

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

1- Applicant Name ZMZ Reade Tavern Inc.

2- Establishment Name (Corporate & DBA) Pending

3- Address for Proposed License 59 Reade Street, New York, NY 10007

4- Proposed Days/Hours of Operation

4.1 What floor(s) is the establishment on? Main Floor, Basement

4.2 Any rooftop, terrace, or other outside usage? No

5- Square Footage of Location 1600 sq ft

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

7- 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) New Application

8- Sidewalk Café? Yes

9- Type of Music ? Live Recorded DJ

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

Other

11- Where will the kitchen exhaust system vent to? Roof

12- Applicant's Previous Licensed Establishments and Addresses

ZMZ Barrow Tavern LLC d/b/a Barrow Street Ale House - 15 Barrow Street, New York, NY 10014

ZMZ MacDougal Tavern LLC d/b/a MacDougal Street Ale House - 122 MacDougal Street, New York, NY 10012

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Michael Zieneliewski, as a qualified representative of ZMZ Reade Tavern Inc., located at 59 Reade Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their on-premise license

- (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): tavern with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type and locations) 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 music.
(6) I will close all doors and windows by Sun-Thurs and Fri-Sat. I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of 10AM - 2PM
(8) I will employ a doorman/security personnel on the following days and hours: only on major holidays
(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.
(11) I will not apply for a sidewalk cafe license until at least a year after beginning operation.
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) I confirm that I have 0 violations from previous establishments for which I have served as a principal.
(14) I will (additionally):

* The hours of operation will be from 11AM opening and 2AM closing all days of the week, and hours for food service and bar service will be the same as the hours of operation.

** Windows will not be open and door will remain closed at all times

- The applicant agreed to come back to the Committee to apply for different hours after 6 months of commencing operations

(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: Michael Zieneliewski Phone Number: (973) 865-4093

Alternate Contact: Phone Number:

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

Signed [Signature] Dated 5/24/21

Sworn to this 24th day of May [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.

JANET KOZAKIEWICZ NOTARY PUBLIC OF NEW JERSEY Commission Expires 11/17/21