MANHATTAN COMMUNITY BOARD 1

Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name
RBC Bar, Inc

2- Establishment Name (Corporate & DBA)
Atera Restaurant

3- Address for Proposed License
77 Worth Street, New York, Y 10013

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

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

5- Proposed Days/Hours of Operation
Mon - Thurs 12am-12pm Fri - Sat 12am-12pm Sun 12am-12pm

4.1 What floor(s) is the establishment on? 1st floor (basement)

6- Square Footage of Location_____

7- Method of Operations (bar restaurant, Catering, etc)
Restaurant/Private Dining

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? Vents to the back of the building

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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.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, Jodi Richard, as a qualified representative of RBC Bar, Inc,
located at 77 Worth Street, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their Full (beer/wine/liquor) license

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

(1.a) CB approved hours of operation 12p-12a **Monday – Thursday,** 12p-12a **Friday – Saturday,** 12p-10p **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):
Restaurant with full food service until 1 hour(s) before closing.

(3) I will install soundproofing (please describe type) special sound proofing material in walls and ceiling
(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 _____ 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 9am and 2pm

(8) I will have garbage collected during the hours of after 5pm weekly and on Saturday

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

(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 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):
Have no more than 12 buyouts per year

(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: Jodi Richard Phone Number: 917-576-2242

Alternate Contact: Jill Richard Phone Number: 847-514-5687

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

Signed Dated 4/7/26

Sworn to this 7 day of June 2026

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

Terrence h. Flynn, Jr.
Notary Public State of New York
No. 02FL6084183
Qualified in Queens
Commission Expires Dec. 02, 2027

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

1- Applicant Name Balcony Cafe Inc

2- Establishment Name (Corporate & DBA) Balcony Cafe Inc d/b/a 1803

3- Address for Proposed License 78-82 Reade Street

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/Tues 8am-12am Wed Sat 8am-2am Sun 8am-12am

4.1 What floor(s) is the establishment on? ground floor, basement, sub-basement and mezzanine

6- Square Footage of Location 3300 sf

7- Method of Operations (bar restaurant, Catering, etc) Full Service Restaurant with bar

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? To rooftop

12- Applicant's Previous Licensed Establishments and Addresses

Sami and Susu Food Inc 79 5th Ave Brooklyn NY
HBM UWS LLC 300 Amsterdam Ave, NYC
Nomad 373 LLC 973 Lexington Ave NYC
HBM WV LLC 170-172 Seventh Ave South, NYC, NY

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, Refael Hasid, as a qualified representative of Balcony Cafe in dba 1803,
located at 78-82 Reade Street, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their liquor, wine, beer & cider license

(1) My requested hours of operation are _____ Monday – Thursday, _____ Friday – Saturday, _____ Sunday

(1.a) CB approved hours of operation 8a-12a **Monday – ~~Thursday~~ Wednesday**, 8a-2a **~~Friday~~ Thursday – Saturday,** 8a-10p **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):
restaurant with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type) acoustic ceiling panels
(please describe location) _____

(3) 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 _____ 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 before 4PM daily

(8) I will have garbage collected during the hours of overnight

(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 N/A

(13) I will conspicuously post this stipulation from 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):

I will have an DJ that will only be available in the basement
I will have bicycle food delivery by a third party
I will have non-musical entertainment including comedy, magic shows etc
No changes to previously approved outdoor seating 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: Refael Hasid Phone Number: 917 648 1784

Alternate Contact: ~~212 267 3000~~ Ro3 NYC Phone Number: 212 267 3000

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

Signed 6/4/2026 Dated

Sworn to this 4th day of June 2026

FRANK VERALDO
Notary Public, State of New York
No. 24-4795252
Qualified in Kings County
Commission Expires April 30, 2027

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

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

1- Applicant Name

Aramark Services, Inc. & Intercontinental Exchange Holdings, Inc.

2- Establishment Name (Corporate & DBA)

The Vault

3- Address for Proposed License

11 Wall Street, NY, NY 10002

4- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor, For-Profit Private Club (Corporate Dining)

7.1 Type of application

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

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? B1 Level

6- Square Footage of Location 4,856ft

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

Full Liquor, For-Profit Private Club(Corporate Dining)

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☐other outside N/A

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? The food preparation pantry does not require an exhaust system

12- Applicant's Previous Licensed Establishments and Addresses

Aramark Services, Inc. holds licenses throughout the country. Please see attached list of active licenses in New York State.
In addition, Aramark Services, Inc, and their affiliates hold approximately thirty licenses in New York State.

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, Phil Privitera, as a qualified representative of Aramark Services, Inc. & Intercontinental Exchange Holdings, Inc.

located at 11 Wall Street, New York, New York, agree to

the following stipulations for the applicant's Method of Operation for their For-Profit Private Club (Corporate Dining) license

(1) My requested hours of operation are 11am-11pm Monday – Thursday, 11am-11pm Friday – Saturday, 11am-11pm Sunday

(1.a) CB approved hours of operation 11a-11p **Monday – Thursday,** 11a-11p **Friday – Saturday,** 11a-11p **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):

For-Profit Private Club (Corporate Dining) with full food service until all hour(s) before closing.

(3) I will install soundproofing (please describe type) N/A

(please describe location) 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 events ☐ Yes ☑ No Scheduled performances ☐ Yes ☑ No

Occasional live music, not audible on the street level

(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 Monday-Friday 6am-4pm

(8) I will have garbage collected during the hours of Monday-Friday between 8pm-11pm

(9) I will employ a doorman/security personnel on the following days and hours: the building has security 24/7

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ☒ N/A

(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 N/A

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

(14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

Anyone entering the building, including the Vault, must be a member or guest of the New York Stock Exchange

(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: Phil Privitera = privitera-philip@lifeworksrg.com Phone Number: (201) 779-4607

Alternate Contact: Dalila Mercado = mercado-dalila@lifeworksrg.com Phone Number: 347.799.5867

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

P Privitera — 6/10/2026

Signed — Dated

Sworn to this 10th day of June 2026 Roseann Aellis

ROSEANN AELLIS
Notary Public, State of New York
No. 01AE6309137
Qualified in New York County
Commission Expires August 4, 2026

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

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: Aramark Services, Inc. & Intercontinental Exchange Holdings, Inc.

Address: 11 Wall Street, New York, New York 10005

N/A (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.

N/A (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: Monday-Friday between 8pm-11pm

(4) I will have delivery of any event supplies, goods and services during the hours of Monday-Friday 6am-4pm

N/A (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.)

N/A (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

N/A (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.

N/A (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: Phil Privitera = privitera-philip@lifeworksrg.com Phone Number: (201) 779-4607

Alternate Contact: Dalila Mercado = mercado-dalila@lifeworksrg.com Phone Number: 347.799.5867

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

[signature] 6/10/2026

Signed **Dated**

ROSEANN AELLIS
Notary Public, State of New York
No. 01AE6309137
Qualified in New York County
Commission Expires August 4, 2026

Sworn to this 10th **day of** June 2026 [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.

Rev. 3/2024

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

1- Applicant Name

Gov Island Tenant LLC & Dovetail Manager LLC

2- Establishment Name (Corporate & DBA)

Collective Retreats Governors Island

3- Address for Proposed License

825 Gresham Road, New York, NY 10004

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~~ Wednesday 7:00am-1:00am ~~Fri~~ Thursday - Sat 7:00am - 2:00am Sun 7:00am - 1:00am

4.1 What floor(s) is the establishment on? Ground level located on Governor's Island

6- Square Footage of Location 6,484 SF

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

Restaurant

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☒other outside grounds/outdoor seating and tent

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? open grill

12- Applicant's Previous Licensed Establishments and Addresses

Urban Cowboy Lounge - 37 Alpine Road, Shandaken, NY 12410
Creekside Inn - 725 N. Main Street, Bishop, CA 93514
The Wayfinder - 151 Admiral Kalbfus Road, Newport, RI 02840
Hotel Saint James - 828 6th Avenue, San Diego, CA 92101

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Manhattan Community Board 1 Liquor License Stipulations

I, Phil Hospod **, as a qualified representative of** Gov Island Tenant LLC & Dovetail Manager LLC **located at** 825 Gresham Road, Governors Island **, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their** liquor, wine, beer & cider **license**

(1) My requested hours of operation are 7am-1am Monday – ~~Thursday~~ Wednesday, 7am-2am Friday – ~~Saturday~~ Thursday, 7am-1am Sunday

(1.a) CB approved hours of operation 7am-1am **Monday – ~~Thursday~~ Wednesday,** 7am-2am **Friday – ~~Saturday~~ Thursday &,** 7am-1am **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):
restaurant and bar with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type) built into the dining area ceiling and walls
(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 _____ 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 8am-10am

(8) I will have garbage collected during the hours of Provided and organised by the Trust

(9) I will employ a doorman/security personnel on the following days and hours: Provided and organised by the Trust

(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 N/A

(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):

Understand theat the SLA requires alcohol service to commence no earlier than 8AM Monday to Saturday and 10AM 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: Philip Hospod Phone Number: 646-572-5341

Alternate Contact: \ Phone Number: 347-420-6457

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

_____ 6/2/26
Signed Dated

Sworn to this 2nd day of June, 2026 _____
Notary Public

ERIKA A. BIBELNIEKS
NOTARY PUBLIC-STATE OF NEW YORK
No. 02BI6344529
Qualified in New York County
My Commission Expires 07-05-2028

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 Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

SEG VOW NYC, LLC

2- Establishment Name (Corporate & DBA)

TBD

3- Address for Proposed License

219 Water Street, New York, NY 10038

4- Type of License (Full liquor/OP, beer and wine, etc.) **OP/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 - Weds **5pm-11pm** Thurs-Fri **5pm-2am** Sat **12pm-2am** Sun **12pm-10pm**

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

2nd Floor/Mezzanine

6- Square Footage of Location **~6,330 SF**

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 ☒ 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? **Roof**

12- Applicant's Previous Licensed Establishments and Addresses

Several affiliated licenses throughout the 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.

Manhattan Community Board 1 Liquor License Stipulations

I, Matt Partridge, as a qualified representative of **SEG VOW NYC, LLC**,
located at **219 Water Street**, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their **OP Restaurant/Full Liquor** license

(1) My requested hours of operation are **5pm-11pm** Monday – ~~Thursday~~, Wednesday **5pm-2am** Friday – ~~Saturday~~, Thursday-Friday **12pm-2am** ~~Sunday~~, Saturday Sunday **12pm-10pm**

(1.a) CB approved hours of operation 5pm-11pm **Monday – ~~Thursday~~,** 5pm-2am **~~Friday – Saturday~~,** 12pm-2am **~~Sunday~~** 12pm-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):
Restaurant with full food service until _____ ~~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 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 **6am-10pm**

(8) I will have garbage collected during the hours of **10pm-6am**

(9) I will employ a doorman/security personnel on the following days and hours: **Seaport Security Personnel**

(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):

ensure patrons exit through Canon's Walk and Uber pick up will be designated to Water Street
No More than 12 buyouts per year for the privte mezzanine space, max occupancy 20 (seated) 90 (standing)
Beautify Cannon's Walk only with the appropriate permissions necessary
No alcohol consumption or service in the public viewing area of the prep kitchen on Cannon's Walk.
Prep Kitchen is not included on the liquor license
No alcohol consumption or service in or along Cannon's Walk

(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: Matt Partridge Phone Number: 646-762-4791

Alternate Contact: _____ Phone Number: _____

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

_____ 03/16/2026
Signed Dated

Sworn to this 16th day of March, 2026 _____
Notary Public

LISETTE GONZALEZ
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GO6207103
Qualified in New York County
Commission Expires June 8, 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. 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: SEG VOW NYC, LLC

Address: 219 Water Street, New York, NY

(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: **10pm-6am**

(4) I will have delivery of any event supplies, goods and services during the hours of **6am-10pm**

(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: Matt Partridge Phone Number: 646-762-4791

Alternate Contact: _____ Phone Number: _____

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

Signed

03/16/2026
Dated

LISETTE GONZALEZ
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GO6207103
Qualified in New York County
Commission Expires June 8, 2029

Sworn to this 16th day of March, 2026

Lisette Gonzalez
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

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

1- Applicant Name

Balloon Museum USA LLC

2- Establishment Name (Corporate & DBA)

3- Address for Proposed License

96 South St. New York, NY 10038

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

7.1 Type of application

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

5- Proposed Days/Hours of Operation

Mon - Thurs **10am-10pm** Fri - Sat **9am-12am** Sun **9am-12am**

4.1 What floor(s) is the establishment on? **First Floor, Second Floor**

6- Square Footage of Location **54,494**

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

Recreation Facility/Exhibition Hall

8- Outdoor Seating? ☐ Sidewalk ☐ Roadbed ☐Rooftop, ☐Terrace, or ☒other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? ☐ Yes ☒ No
** Outdoor Seating on premises

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, **Paolo Siniscalco**, as a qualified representative of **Balloon Museum USA LLC**, located at **96 South St.**, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their **OP/Full Liquor** license

(1) My requested hours of operation are 10a-10a Monday – Thursday, 9a-12a Friday – Saturday, 9a-12a Sunday

(1.a) CB approved hours of operation 10a-10p **Monday – Thursday,** 9a-12a **Friday – Saturday,** 9a-12a **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):
Recreation Facility/Exhibition Hall with ~~full food service until ____ 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 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 **6am-10pm**

(8) I will have garbage collected during the hours of **10pm-6am**

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

(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 **0** violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

***DJs for 12 (one day) events and/or buyouts per year.**

I understand that the SLA stipulates that alcoholic service may commence no earlier than 8:00AM Monday to Saturday and 10AM Sundays
There will also be displayed artwork for the public to view for free.
No membership service - timed tickets and controlled visitor flow
large outdoor inflateabled will be taken indoors nightly
No more than 12 buyouts per year

(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: Paolo Sinicscalco Phone Number: 212-223-5025

Alternate Contact: _____ Phone Number: _____

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

Signed _____ Dated _____

Sworn to this 10th day of July

Notary Public

ASHLEY CHACANA
Notary Public - State of New York
NO. 01CH0035355
Qualified in Nassau County
My Commission Expires Mar 26, 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. 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: Balloon Museum USA LLC

Address: 96 South St. New York, NY 10038

(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.

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Name: Paolo Siniscalco Phone Number: 212-223-5025

Alternate Contact: _____ Phone Number: _____

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

Signed _____ Dated _____

Sworn to this 10th day of July _____

Notary Public

ASHLEY CHACANA
Notary Public - State of New York
NO. 01CH0035355
Qualified in Nassau County
My Commission Expires Mar 26, 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. 3/2024