



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3
59 East 4th Street - New York, NY 10003
Phone (212) 533-5300
www.cb3manhattan.org - mn03@cb.nyc.gov

Tareake Dorill, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, PRIYAVANDA PATEL, as a qualified representative of Second Desi Galli LLC,
located at 172 Avenue B, New York, NY agree to the following stipulations:

1. ☐ I will operate a full-service restaurant, specifically a (type of restaurant) _____
☒ Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be:
Mon 11:30A-10:00PM; Tue 11:30AM-10:00PM; Wed 11:30AM-10:00PM
Thu 11:30A-11:00PM; Fri 11:30AM-11:00PM; Sat 11:30AM-11:00PM; Sun 11:30AM-11:00PM
(I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)
3. ☒ I may apply for sidewalk and/or roadbed dining as allowed by the temporary Open Restaurants program but will close all outdoor dining by 10:00 p.m. all days and not have any music, speakers or tv monitors. I will not have commercial use of backyard, sideyard, or rooftop. Any approved outdoor space will close no later than 10:00 p.m.
4. ☒ I will close any front or rear façade doors and windows at 10:00 p.m. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
☐ I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 p.m. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
5. I will not have ☒ DJs, ☒ live music, ☒ promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☐ more than _____ private parties per _____.
6. ☒ I will play ambient recorded background music only. _____ number of TVs.
7. ☒ I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
8. ☒ I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
9. ☒ I will not apply for an upgrade to a full on-premises liquor license for at least one year after my operations begin.
10. ☒ I will not participate in pub crawls or have party buses come to my establishment.
11. ☒ I will not have unlimited drink specials, including boozy brunches, with food.
12. ☒ I will not have a happy hour or drink specials with or without time limitations OR ☐ I will have happy hour and it will end by _____. - Please indicate one of the above -
13. ☒ I will not have wait lines outside. ☒ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
14. ☒ I will conspicuously post this stipulation form beside my liquor license inside of my business.
15. ☒ Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: PRIYAVANDA PATEL Phone Number: (212) 475-3374

16. ☐ I will: _____

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

Signed

Sworn to this 7 day of April 2023

Dated

04/07/2023

NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01N06414260
Qualified in New York County
Commission Expires February 16, 2020



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Tareake Dorill, Board Chair

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Community Board 3 Liquor License Application Questionnaire for Administrative Approval

Today's Date: APRIL 6th 2023

APPLICANT

1. Name of applicant and principle(s): SECOND DESI GALLI LLC. (DBA DESI GALLI)
2. Premise address: 172 AVENUE B
3. Cross streets: 10th & 11th
4. Trade name (DBA): DESI GALLI
5. Check which you are applying to: ☒ New liquor license ☐ Alteration of an existing license ☐ Sale of assets
6. If alteration, describe nature of alteration: _____
7. Is location currently licensed? ☐ Yes ☒ No
8. Type of license: BEER & WINE
9. Previous or current use of the location: RESTAURANT
10. Corporation and trade name of current location: SECOND DESI GALLI LLC.
11. Type of building and number of floors: APARTMENT BUILDING FLOORS
12. Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? ☒ Yes ☐ No 12a. What is the permitted occupancy indoors and outdoors? 62
13. Do you plan to apply for Public Assembly permit? ☐ Yes ☒ No
14. What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2): R7A
15. How many licensed establishments are within 1 block? 4
16. How many On-Premise (OP) liquor licenses are within 500 feet? 2
17. Is premise within 200 feet of any school or place of worship? ☐ Yes ☒ No

PROPOSED METHOD OF OPERATION

18. Describe your method of operation: QUICK SERVICE RESTAURANT
19. Will any other business besides food or alcohol service be conducted at premise? ☐ Yes ☒ No
20. If yes, please describe what type: _____
21. What are the proposed days / hours of operation (specify days / hours each day and hours of outdoor space if applicable: MON-WED: 11:30AM-10:00PM THURS-SUN: 11:30AM-11:00PM
22. Total number of table: 8+5(OUTDOORS) 23. Total number of seats: 26+20(OUTDOORS)
24. How many stand-up bars / bar seats are located on the premise? 0
(A stand-up bar is any bar or counter, whether with seating or not, over which a patron can order, pay for, and receive an alcoholic beverage.)

25. Describe all bars (length, shape, and location): NO BAR

26. Does premise have a full kitchen? ☒ Yes ☐ No

27. What are the hours kitchen will be open? MON-WED: 11:30-10PM THU-SUN: 11:30-11PM

28. What type of food is available for sale? INDIAN

29. Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? _____

30. How many employees will there be? 6-7

31. Do you have or plan to install? ☐ French doors ☐ accordion doors ☒ windows

32. Will there be TVs / monitors? ☐ Yes ☒ No If Yes, how many? _____

33. Will premise have music? ☒ Yes ☐ No 33a. If Yes, what type of music? ☐ Live Music ☐ Jukebox
☐ DJ ☒ Tapes / CDs / iPod

34. If other type, please describe: _____

35. What will be the music volume? ☒ Background (quiet) ☐ Entertainment level

36. Please describe your sound system: IPAD CONNECTED TO BLUETOOTH SPEAKERS

37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged?
☐ Yes ☒ No

38. If Yes, what type of events or performances are proposed and how often? —

39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? TABLE SEATING ONLY BY RESERVATION

40. Will there be security personnel? ☐ Yes ☒ No 40a. If Yes, how many and when? _____

41. How do you plan to manage noise inside and outside your business so neighbors will not be affected? WE WILL CLOSE OUTDOOR DINING BY 10:00PM

42. Do you have sound proofing installed? ☐ Yes ☒ No

43. If not, do you plan to install sound-proofing? ☐ Yes ☒ No

APPLICANT HISTORY

44. Has this corporation or any principal been licensed previously? ☒ Yes ☐ No If yes, please indicate name of establishment(s): SECOND DESI GALLI LLC

45. Address: 172 AVE. B. 45a. Community Board 103

46. Dates of operation: 2016-2018 (BEER & WINE LICENSE)

47. Has any principal had work experience similar to the proposed business? ☒ Yes ☐ No If yes, explanation of experience or resume. BEEN OPEN FOR

48. Does any principal have other business in the area? ☒ Yes ☐ No If yes, give trade name and describe type of business: ORIGINAL LOCATION 101 LEXINGTON AVE

49. Has any principal had SLA reports or action within the past 3 years? ☐ Yes ☒ No If yes, attach list of violations and dates of violations and outcomes.

COMMUNITY OUTREACH

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups.