



Department of
Consumer Affairs

March 17, 2014

First Deputy Alba Pico
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

The Honorable Susan Stetzer

59 East 4th Street
New York, Ny 10003

**SMALL UNENCLOSED SIDEWALK CAFÉ REQUEST FOR
RECOMMENDATION**

TO:

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

FROM:

ENTITY NAME: FRKK, INC
D/B/A NAME: GOODFELLAS BRICK OVEN PIZZA
ADDRESS: 144 ORCHARD ST NEW YORK, NY 10002-2237
BOROUGH/STATE/ZIP: Manhattan/NY/10002-2237
LICENSE/APPLICATION #: 2940-2014-ASWC

Enclosed please find Application for a new Sidewalk Cafe for an **Small Unenclosed** Sidewalk Café with **6** tables and **12** chairs

The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than May 01, 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.



2940-2014-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer, Com Board #103

Re: License/Application #: 2940-2014-ASWC
Business Name: FRKK, INC
Business Address: 144 ORCHARD ST NEW YORK, NY 10002-2237

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 _____



2940-2014-ASWC



**Department of
Consumer Affairs**

BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

- Sole Proprietor
- Business/General Partnership
- Limited Partnership
- Limited Liability Partnership
- Limited Liability Company
- Corporation
- S-Corporation
- 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.

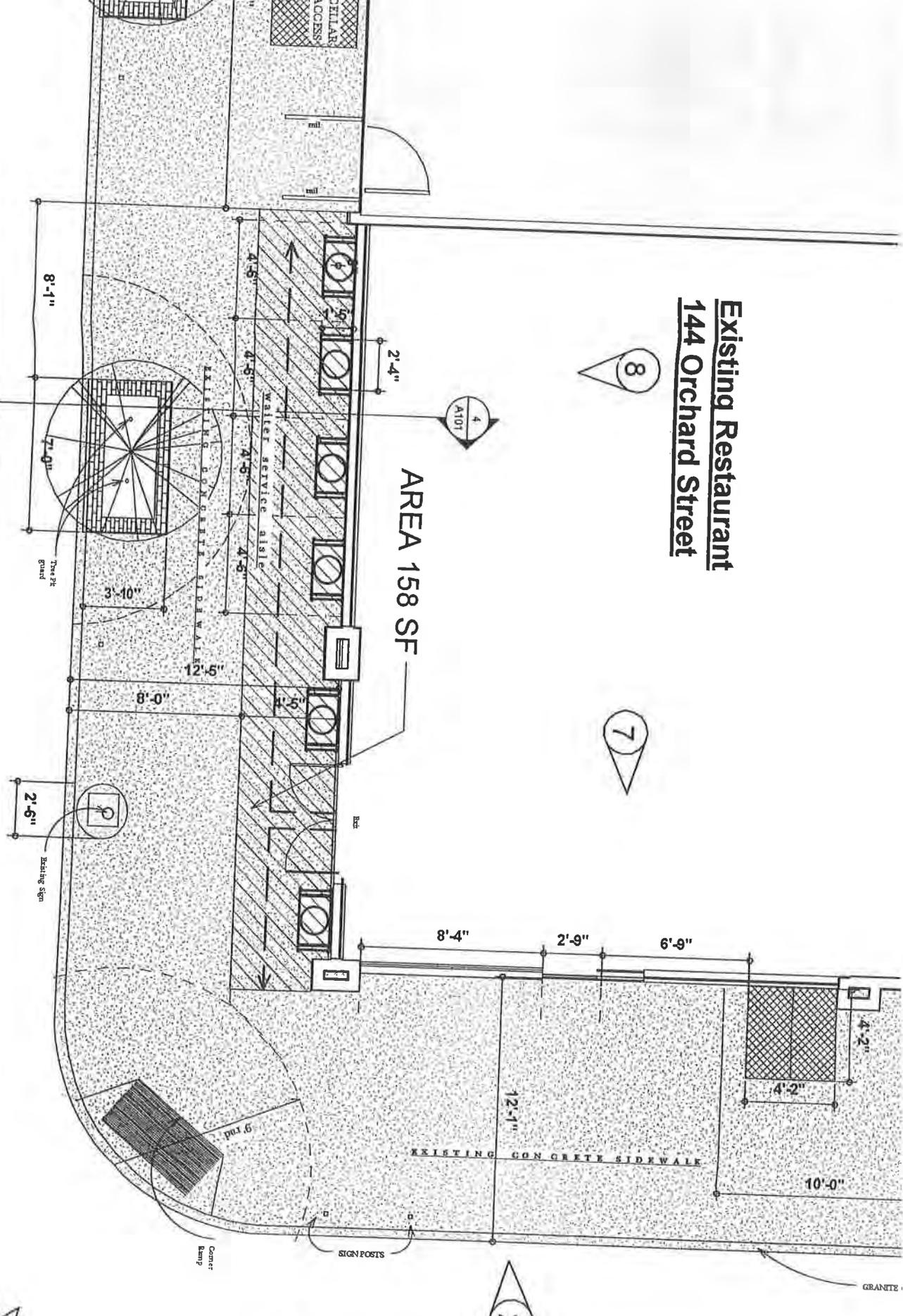
Business Information

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.) <p style="text-align: center; font-size: 1.2em;">FRKK, Inc.</p>		
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.) <p style="text-align: center; font-size: 1.2em;">Goodfellar Brick Oven Pizza</p>		
Business Address (Building Number, Street Name, Unit, e.g., Floor, Suite) <p style="text-align: center; font-size: 1.2em;">144 Orchard Street</p>		
City and State <p style="text-align: center; font-size: 1.2em;">New York, NY</p>	ZIP Code <p style="text-align: center; font-size: 1.2em;">10002</p>	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 <p style="text-align: center; font-size: 1.2em;">USA</p>		
Business Telephone Number <p style="font-size: 1.2em;">212 432 3200</p>	Fax Number <p style="font-size: 1.2em;">212 432 4118</p>	E-mail <p style="font-size: 1.2em;">Support@goodfellarusa.com</p>
Federal Employer Identification Number (EIN) (Mandatory for corporations, partnerships, and sole proprietors with paid employees) <div style="border: 1px solid black; padding: 5px; display: flex; gap: 5px;"> 2 7 - 3 6 4 0 1 9 8 </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: 5px; display: flex; gap: 5px;"> 2 7 3 6 4 0 1 9 8 - - </div> or <div style="border: 1px solid black; padding: 5px; display: flex; gap: 5px;"> </div>

**Existing Restaurant
144 Orchard Street**

ORCHARD STREET

RIVINGTON STREET



AREA 158 SF

8

7

2

4

3

NZ/BI LC HC ZC MA/SN (6) (12)

2