12 day of September 2018

Notary Public

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 Stipulations

I, Nora Dunnan, as a qualified representative of The Range NYC LLC d/b/a Five Iron Golf, located at 22 Stone Street, 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 - midnight (all days) Sunday - Thursday and Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(2) I will operate a full-service restaurant, (please describe type of restaurant): upscale bar food such as sliders, quesadillas, sandwiches, salads, flatbreads, etc. as well as event platters with full food service until 1 hour(s) before closing.

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

(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 M/A 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: Nora Dunnan Phone Number: 609-439-2777

Alternate Contact: Katherine Solomon Phone Number: 585-734-0912

(13) I will (additionally):

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

X Nora Dunnan
Signed

X 9-12-18
Dated

Sworn to this 20th day of September

[Signature]
Notary Public

DANA LAPAN
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01LA6162605
QUALIFIED IN NEW YORK COUNTY
COMMISSION EXPIRES APRIL 21, 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 Stipulations

I, Anastasiya Kupejanova, as a qualified representative of Hornblower New York, LLC, located at 78 South Street, Pier 15 Esplanade, New York, New York, agree to

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

8AM-12AM (Mon-Sat)
10AM-12AM (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): transportation ferryboat with full food service until 12AM hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) USCG PA System speakers curtain vessel

(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 N/A 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: Steve Rosenbloom Phone Number: (551) 697-4945

Alternate Contact: Cameron Clark Phone Number: (415) 359-3121

(13) I will (additionally): Carryover stipulations from May 28th, 2018 - CB1 resolution with regards to playing music 500 feet from dock.

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

Signed [Signature]

Signed [Signature] Dated September 21st, 2018

Sworn to this 25 day of SEPTEMBER, 2018

[Signature]
Notary Public

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.

BRENDAN EDWARD SMITH
NOTARY PUBLIC STATE OF NEW YORK
NO. 015M6327128
QUALIFIED IN QUEENS COUNTY
COMMISSION EXPIRES JUNE 29, 2019 Rev. 4/18

