MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

H&M FORTUNEVILLE LLC

2- Establishment Name (Corporate & DBA)

PENDING

3- Address for Proposed License

50 CHURCH STREET (OCULUS, WORLD TRADE CENTER)

4- Type of License (Full liquor/OP, beer and wine, etc.) **BEER/WINE/CIDER**

7.1 Type of application

☒New ☐Alteration ☐Change in Method of Operation, ☐Corporate Change, ☐Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs **6AM-10PM** Fri - Sat **6AM-10PM** Sun **6AM-10PM**

4.1 What floor(s) is the establishment on? **LOWER LEVEL, LL5135**

6- Square Footage of Location **697 SQ. FEET**

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

CAFE (TAVERN WINE CLASS)

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

10- Volume of Music? ☒ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? **N/A**

12- 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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, MICHAEL LI-SEABROC, as a qualified representative of F&M FORTUNEVILLE LLC, located at 50 CHURCH STREET (THE OCULUS), New York, New York, agree to the following stipulations for the applicant's Method of Operation for their TAVERN WINE license

(1) My requested hours of operation are 8AM-12AM Monday – Thursday, 8AM-12AM Friday – Saturday, 8AM-12AM Sunday

(1.a) CB approved hours of operation 8AM-10PM **Monday – Thursday,** 8AM-10PM **Friday – Saturday,** 10AM-10PM **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):
CAFE (TAVERN WINE) WITH LIMITED MENU with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type) NONE
(please describe location) NONE

(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 N/A Mon- Thur, N/A Fri - Sat N/A Sun.
☑ I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of _____

(8) I will have garbage collected during the hours of (arranged by the building- The Occulus)

(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. ☒

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

(15) I will (additionally): open premises doors at 6AM daily, while the approved hours above are for alcohol service per SLA.

(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: Michael Li-Seabrooks Phone Number: (610) 517-5614

Alternate Contact: Lena Li-Seabrooks Phone Number: (917) 921-4076

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

Signed 1/3/26 Dated

Sworn to this 3 day of January 2026

Notary Public

NGUOC HUNG LE
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in NEW YORK COUNTY
01LE6408246
COMMISSION EXPIRES 09/26/2027

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 10/2023

1- Applicant Name 150 Broadway Bagellery LLC

2- Establishment Name (Corporate & DBA)

150 Broadway Bagellery LLC d/b/a Boobliq Bagels

3- Address for Proposed License

150 Broadway, New York, NY 10038

4- Proposed Days/Hours of Operation

7am-8pm Sunday to Thursday and 7am-9pm Friday and Saturday

4.1 What floor(s) is the establishment on? Ground Floor

4.2 Any ☐ Rooftop, ☐ Terrace, ☐ Sidewalk ☐ Roadbed or ☐ other outside usage? **N/A**

5- Square Footage of Location 2,500 SQ FT

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

Restaurant with one patron bar

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

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed **N/A**

9- Type of Music ? ☐ Live ■ Recorded ☐ DJ

10- Volume of Music? ☐ Background ☐ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to?

PCU

12- 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, Michael Tseytin, as a qualified representative of 150 Broadway Bagellery LLC dba Boobliq Bagels located at 150 Broadway, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their liquor license

Complete all sections

(1) My hours of operation will be 7A-8P Mon – Wed. 7A-8P Thurs. 7A-9P Fri – Sat. 7A-8P Sun
(I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(2) I will operate a full-service restaurant, (please describe type of restaurant): restaurant

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

(3) I will install soundproofing ☐Yes ☐No ☑N/A

(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 5AM-6AM

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

(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 wait at least one year after beginning operation before applying for a sidewalk café license. ☐Yes ☐No ☑N/A

(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):

- have a maximum of 6 buyouts per year
- agree to ensure 3rd party bike delivery pickups will not park on the Liberty Street sidewalk

(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: Aleksei Makarov Phone Number: (949) 254-6157

Alternate Contact: _____ Phone Number: _____

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

Signed 12/18/2025 Dated

Sworn to this 18th day of December.

Notary Public

MICHAEL A. BURKE
MY COMMISSION # HH 703395
EXPIRES: July 27, 2029

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. 9/2025