



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, Police Department).

Check the applicable License Category:	<input type="checkbox"/> Amusement Arcade <input type="checkbox"/> Cabaret <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Gaming Café			
Legal Name of Business:				
Business's Trade or Doing-Business-As (DBA) Name, if applicable:				
Business Address:				
Community Board Number:				
Council Member District:				
Hours of Operation:	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			
Business Contact Name:				
Telephone:				
	Room 1	Room 2	Room 3	Room 4
Room Capacity:				

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

Signature

Date