1-	Applicant Name BOTECO DO CASA LLC
2-	Establishment Name (Corporate & DBA) CASA RESTAURANT
3-	Address for Proposed License 157 DUANE ST, NEW YORK, NY 10013
4-	Type of License (Full liquor/OP, beer and wine, etc.) FULL LIQUOR
	7.1 Type of application ■New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change
5-	Proposed Days/Hours of Operation
	Mon-Thurs 4-10PM Fri-Sat 4-1030, 11-1030 Sun 11-10
	4.1 What floor(s) is the establishment on? BASEMENT, GROUND
6-	Square Footage of Location 2347
7-	Method of Operations (bar restaurant, Catering, etc)
	RESTAURANT
8- (Outdoor Seating? ☑ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes ☑ No
9-	Type of Music? □ Live ৷ Recorded □ DJ
(ne	- Volume of Music? ☒ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11-	- Where will the kitchen exhaust system vent to? ROOF
12	- Applicant's Previous Licensed Establishments and Addresses

CASA RESTAURANT 72 -74 BEDFORD ST, NEW YORK, NY 10014

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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 Roard 1 Liquor License Stinulations

Mannattan Community Board I Liquor License Supulations	
I, JUPIRA LEE, as a qualified representative of BOTECO DO CASA LLC,	
located at 157 DUANE ST , New York, New York, agree to	
the following stipulations for the applicant's Method of Operation for their OP252 LIQUOR license	
(1) My requested hours of operation are 4-10p Monday - Thursday, 11-10 Sunday 4p-10:30p Friday - Saturday, 11-10 Sunday (1.a) CB approved hours of operation 4p-10p Monday - Thursday, 1a-10:3p Friday - Saturday, 1a-10:3p Sunday (1 understand this to mean that all patrons will be cleared from the establishment at the specified hour).	
(2) I will operate a full-service, (please describe type of establishment): With full food service until hour(s) before closing.	
(3) I will install soundproofing (please describe type) N/A	
(please describe location)	
(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover events Yes No Scheduled performances Yes No	
(5) Volume of music, events, 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 100 Mon- Thur, 1000 Fri - Sat 10 PM Sun.	
I will not have open doors or windows.	
(7) I will have delivery of regular supplies, goods and services during the hours of 8AM-5PM	
(8) I will have garbage collected during the hours of 1030PM -1130PM	
(9) I will employ a doorman/security personnel on the following days and hours: N/A	
(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.	
(11) 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.	
(12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No	
(13) I will conspicuously post this stipulation form beside my liquor license inside of my business.	
(1.4) The state of the free free provides actablishments for which I have considered as a principal.	
(15) I will (additionally):	
(15) I will (additionally): apply to the DOT Dining Out program with the CB1 approved outdoor seating hours of 4:00PM - 10:00PM Monday to Thursday, , 4:00PM - 10:30PM Friday, 11:00AM - 10:30PM Saturday, 11:00AM - 10:30PM Sunday	
(16) 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: JUPIRA LEE Phone Number: 917-816-4305	
Paging 20 Saling and 20 Saling	
Alternate Contact: LUCY E. EMHARDT Phone Number: 917-324-7960	
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.	
DCL 16, 2014 / JAN SISSING	
Signed Sworm to this 6 day of OC+ 2024 Min Alun 1 st School of Sworm to the	
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. Rev. 3/2024

1-	Applicant Name
	AU PASSAGE LLC
2-	Establishment Name (Corporate & DBA) Fredd y's
3-	Address for Proposed License 76 Chambers Street, New York, NY 100
4-	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
5-	Proposed Days/Hours of Operation
	Mon - Thurs 3:pm - 11pm Fri - Sat 3:pm - 11pm Sun 3:pm - 11pm
	4.1 What floor(s) is the establishment on? Ground Floor
6-	Square Footage of Location 500
7-	Method of Operations (bar restaurant, Catering, etc) Bar
8-0	Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside
	8.1 Do you intend to apply for DOT Outdoor dining permit? \square Yes \boxtimes No
9-	Type of Music? □ Live ⊗ Recorded □ DJ
10-	· Volume of Music? ⊠ Background □ Other
•	o sound from events, performances or music will be heard outside the premises or by ighbors)
11-	Where will the kitchen exhaust system vent to? No kitchen exhaust
	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.

N/A

Manhattan Community Board 1 Liquor License Stipulations

I, Eben Lillie , as a qualified representative	re of AU PASSAGE LLC,
located at 76 Chambers Street	, New York, New York, agree to
the following stipulations for the applicant's Method of Operation	for their Wine Bar (Liquor) license
(1) My requested hours of operation are <u>3-11pm</u> Monday – Thur	
(1.a) CB approved hours of operation 3-11pm Monday - Thu (I understand this to mean that all patrons will be cleared f	rom the establishment at the specified hour).
(2) I will operate a full-service, (please describe type of establishment Wine Bar	with full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type) If needed (Background music only)
(please describe location) As needed.	
(4) I will have: DJs Yes No Live Music Yes No Red Promoted events Yes No Cover events Yes No	corded Music Yes No Dancing Yes No Scheduled performances Yes
(5) Volume of music, events, performances will be at background lev background music. \boxtimes	els only. If it can be heard outside, or by neighbors, it is not
(6) I will close all doors and windows byMon-	Thur,Fri - SatSun.
I will not have open doors or windows.	·
(7) I will have delivery of regular supplies, goods and services during	the hours of daytime hours.
(8) I will have garbage collected during the hours of 5pm to 11:3	Opm or per existing regular pick-up.
(9) I will employ a doorman/security personnel on the following days	and hours: N/A
(10) I will actively manage crowds congregating on the street at nig	ght, to minimize disturbances to residents.
(11) I will not apply to the SLA for an alteration to the method of a Community Board 1. \boxtimes	peration agreed to by this stipulation without first notifying
(12) I will not apply for a sidewalk café license until at least a year	after beginning operation. Yes No
(13) I will conspicuously post this stipulation form beside my liquo	r license inside of my business.
(14) I confirm that I have <u>0</u> violations from previous establi	shments for which I have served as a principal.
(15) I will (additionally):	Daniel Ellison
Keep patrons from loitering outside the bar.	Commissioner of Deeds, City of New York No. 1-10197
Not have outdoor seating.	Cert. Filed in New York County Commision Expires May 1, 2026 The UPS Store 82 Nassau St NY, NY 10038
(16) Residents may contact the manager/owner at the below number. the above-stated method of operation if necessary in order to minimize	Complaints will be addressed immediately and I will revisit e my establishment's impact on my neighbors.
Name: Eben Lillie	Phone Number: 917-804-7999
Alternate Contact: Freddy Walley	Phone Number: 917-803-5544
I hereby certify that the information provided above is truthful ar	nd accurate based upon my personal belief.
	10/17/24
Signed	Dated
Sworn to this 17 day of October 2024	A
Notary Publ	ic

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

Rev. 3/2024

DUCUSIGII ETIVETUPE ID. 17 1D0200-7 DD2-4440-A009-0F TODUAGEZ4E MMUNITY BUARD 1

Liquor License Application Questionnaire Summary Revised 3/2024

1-	Applicant Name BP OpCo, LLC
2-	Establishment Name (Corporate & DBA) Battery Park by Sunrise
3-	Address for Proposed License 455 N. End Ave., New York, NY 10282
4-	Type of License (Full liquor/OP, beer and wine, etc.) Wine, Beer & Cider
	7.1 Type of application Solution Solu
5-	Proposed Days/Hours of Operation
	Mon-Thurs 11am-10pm Fri-Sat 11am-10pm Sun 11am-10pm
	4.1 What floor(s) is the establishment on? First Floor
6-	Square Footage of Location 5,860
7-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
8- (Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, ®Terrace, or □other outside
	8.1 Do you intend to apply for DOT Outdoor dining permit? \square Yes \square No
9-	Type of Music? Live Recorded □ DJ
(n	- Volume of Music? Background Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11	- Where will the kitchen exhaust system vent to? Roof
	- Applicant's Previous Licensed Establishments and Addresses

N/A. However, please note that the premises currently holds a license issued to BKD Ballwin LLC. This application seeks to change the license holder to BP Op Co, LLC.

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, Christian N. Cummings , as a qualified repres	sentative of Battery Park by Sunrise	
located at 455 N. End Ave.	, New York, New York, 3	igree to
the following stipulations for the applicant's Method of Op-	eration for their on premises retail	license
(1) My requested hours of operation are 11a-10p Monday	– Thursday, 11a-10p Friday – Saturday, 11a-	10p Sunday
(1.a) CB approved hours of operationMonday (I understand this to mean that all patrons will be cle		Sunday
(2) I will operate a full-service, (please describe type of establismestaurant	with full food service until 1/2 hour(s) b	efore closing.
(3) I will install soundproofing (please describe type) None r		and the state of t
(please describe location)		
(4) I will have: DJs Yes No Live Music Yes No Promoted events Yes No Cover events Yes No		s •No
(5) Volume of music, events, performances will be at background background music.		
(6) I will close all doors and windows by	Mon- Thur,Fri - Sat	Sun.
I will not have open doors or windows.		
(7) I will have delivery of regular supplies, goods and services of	during the hours of Prior to 3pm	
(8) I will have garbage collected during the hours of N/A-Da		tor
(9) I will employ a doorman/security personnel on the following	g days and hours:	
(10) I will actively manage crowds congregating on the stree	et at night, to minimize disturbances to residents.	
(11) I will not apply to the SLA for an alteration to the method Community Board 1.	od of operation agreed to by this stipulation without	first notifying
(12) I will not apply for a sidewalk café license until at least	a year after beginning operation. Yes No	
(13) I will conspicuously post this stipulation form beside my	y liquor license inside of my business.	
(14) I confirm that I have <u>0</u> violations from previous	establishments for which I have served as a principal	1.
(15) I will (additionally):		
(16) Residents may contact the manager/owner at the below nur the above-stated method of operation if necessary in order to mi		
Name: Claes Landberg	Phone Number: (212) 791-2000	water the same of
Alternate Contact: Rob Overly	Phone Number: (703) 854-0846	
I hereby certify that the information provided above is truth	hful and accurate based upon my personal belief.	and the state of t
Mylle	10/16/24 surrent	ZESA M. SA
Signed Christian N. Cummings, President of BP Opco, LLC	Dated OF STATE	OTAA
Sworn to this 16th day of October 2024	Theresayn South	5
	ry Public	PURILC .
Community Board 1 requests that the SLA add these stipulations stipulations and board resolution shall supersede all other docum		BARGEOWAN

execusions recognize it touch state the action consumer of Manhattan Community Board I Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NVC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: Battery Park by Sunrise	
Address: 455 N. End Ave., New York, NY 10282	2
(1-1 will follow the recommendations made by the sound engineer that noise including found and bass vibrations cannot be heard outs	and outlined in the acoustical testing report. I will make sure
(2) I will take the steps outlined in the resolution and in the traffic p	
(3.1 with follow and abide by the conditions set forth in the resolut collected on the follows days and hours: N/A daily disposal	ion regarding garbage disposal and collection. Carbage will be
(4) I will have delivery of any event supplies, goods and services d	turing the hours of Prior to 3pm
(5) Lighting that affects the security of the community and quality appropriately lit while not attracting unsavory elements (e.g. roden	of life of nearby residents must be considered, and must be
(6) I understand that I must submit a notice to the community boar least 45 days in advance	d for a street activity permit for my licensed establishment at
The understand that I must appear before the Licensing & Permits property and provide proof of receipt of the 30-day Standardized New expanding to, and documentation confirming the municipal's supulations sheet outlining the conditions that must be adhered to	approval to use the space. I also agree that I must sign the
(8) Cameras will be used for viewing the entrance and egress.	
(9) I agree to follow the conditions outlined in the resolution on secongestion and unruly patrons.	curity oversight of the establishment to prevent noise.
(10) I will (additionally):	
(15) Residents may contact the manager/owner at the below numb the above-stated method of operation if necessary in order to mini	inize inj semini
Name Claes Landberg	Phone Number: (212) 791-2000 703-854-0846
Rob Overly Alternate Contact:	Phone Number
I hereby certify that the information provided above is truthfu	il and accurate based upon my personal belief.
utell leece	9/23/24
Sworn to this 23 day of September, 2024	Theresa a Jun'
Notar Community Board 1 requests that the SLA add these stipulations stipulations and board resolution shall supersede all other docume	THERESA A JUCCI to the lieur pove-nephologic problem. There ents. Notery Public, State of Illinois My Commission Expires Notery Public State of Illinois My Commission Expires

May 13, 2026

1-	Applicant Name
	Submersive LLC
2-	Establishment Name (Corporate & DBA) Submersive LLC
3-	Address for Proposed License 6 Hanover Street
4-	Type of License (Full liquor/OP, beer and wine, etc.) Full OP
	7.1 Type of application □New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change
5-	Proposed Days/Hours of Operation
	Mon - Wed <u>7:30am - 12am</u> Thu - Sat <u>9am - 1am</u> Sun <u>9am - 12am</u>
	4.1 What floor(s) is the establishment on? ground, mezz, and sub-bsmnts.
6-	Square Footage of Location 90,076
7-	Method of Operations (bar restaurant, Catering, etc)
	immersive theatre with accessory eating and drinking areas
8- (Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or ■other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes ■ No
9-	Type of Music?
(no	- Volume of Music? ♀ Background ■ Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11	- Where will the kitchen exhaust system vent to? N/A
	- Applicant's Previous Licensed Establishments and Addresses

Currently Licensed at location

Sleep No More, Gallows Green

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, JONATHA HOCHWALD, as a qualified representative of SVBNIPASIVE LLC &
located at 18 William Street/6 Hanover St/87-89 Beaver St. , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their ON Premises Liquor license
(1) My requested hours of operation are 12am Monday — Weds 1am Fwexx—Saturday, 12am Sunday weds thurs (1.a) CB approved hours of operation 1:30-Da Monday — Thursday, 9-10 Sunday (1 understand this to mean that all patrons will be cleared from the establishment at the specified hour).
(2) I will operate a full-service, (please describe type of establishment):
immersive theatrewith full food Vervice until 1/2 hour(s) before closing.
(3) I will install soundproofing (please describe type)
(please describe location)
(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover events Yes No Scheduled performances Yes No
(5) Volume of music, events, 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 byMon- Thur,Fri - SatSun.
✓ I will not have open doors or windows.
(7) I will have delivery of regular supplies, goods and services during the hours of 7 3 PM
(8) I will have garbage collected during the hours of 12 pg - 2 pg
(7) I will have delivery of regular supplies, goods and services during the hours of 7:30-3 PM (8) I will have garbage collected during the hours of 12 pm - 2 pm (9) I will employ a doorman/security personnel on the following days and hours: 5pm - CLOST
(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(11) 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.
(12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No
(13) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(14) I confirm that I have Zero violations from previous establishments for which I have served as a principal.
(15) I will (additionally):
- have no more than 12 buyouts per year.
- notify the community prior to any buyouts or events
- notify the community prior to any buyouts or events - nights before a Federal Holiday hours will follow the Thursday to Saturday hours.
(16) 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: JONA THAN HOCHWALD Phone Number: 917-885-4549
Alternate Contact: LAWNENCE GREEN Phone Number: (7/8) 915-1221
Thereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed Qui October 302 VDated
Swam to this 11 day of OCTOBER 2024 13 and
Notary Public / V

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.

RAVI IVAN SHARMA Rev. 3/2024
Notary Public, State of New York
Reg. No. 02SH6221466
Qualified in Kings County
Commission Expires December 20, 2026

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

٢	A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment
,	designed to hold 75 persons or more
√	Name of Establishment: SUB MUNS, NT LLC
\	Address: 18 WILLIAM ST- ATA 6/HANDVON ST ATA 67-69 BEAUE
,	(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.
	(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.
	(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours:
	(4) I will have delivery of any event supplies, goods and services during the hours of 7:30 Am 70 3 PM
	(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)
	(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance
	(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.
	(8) Cameras will be used for viewing the entrance and egress.
	(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.
	(10) I will (additionally):
	(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
	Name: JONASTAN HOCHWARD Phone Number: (917) 835-4549
	Alternate Contact: LAWNOWLE GNOWN Phone Number: (718) 915-1221
	I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
	I W Sall Cold

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.

RAVI IVAN SHARMA Notary Public, State of New York Reg. No. 02SH6221466

Qualified in Kings County Commission Expires December 20, 2026

Rev. 3/2024

1-	Applicant Name Flames Steakhouse Inc.
2-	Establishment Name (Corporate & DBA) Giardino D'Oro
3-	Address for Proposed License 5 Gold Street, New York, NY 10038
4-	Type of License (Full liquor/OP, beer and wine, etc.) Full OP Liquor
	7.1 Type of application ☐New ☐Alteration ☐Change in Method of Operation, ⑥Corporate Change, ☐Class Change
5-	Proposed Days/Hours of Operation
	Mon - Thurs 12pm-10pm Fri - Sat 12pm-10pm Sun 12pm-10pm
	4.1 What floor(s) is the establishment on? Ground Floor w Basement
6-	Square Footage of Location
7-	Method of Operations (bar restaurant, Catering, etc)
	Restaurant
8- (Outdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes 図 No
9.	Type of Music? □ Live □ Recorded □ DJ
(no	Volume of Music? Background Other sound from events, performances or music will be heard outside the premises or by ighbors)
11-	Where will the kitchen exhaust system vent to? roof
	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.

Same

located at 5 Gold Street, New York NY		nes Steakhouse Inc.	rk, agree to
the following stipulations for the applicant's Metl		OP Liquor	license
sasimand-no to abus			
(1) My requested hours of operation are 12-10p			
(1.a) CB approved hours of operation 12-10pm (I understand this to mean that all patrons	Monday - Thursday, _12 s will be cleared from the est	2-10pm Friday – Saturday, _ ablishment at the specified hor	ur).
(2) I will operate a full-service, (please describe type Restaurant		ood service until 0 hour	(s) before closing.
(3) I will install soundproofing (please describe type	e) N/A	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	ole smed all
(please describe location)	West and a		
(4) I will have: DJs Yes No Live Music Y		sic Yes No Dancing	
Promoted events Yes No Cover events	Yes No Schedul	ed performances Yes	0
(5) Volume of music, events, performances will be a	at background levels only. If	it can be heard outside, or by r	neighbors, it is not
background music.			
(6) I will close all doors and windows by	Mon- Thur,	Fri - Sat	Sun.
I will not have open doors or window	ws.		
(7) I will have delivery of regular supplies, goods and		f Mornings	
(8) I will have garbage collected during the hours of			
(9) I will employ a doorman/security personnel on th		N/A	
 (10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (11) 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			
(12) I will not apply for a sidewalk café license un	ntil at least a year after begin	ning operation. Yes	No
this stimulation form			
		r which I have served as a prin	cipal.
(1.)	ii previous estublishments re	purelies or the hours of	prostan :
(15) I will (additionally):			
(16) Residents may contact the manager/owner at the the above-stated method of operation if necessary in	order to minimize my establ	isnment's impact on my neigh	10015.
Name: Valentina Vulaj	Phone Nu	umber: 914-318-9525	
Alternate Contact: Baret Jakupaj		ne Number: 212-514-640	
Alternate Contact: Alternate Contact: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.			
Thereby certify that the information provided and		10 h h	
1 plm maj		2/00/04	INNOCENT B ENA
Signed MAT	Da		NO. 01EN00132 Qualified in Westchest
Sworn to this day of day of	/////		Qualified in Westchest y Commission Expires

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

Rev. 3/2024

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment

designed to hold 75 persons or more Name of Establishment: Address: (1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment (2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity. (3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: _ (4) I will have delivery of any event supplies, goods and services during the hours of (5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.) (6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance (7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating. (8) Cameras will be used for viewing the entrance and egress. (9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons. (10) I will (additionally): (15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors. Phone Number: 914 318 95 Phone Number: Alternate Contact: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. JACQUELINE ANFITEATRO ery Public, State of New York egistration No 01AN6416038 Dated

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

Rev. 3/2024

1-	Applicant Name CH 130 CORP
2-	Establishment Name (Corporate & DBA) Remi Flower & Coffee
3-	Address for Proposed License 130 William Street, NY, NY 10038
4-	Type of License (Full liquor/OP, beer and wine, etc.) Beer & wine
	7.1 Type of application Solution □ Change in Method of Operation, □ Corporate Change, □ Class Change
5-	Proposed Days/Hours of Operation
	Mon-Thurs 7am to 6pm Fri-Sat 7am to 6pm Sun 7am to 6pm
	4.1 What floor(s) is the establishment on? Ground floor
6-	Square Footage of Location 2500sqpt
7-	Method of Operations (bar restaurant, Catering, etc)
	Coffee shop
8- (Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside 8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No
9-	Type of Music? □ Live □ Recorded □ DJ
(no	- Volume of Music? □ Background □ Other o sound from events, performances or music will be heard outside the premises or by ighbors)
11-	- Where will the kitchen exhaust system vent to? 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.

12- Applicant's Previous Licensed Establishments and Addresses

Manhattan Community Board 1 Liquor License Stipulations I, Chunghan Kim , as a qualified representative of CH 130 CORP located at 130 william street , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their TW Beer & Wine license (1) My requested hours of operation are 7a-6p Monday - Thursday, 7a-6p Friday - Saturday, 7a-6p Sunday (1.a) CB approved hours of operation 7a-6p Monday - Thursday, 7a-6p Friday - Saturday, 7a-6p Sunday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). (2) I will operate a full-service, (please describe type of establishment): Coffee Shop with full food service until __6pm_ hour(s) before closing. (3) I will install soundproofing (please describe type) (please describe location) (4) I will have: DJs Yes ZNo Live Music Yes ZNo Recorded Music Vyes No Dancing Yes No Promoted events Yes No Cover events Yes No Scheduled performances Yes YNo (5) Volume of music, events, 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 Mon- Thur, Fri - Sat Sun. I will not have open doors or windows. (7) I will have delivery of regular supplies, goods and services during the hours of daily 9am-4pm (8) I will have garbage collected during the hours of Mon-Fr & Sun after 7pm (9) I will employ a doorman/security personnel on the following days and hours: na I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. 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. will not apply for a sidewalk café license until at least a year after beginning operation. Yes will conspicuously post this stipulation form beside my liquor license inside of my business. I confirm that I have no violations from previous establishments for which I have served as a principal. (14)will (additionally): (15)(16) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit Phone Number: 212-220-5155 Name: Chunghan Kim

We have been using the corner of the POPS with the landlord's permission. However, we've now been informed that we need to obtain a certification from the DCP for an Open Air Cafe in that corner space. We are currently in the process of securing the certification for the location.

the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Alternate Contact: Ms. Jang

Phone Number: 516-965-8493

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

Signed

Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These Rev. 3/2024

stipulations and board resolution shall supersede all other documents.

CECILIA LIBERTELLA Notar: Public - State of New York NO. 01L10025901 Qualified in Suffolk County My Commission Expires Jun 14, 2028

1-	Applicant Name Legends Hospitality , LLC
2-]	Establishment Name (Corporate & DBA)
3- A	Address for Proposed License
	185 Greenwich Street, New York,, NY 10007 (In the Oculus Mall)
4- 7	Type of License (Full liquor/OP, beer and wine, etc.) Winter Tavern Wine
	7.1 Type of application
	☑New ☐Alteration ☐Change in Method of Operation, ☐Corporate Change, ☐Class Change
5- J	Proposed Days/Hours of Operation
1	Mon - Thurs 10am to 10pm Fri - Sat 10am to 10pm Sun 10am to 10pm
	4.1 What floor(s) is the establishment on? 1st Floor
	quare Footage of Location 1930
- N	Method of Operations (bar restaurant, Catering, etc)
T	avern
3- Ou	tdoor Seating? □ Sidewalk □ Roadbed □Rooftop, □Terrace, or □other outside No outdoor se 8.1 Do you intend to apply for DOT Outdoor dining permit? □ Yes ☑ No
)- T	ype of Music? □ Live Ø Recorded Ø DJ
	olume of Music? Ø Background □ Other
no s neigl	ound from events, performances or music will be heard outside the premises or by hbors)
1- V	Where will the kitchen exhaust system vent to? No Kitchen Exhaust
2- A	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.

see attached

Manhattan Community Board 1 Liquor License S	Stipulations
1, Daniel E Smith, as a qualified representative of Legends	Hospitality , LLC,
located at 185 Greenwich Street, New York, NY 10007	
the following stipulations for the applicant's Method of Operation for their Winter	lavern vvine license
(1) My requested hours of operation are 10am to 10pm Monday - Thursday 10am to 10pm F	Friday - Saturday, 10am to 10pm Sunday
(1.a) CB approved hours of operationMonday - Thursday,F // understand this to mean that all patrons will be cleared from the establishmen same as above (2) I will operate a full-service, (please describe type of establishment):	
Winter Tavem Wine with full food servi	ce until hour(s) before closing.
(3) I will install soundproofing (please describe type) No soundproofing	
(please describe location)	
(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes Promoted events Yes No Cover events Yes No Scheduled perfor	s No Dancing Yes No
(5) Volume of music, events, performances will be at background levels only. If it can be background music.	
(6) I will close all doors and windows by Mon- Thur,	Fri - Sat Sun.
I will not have open doors or windows.	to 5pm consistent with Oculus
(7) I will have delivery of regular supplies, goods and services during the hours of Police	cy
(8) I will have garbage collected during the hours of 8am to 4.30pm consister	t with Oculus policy
(9) I will employ a doorman/security personnel on the following days and hours:	N/A
(10) I will actively manage crowds congregating on the street at night, to minimize dis	turbances to residents. N/A no outside cro
(11) I will not apply to the SLA for an alteration to the method of operation agreed to b	
Community Board 1. ⊠	
(12) I will not apply for a sidewalk café license until at least a year after beginning ope	ration. X Yes No
(13) I will conspicuously post this stipulation form beside my liquor license inside of n	ny business 🏻
(14) I confirm that I have *** violations from previous establishments for which	
(15) I will (additionally): *** Normal and regular lawsuits consistent	
(15) I will (additionally): Normal and regular lawsuits consistent	with all operation of this size
(16) Residents may contact the manager/owner at the below number. Complaints will be the above-stated method of operation if necessary in order to minimize my establishment	
Name: Justin Cannavo Phone Number:	561-512-0357
Altric Calla /Fria Finchanhaltz	917-284-3261/845-558-6940
Alternate Contact: Phone Num I hereby certify that the information provided above is truthful and accurate based	
I hereby certify that the information provided above is truthful and accurate based	upon my personat belief,
Signed Dated	2 1 11000001-1
Sworn to this 10 day of OCTOBER 2014 MWGUNES Notary Public	A RAVEROV
Community Board 1 requests that the SLA add these stipulations to the license of the abortinulations and board resolution shall supersede all other documents.	ove-mentioned applicant. These
stipulations and board resolution shall supersede all other documents.	MARGARET A KELLEHER Notary Public - State McMcA/2004ey My Commission Expires Dec 16, 2024

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Address	185 Greenwich Street, New York,, NY 10007
(1) I will f	ollow the recommendation and the
that noise	follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure including sound and bass vibrations cannot be heard outside of the premises of my establishment. N/A
(Z) I WIII I	ake the steps outlined in the resolution and in the traffic plan to manage vehicular and reduction
	ollow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be 8AM to 4.30pm consistent with Oculus Policy.
(4) I will h	ave delivery of any event supplies, goods and services during the hours of 8am to 5pm consistent with Oculus policy
(a) migririti	studi dijecis the security of the annual
appropriate	It while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)
WALLE CHAIN	15 ACCC mat a t
(0) I unders	ds does not control overall lighting at Oculus but will control its area to the extent possible. s in advance
icasi 45 day	s in advance
(7) I underst	and that I must annear before the Line is a more
property and	and that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal
1 am expand	ing to, and documentation and c
stipulations:	ing to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the space sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.
	inc loadbed/sidewalk seating.
(8) Cameras	will be used for viewing the entrance and egress. N/A Legend does not control.
(9) I agree to	fellows not control.
consession a	follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise,
(10) 1 will	(additionally):
15) Residente	
he above-state	may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit and method of operation if necessary in order to minimize my establishment's impact on my possible.
	I may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit a method of operation if necessary in order to minimize my establishment's impact on my neighbors.
ame: Justi	n Cannavo
	Phone Number: 561-512-0357
Iternate Cont	act: Chris Gallo/Eric Einchenholtz
hereby certi	Phone Number: 917-284-3261/845-558-6940
and any certain	Phone Number: 917-284-3261/845-558-6940 fy that the information provided above is truthful and accurate based upon my personal belief.
	10/10/24
igned	Dated MARCARET A VELLEDED
	MARGARET A KELLEHER Notary Public - State of New Jersey
	day of CHODEN INCU MONTHAL MINOR My Commission Expires Dec 16, 2024
worn to this	TO TO THE POPULATION OF THE PO

Rev. 3/2024