



**Department of
Consumer Affairs**

March 11, 2014

First Deputy Alba Pico
Commissioner

The Honorable Susan Stetzer

42 Broadway
New York, NY 10004

59 East 4th Street
New York, Ny 10003

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

UNENCLOSED SIDEWALK CAFÉ REQUEST FOR RECOMMENDATION

TO:

The Honorable Melissa Mark-Viverito
The Honorable Gale Brewer
Susan Stetzer, Com Board #103
Council Member Rosie Mendez

FROM:

ENTITY NAME: OTTO'S TACOS, LLC
D/B/A NAME: OTTO'S TACOS
ADDRESS: 141 2ND AVE NEW YORK, NY 10003-8315
BOROUGH/STATE/ZIP: Manhattan/NY/10003-8315
LICENSE/APPLICATION #: 2751-2014-ASWC

Enclosed please find Application for a new Sidewalk Cafe for an **Unenclosed** Sidewalk Café with **12** tables and **25** chairs.

The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than April 25, 2014

See below for the section of Title 6 of the Rules of the City of New York, which explains Community Board action:

§2-44 Action by the Department on Petition. (a) When a petitioner agrees to revise a petition or plan to resolve objections raised by the Community Board, any such agreed revisions, along with new blueprints showing the revised plan, must be submitted by the petitioner to the Department in writing, and signed by both the applicant and the chairperson of the Community Board, not later than five (5) days before the Department is required to hold its public hearing on the petition. Such agreed revisions shall be incorporated into, and be deemed to modify, the original petition in accordance with its terms. The Department shall then hold its public hearing based on the petition as so modified. If such written agreements to modify an original petition to address objections raised are not received within the time specified, the Department shall hold its public hearing based on the original petition and the objections to it that have been raised.



2751-2014-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer, Com Board #103

Re: License/Application #: 2751-2014-ASWC
Business Name: OTTO'S TACOS, LLC
Business Address: 141 2ND AVE NEW YORK, NY 10003-8315

The CB#: 103 recommends the following:

_____ We have "NO OBJECTION" to the stated use.

_____ We have the following "OBJECTIONS" to the stated use.

Signature	Print Name	
Title	Date	Email



2751-2014-ASWC



**Department of
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BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietor | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Business/General Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Nonprofit |

If your Business's legal structure is Sole Proprietor, complete Sections 1, 2, and 4.

If your Business's legal structure is NOT Sole Proprietor, complete Sections 1, 3, and 4.

Business Information

Legal Name of Business (The Legal Name that you provide must be exactly as filed with the County Clerk or New York State Secretary of State.) Otto`s Tacos, LLC		
Business's Trade or Doing-Business-As (DBA) Name, if applicable (The DBA Name that you provide must be exactly as filed with the County Clerk or New York State Secretary of State.) Otto`s Tacos		
Business Address (Building Number, Street Name, Unit, e.g., Floor, Suite) 141 Second Avenue		
City and State New York, NY	ZIP Code 10003	Borough (check one): <input checked="" type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Outside NYC
Country USA		
Business Telephone Number (212)	Fax Number ()	E-mail rwygoda@swaarchitecture.com
Federal Employer Identification Number (EIN) (Mandatory for corporations, partnerships, and sole proprietors with paid employees) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4 5 - 5 2 1 8 5 0 3 </div>		New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number (You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist/Business Express Description Page.) The Sales Tax Identification Number is the 9, 10, or 11-digit number on your New York State Department of Taxation and Finance Certificate of Authority. If you have not received your Certificate of Authority, please enter the 6-digit confirmation number you received when you successfully submitted the application for a Certificate of Authority. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4 5 5 2 1 8 5 0 3 - - or - - - - - </div>

