

**CLAIM FORM AND RELEASE**

**INSTRUCTIONS:** In order to receive any portion of the settlement funds described in the Notice of Settlement of Class Action Lawsuit (“Notice”), you must sign, date, and return this Claim Form and Release to the Settlement Claims Administrator by either fax, email (you can scan or take a picture on your phone), or postal mail with postmark by August 9, 2024, addressed as follows:

*Settecasí, et al. v. Gotham Hall LLC, et al.*  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606  
Fax: 1-949-419-3446  
Toll-Free Number: 1-888-801-2130  
Email: [gothamhallsettlement@cptgroup.com](mailto:gothamhallsettlement@cptgroup.com)  
Website: [www.gothamhallsettlement.com](http://www.gothamhallsettlement.com)

***\*IT IS HIGHLY RECOMMENDED YOU RETAIN A COPY OF THIS FORM FOR YOUR RECORDS, ALONG WITH ANY INFORMATION THAT WOULD DEMONSTRATE THE TIME AND MANNER IN WHICH IT WAS SUBMITTED\****

**ADDRESS AND CONTACT INFORMATION**

CPT ID: <<ID>>  
<<EmployeeName>>  
<<Address1>><<Address2>>  
<<City>><<State>><<Zip>>  
\*Estimated Events You Worked: <<TotalEvents\_Updated>>

Name/Address Changes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One box below:	
<input type="checkbox"/>	I do NOT challenge the Estimated Events Worked and will accept the corresponding amount when the money is funded by Defendants.
<input type="checkbox"/>	I do challenge the Estimated Events Worked because I actually worked [_____] events at Gotham Hall and/or Ziegfeld Ballroom. (If this option is selected you should provide documentation or evidence to substantiate your claim. Your challenge will be processed and reviewed. You may have to provide additional information, a sworn statement under oath, and/or speak to the attorneys/claims administrator. Your failure to do so will result in your challenge being voided and you will receive the allocation listed above. Note that your challenge may not be accepted – if it is not, you will still have the ability to opt-out of this lawsuit).

It is **your responsibility** to keep a current address on file with the Settlement Claims Administrator. Please make sure to notify Class Counsel of any change of address. Additionally, it is **your responsibility** to keep a current phone number and email address on file. Please insert such information below:

Phone number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_.

**THIS FORM MUST BE MAILED, EMAILED, OR FAXED BY AUGUST 9, 2024.**

By submitting this Claim Form and Release, I affirm that I worked as a server, bartender, or in a related service position which customarily receives gratuities at the venue commonly known as Gotham Hall and/or the venue commonly known as Ziegfeld Ballroom between March 1, 2012 and August 9, 2024. I further affirm that I wish to join the class, assert a claim under New York State law, and participate in the settlement of the lawsuit that Plaintiffs Settecasi, Graham, and Spencer filed, on behalf of themselves and others similarly situated, in the Supreme Court of the State of New York, New York County against Defendants Gotham Hall, LLC, Gotham Hall Operating Entity, LLC, Core Ziegfeld, LLC, Simon Auerbacher, and Bruce A. Kurtz, which has been assigned index number 152791/2018 (the "Action").

I hereby designate the law firm of Leeds Brown Law, P.C. to represent me in the Action.

My signature below constitutes a full and complete release and discharge Gotham Hall, LLC, Gotham Hall Operating Entity, LLC, Core Ziegfeld, LLC, Core Z Operations, LLC, Gotham Hall Events, LLC, AppleCore Holdings LLC, and any of their respective parent corporations, affiliates, subsidiaries, divisions, predecessors, insurers, successors and assigns, their current and former employees, attorneys, fiduciaries, trustees, officers, owners, principals, shareholders, members, directors and agents thereof including but not limited to Simon Auerbacher, Bruce A. Kurtz, both individually and in their business capacities, and their employee benefit plans and programs and their administrators and fiduciaries (collectively, "Releasees"), by me and on behalf of my respective current, former, and future heirs, spouses, executors, administrators, agents, and attorneys, from all Released Class Claims, which are defined as any and all claims based on or arising under the Fair Labor Standards Act, New York Labor Law, the Hospitality Wage Order, and/or common law, whether known or unknown, for wages, gratuities, service charges, administrative charges, tips, interest on such claims, penalties, damages, liquidated damages, attorney's fees, expenses, disbursements, litigation costs and fees, restitution, or equitable relief, based on events that took place from the beginning of time through the Final Effective Date.

I declare under penalty of perjury that the above information is correct and agree to its terms.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Substitute IRS Form W-9**

Enter your Social Security Number (SSN) or Tax Payer Identification Number (TIN): □□□--□□--□□□□

*Under penalty of perjury, I certify that:*

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); *and*
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; *and*
- 3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).

*Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.*

***The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.***