

I, Tom Martignetti, as a qualified representative of St. Helier Tavern LLC, located at 285 West Broadway, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Tavern/Sidewalk Cafe license 12: noon - 12 midnight all days

- (1) My hours of operation will be _____ Sunday – Thursday and _____ Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).
- (2) I will operate a full-service restaurant, (please describe type of restaurant): _____ with full food service until _____ hour(s) before closing.
- (3) I will install soundproofing (please describe type and locations) _____
- (4) I will have: DJs Yes No Live music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No
- (5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
- (6) I will close all doors and windows by _____ Sun-Thurs and _____ Fri-Sat. I will not have French doors or windows.
- (7) I will have delivery of supplies, goods and services during the hours of _____
- (8) I will employ a doorman/security personnel on the following days and hours: _____
- (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
- (10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.
- (11) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No
- (12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
- (13) I confirm that I have _____ violations from previous establishments for which I have served as a principal.
- (14) I will (additionally):

Sidewalk Cafe:
8 seat / 40 tables on West Broadway
No tables North of the phone booth
No tables or seats on Canal Street

(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: Tom Martignetti Phone Number: 917 576 5096

Alternate Contact: _____ Phone Number: _____

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

Signed _____

Dated 1/8/2020

Sworn to this 8th day of January 2020

Notary Public

SUSAN P. COLE
Notary Public, State of New York
Qualified in New York County
Commission Expires May 26, 2023

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

- 1- Applicant Name **Italian Food Zone USA Corp.**
- 2- Establishment Name (Corporate & DBA) **NEROLAB**
- 3- Address for Proposed License **40 Wall Street**
- 4- Proposed Days/Hours of Operation **Sun: 10AM - 11PM; Mon-Thurs 7AM - 11PM; Fri-Sat 7AM - 1AM**
- 4.1 What floor(s) is the establishment on? **Ground Floor with basement**
- 4.2 Any rooftop, terrace, or other outside usage? **Sidewalk cafe**
- 5- Square Footage of Location **Cellar: 721.18 sf**
Main: 17,188.56 sf
- 6- Method of Operations (bar restaurant, Catering, etc) **Full-service restaurant**
- 7- Type of License (Full liquor/OP, beer and wine, etc.) **On-Premises Liquor License**
- 7.1 Type of application (**New**) Alteration, Change in Method of Operation, Corporate Change, Class Change}
- 8- Sidewalk Café? (**Yes**) No
- 9- Type of Music ? Live Recorded DJ
- 10- Volume of Music? Background (*no sound from events, performances or music will be heard outside the premises or by neighbors*)
- Other
- 11- Where will the kitchen exhaust system vent to? **To the sixth floor roof**
- 12- Applicant's Previous Licensed Establishments and Addresses **None**

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, X Alvedo Polizzi, as a qualified representative of Italian Food Zone USA Corp. / Nerolab located at 40 Wall Street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation for their On-Premises Liquor license 7:am - 12:am (Mon-Thurs.) / 7:am - 1:am (Fri.+Sat.) / 10:am - 12:am (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): Italian Restaurant with full food service until ~~XXXXXX~~ closing.
- (3) I will install soundproofing (please describe type and locations) _____

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

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

(6) I will close all doors and windows by _____ Sun-Thurs and N/A Fri-Sat. I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of N/A After 7:am

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

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

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

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

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

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

(14) I will (additionally): Will have cooking class, about 20-30 persons per class. Cellar Not Open to the Public Applicant will return in 1 year to apply for sidewalk café.

(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: X Alvedo Polizzi Phone Number: X +39 335 73 20202
+39 335 698 3998

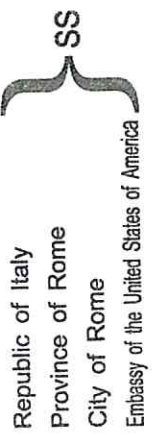
Alternate Contact: X Paolo Lanternari Phone Number: X paololanternari@gmail.com

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

X Colin P. Furst Colin P. Furst X
Signed _____ Consul of the United States of America Dated _____

Sworn to this 23 day of January 2020
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. 12/18



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

- 1- Applicant Name Antinori Restaurant, Inc. d/b/a Antica
NY Stone Street Hotel AB Licensee LLC d/b/a DoubleTree by Hilton New York Downtown
Pollin/Miller Hospitality Strategies, Inc. d/b/a PM Hotel Group
- 2- Establishment Name (Corporate & DBA)
Antica, Double Tree by Hilton New York Downtown, & PM Hotel Group
- 3- Address for Proposed License
8-12 Stone St., New York, NY 10004
- 4- Proposed Days/Hours of Operation
- 4.1 What floor(s) is the establishment on?
- 4.2 Any rooftop, terrace, or other outside usage?
- 5- Square Footage of Location
- 6- Method of Operations (bar restaurant, Catering, etc)
- 7- Type of License (Full liquor/OP, beer and wine, etc.)
- 7.1 Type of application (New, Alteration, Change in Method
of Operation, Corporate Change, Class Change)
- 8- Sidewalk Café? Yes/No
- 9- Type of Music ? Live Recorded DJ
- 10- Volume of Music? Background (*no sound from events, performances or music will be
heard outside the premises or by neighbors*)
- Other
- 11- Where will the kitchen exhaust system vent to? Hood kitchen exhaust venting to outside
- 12- Applicant's Previous Licensed Establishments and Addresses
Please see attached

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, X Karel & Barbara, as a qualified representative of Antinori Restaurant, located at 8-12 Stone Street, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Restaurant OP license 12:pm to 12:am (all day)

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

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

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

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

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

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

(7) I will have delivery of supplies, goods and services during the hours of 11:am - 6:pm on Bridge Street

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

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

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

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

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

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

(14) 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: X Karel & Barbara Phone Number: X 212-480-9100

Alternate Contact: X Kony Myers Phone Number: X 212-480-9100

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

X Karel & Barbara
Signed

X - 1/8/2020
Dated

Sworn to this 8th day of January 2020
Notary Public

SUSAN P. COLE
Notary Public, State of New York
No. 01C04897056
Qualified in New York County
Commission Expires May 26, 2023

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.