

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

1. Date Notice Sent: 02/10/2026 1a. Delivered by: Certified Mail Return Receipt Requested

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Application Removal Class Change

For premises in the City of New York:

New Application New Application and Temporary Retail Permit Renewal Alteration Removal

Class Change Method of Operation Corporate Change

For New and Temporary Retail Permit applicants, answer each question below using all information known to date
For Renewal applicants, answer all questions

For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For Corporate Change applicants, attach a list of the current and proposed corporate principals

For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For Class Change applicants, attach a statement detailing your current license type and your proposed license type

For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: COMMUNITY BOARD 8

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: VL DELIGHTS LEXINGTON LLC

6. Trade Name (if any):

7. Street Address of Establishment: 866 LEXINGTON AVENUE

8. City, Town or Village: NEW YORK, NY Zip Code: 10065

9. Business Telephone Number of applicant/ Licensee: (917)664-7475

10. Business E-mail of Applicant/Licensee: VANESSA@BELAMICAFENY.COM

11. Type(s) of alcohol sold or to be sold: Beer & cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Bar/Tavern

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation:
(check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel

Other (specify):

15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
(check all that apply) Sidewalk Cafe Other (specify):

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FEB 17 2026

BY COMMUNITY BOARD 8

16. List the floor(s) of the building that the establishment is located on: **1ST FLOOR & BASEMENT**

17. List the room number(s) the establishment is located in within the building, if appropriate: _____

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name _____

Serial Number _____

21. Does the applicant or licensee own the building in which the establishment is located? Yes (If YES, SKIP 23-26) No**Owner of the Building In Which the Licensed Establishment is Located**22. Building Owner's Full Name: **THE BEEKMAN ESTATE**23. Building Owner's Street Address: **866 LEXINGTON AVENUE**24. City, Town or Village: **NEW YORK** State: **NEW YORK** Zip Code: **10065**25. Business Telephone Number of Building Owner: **(212)570-0059****Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**26. Representative/Attorney's Full Name: **MICHAEL KELLY**27. Representative/Attorney's Street Address: **136 WAVERLY ROAD**28. City, Town or Village: **SCARSDALE** State: **NEW YORK** Zip Code: **10583**29. Business Telephone Number of Representative/Attorney: **(914)740-3580**30. Business E-mail Address of Representative/Attorney: **KELLYMLK136@GMAIL.COM**

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

31. Printed Principal Name: **MICHAEL KELLY** Title: **AUTHORIZED REPRESENTATIVE**

Principal Signature: _____

