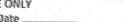
		OFFICE	USE ONLY		
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Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent:	07/28/20	21	1a. Delivered by:	Certified Mail Return Rece	eipt Requested
2. Select the type of Appl	ication that will	be filed with the Author	rity for an On-Premises Alco	holic Beverage License:	
				al O Class Change O Metho	od of Operation Change
For New applicant For Renewal applicant For Alteration applicant For Corporate Cha For Removal applicant For Class Change a For Method of Ope	s, answer each of cants, answer al licants, attach a nge applicants, cants, attach a s pplicants, attacl cration Change	question below using all I questions complete written description all structure attack a list of the curre tatement of your currer in a statement detailing applicants, although no	information known to date iption and diagrams depicti nt and proposed corporate at and proposed addresses to your current license type and t required, if you choose to	ne the proposed alteration(s)	tion etailing those changes
				Municipality or Community I	
3. Name of Municipality o					
Applicant/Licensee Info	ormation:				
4. Licensee Serial Number	(if applicable):		Expira	tion Date (if applicable):	
5. Applicant or Licensee N	ame: DALI	NYC LLC			
6. Trade Name (if any):	6. Trade Name (if any):				
7. Street Address of Estab	lishment: 3	7 MARKET STREE	The T		
8. City, Town or Village:	NEW YORK	(, iny	Zip Code: 10002	
9. Business Telephone Nur	nber of Applica	nt/Licensee: (917) 5	74-5317		
10. Business E-mail of App	licant/Licensee:	NIKO@DALINI	EWYORKCITY.COM		
11. Type(s) of alcohol sold	or to be sold:	O Beer & Cider	O Wine, Beer & Gider	O Liquor, Wine, Beer & Cider	
12. Extent of Food Service:					
O Full food menu; ful	l kitchen run by	a chef or cook O M	enu meets legal minimum fo	ood availability requirements; fo	ood prep area at minimum
13. Type of Establishment:		The state of the s	d full menu require		0
14. Method of Operation: (check all that apply)	Seasonal Live Music Patron Da	EstablishmentJu Egive details i.e., rock it noing Employee ade Games Thin	ike Box Disc Jockey bands, acoustic, Jazz, etc.): Dancing Exotic Danc d Party Promoters S	Recorded Music K trio band - music from Topless Entertainment	arsoke around the world
	Other (spe	city): live music	during brunch 1x a	week	
15. Licensed Outdoor Area: (check all that apply)	☑ None [☐ Sidewalk C		Rooftop Garden/G	rounds Freestanding Cov	vered Structure

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st floor and mezzanine office and storage
ng, if appropriate: N/A
ior establishments? O Yes O No
blishment during all hours of operation? • • • • • • • • • • • • • • • • • • •
nased) provide the name and serial number of the licensee:
Serial Number
it is located? OYes (if YES, SKIP 23-26) ONO
Licensed Establishment is Located
CEIVER, REFERRED TO AS OWNER
2800
State: NY Zip Code: 10022
g the Applicant in Connection with the it the Establishment Identified in this Notice
REET, 23RD FLOOR
State: NY Zip Code: 10022
0828
ORNEY@AOL.COM
legal entity that holds or is applying for the license. Intations made in submitted documents relied upon by I representations made in this form will also be relied I roval of the application or revocation of the license. In the representations made in this form are true. Title: MANAGING/MEMBER

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