



**Department of
Consumer Affairs**

June 23, 2014

Julie Menin
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 Margret Chin

FROM:

ENTITY NAME: UBER CAFFE LLC
D/B/A NAME:
ADDRESS: 116 STANTON ST NEW YORK, NY 10002-1500
BOROUGH/STATE/ZIP: Manhattan/NY/10002-1500
LICENSE/APPLICATION #: 8798-2014-ASWC

Enclosed please find Application for a new Sidewalk Cafe for an **Unenclosed** Sidewalk Café with **4** tables and **8** chairs.

The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than August 07, 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.



8798-2014-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer, Com Board #103

Re: License/Application #: 8798-2014-ASWC
Business Name: UBER CAFFE LLC
Business Address: 116 STANTON ST NEW YORK, NY 10002-1500

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



8798-2014-ASWC



**Department of
Consumer Affairs**

BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Business/General Partnership | <input checked="" 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.) Uber Caffe 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)		
Business Address (Building Number, Street Name, Unit, e.g., Floor, Suite) 116 Stanton Street		
City and State New York, NY	ZIP Code 10002	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) 777-0116	Fax Number ()	E-mail rwygoda@swaarchitecture.com
Federal Employer Identification Number (EIN) (Mandatory for corporations, partnerships, and sole proprietors with paid employees) 4 5 - 0 5 6 9 8 5 1	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. 4 5 0 5 6 9 8 5 1 - [] - [] or [] [] [] [] [] []	

EXISTING RESTAURANT

O BE 46" x 36", A MIN.
HT OF 7'-0" AND A BOTTOM

NOTE:
ALL TABLES TO BE 19"

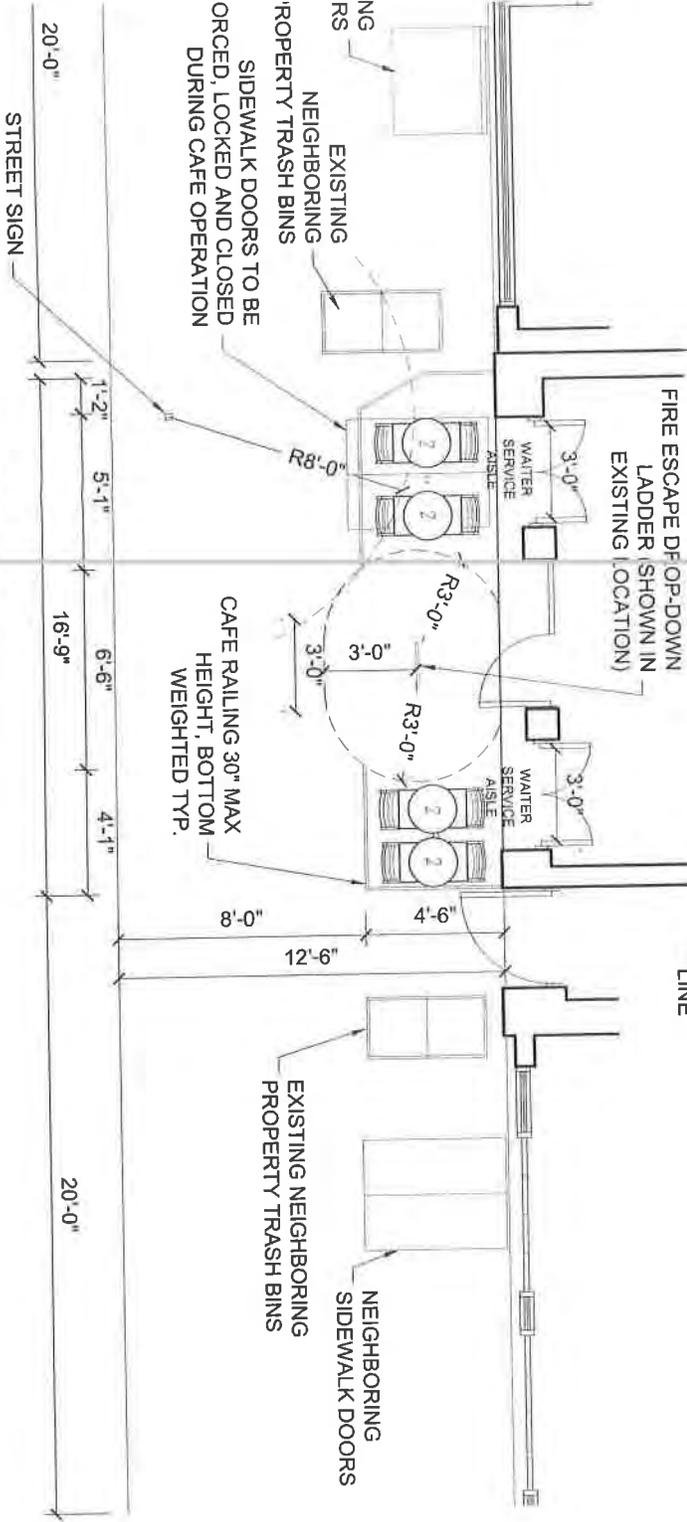
FIRE ESCAPE DROP-DOWN
LADDER (SHOWN IN
EXISTING LOCATION)

PROPERTY
LINE

EXISTING
PROPERTY TRASH BINS
NEIGHBORING
SIDEWALK DOORS TO BE
ORCED, LOCKED AND CLOSED
DURING CAFE OPERATION

CAFE RAILING 30" MAX
HEIGHT, BOTTOM
WEIGHTED TYP.

EXISTING NEIGHBORING
PROPERTY TRASH BINS
NEIGHBORING
SIDEWALK DOORS



STANTON STREET

AN