

15104-2014-ACAB

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42 Broadway
 5th Floor
 New York, NY 10004

Dial 311
 (212-NEW-YORK)

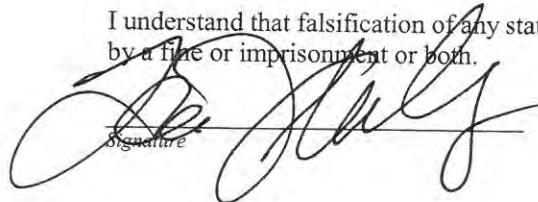
nyc.gov/consumers

APPLICATION TO REQUEST AN INSPECTION/ RECOMMENDATION

Please complete the form below and DCA will submit your request to relevant parties (i.e., Community Board, Council Member, Fire Department, and Police Department).

Check the applicable License Category:	<input type="checkbox"/> Amusement Arcade <input checked="" type="checkbox"/> Cabaret <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Commercial Lessor <input type="checkbox"/> Gaming Café			
Legal Name of Business:	Bowery Tech Restaurant LLC			
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	The Bowery Electric			
Business Address:	327 Bowery New York, New York 10003			
Community Board Number:	103			
Council Member District:				
Hours of Operation:	Monday	4:00 pm - 4:00 am		
	Tuesday	4:00 pm - 4:00 am		
	Wednesday	4:00 pm - 4:00 am		
	Thursday	4:00 pm - 4:00 am		
	Friday	4:00 am - 4:00 pm		
	Saturday	4:00 am - 4:00 pm		
	Sunday	4:00 am - 4:00 pm		
Business Contact Name:	Frank Palillo			
Telephone:	212-227-1640			
Room Capacity:	Room 1	Room 2	Room 3	Room 4
	160	198		

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.


 Signature

October 28, 2014
 Date

Contact Mailing Information

If you want DCA correspondence addressed and mailed to a contact other than the business name and address provided on page 1, please complete the information below.



First Name Frank	Middle Name (optional)	Last Name PALILLO	
Title/Position (Check one box only.)	<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> President <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input checked="" type="checkbox"/> Other (Please specify.) Attorney	
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 60 Broad St, Ste 3504			
City New York	State NY	ZIP Code 10004	Country/Region USA

Providing Social Security Number or Individual Taxpayer Identification Number in Sections 2 and 3 is voluntary. The City requests this information under the NYC Charter and Administrative Code. This information will or may be used to allow the City of New York to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare.

Section 2 - Sole Proprietorship

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □			
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region

Section 3 – General Partners, Corporate Officers, Shareholders, and Members

You must provide information on *all* general partners and *all* corporate officers and *each* shareholder owning 10% or more of the business applying for a license. Note: Limited Liability Companies must provide information on *all* members. Non-Profits must provide information on *all* officers and *all* Board of Directors members. **Attach additional sheets if necessary.**

Important: If the partner or shareholder is a business (rather than an individual), DCA will verify active status prior to license issuance. Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the New York State Department of State. If you file your application in person, DCA can print a copy of the partner's or shareholder's Certificate of Incorporation and/or Certificate of Authority to Conduct Business in New York from the New York State Department of State's website.

See page 3.