



February 4, 2015

Ms. Gigi Li
Manhattan Community Board 3
59 East 4th Street
New York, New York 10003

Att: Ms. Susan Stetzer, District Manager

Re: ULURP # N 150063 ECM
DCA # 1258524DCA
Applicant: 88 2nd Ave. Food Corp.
D/B/A: MOONSTRUCK ON 2ND
Premises: 88 SECOND AVENUE
Manhattan Community Board 3

ENCLOSED SIDEWALK CAFE

NEW Application (pre-existing,
modification)

RENEWAL

Dear Chairperson Li:

The Department of City Planning received the above-referenced application for an enclosed sidewalk cafe with 8 tables and 16 seats on July 25, 2014 for review, pursuant to Section 20-225 of the Administrative Code.

The reviewing agencies have no outstanding objections to this application, therefore, we are forwarding the application to the Community Board for its action. This café modification will only be permitted with approval from the Landmarks Preservation Commission.

The Board shall hold a public hearing and submit a recommendation on this matter to the Department of Consumer Affairs and The City Council by March 26, 2015. Copies of the Board's recommendation should also be submitted to the Department of City Planning, and the applicant. Forms for notification of Community Board hearings and recommendations are enclosed. If you have any questions, please call me at (212) 720-3309.

Sincerely,

Rachel G.
City Planner

*TREAT AS NEW UNENCLOSED
SWC*

cc: Department of Consumer Affairs
The City Council
James Miraglia, Department of City Planning
Susan Felsen, LUMIS
File
Kathleen Negri Stathopoulos, Esq., Representative for Applicant
88 2nd Ave. Food Corp.

N150063ECM

CITY PLANNING COMMISSION

2014 JUL 25 PM 5:01

DEPT. OF CITY PLANNING

July 23, 2014

Maurice Spreiregen

NY City Planning Commission, 22 Reade St., Room #2E
New York, NY 10007

Julie Menin
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

ENCLOSED SIDEWALK CAFÉ REQUEST FOR RECOMMENDATION

TO:

The Honorable Melissa Mark-Viverito
Department of Environmental Control Dept. of Environmental Sewer & Waste Water Control
City Planning Commissioner Maurice Spreiregen
Council Member Rosie Mendez

FROM:

ENTITY NAME: 88 2ND AVE. FOOD CORP.
D/B/A NAME: MOONSTRUCK ON 2ND
ADDRESS: 88 2ND AVE NEW YORK, NY 10003-8309
BOROUGH/STATE/ZIP: Manhattan/NY/10003-8309
LICENSE/APPLICATION #: 1258524-DCA

Enclosed please find **Modification Application** for an **Enclosed Sidewalk Café** with **8** tables and **16** chairs.

The Department of Consumer Affairs (DCA) must receive Community Board recommendations after the Department of City Planning approval.

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.





BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

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

If your Business's legal structure is Sole Proprietorship, complete Sections 1, 2, and 4.
 If your Business's legal structure is NOT Sole Proprietorship, complete Sections 1, 3, and 4.

Business Information

Business Name (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) 88 2ND AVE. FOOD CORP				
Doing-Business-As (DBA)/Trade Name (The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)				
Premises Address (Building Number, Street Name, Apartment/Suite/Other) 88 2ND AVE				
City N.Y.	State N.Y.	ZIP Code 10003	Country/Region U.S.A	Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input checked="" type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Outside of NYC
E-mail (By providing your e-mail address, you consent to receive communications electronically from the Department of Consumer Affairs (DCA), and you affirm that the e-mail listed is a reliable form of communication for you.)				
Phone 1 (Primary) (212) 420-8500	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax 212 420-8504	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 22-5589624		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.) 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. 225589624- - or - - - - -		

Contact Mailing Information *FOR PUBLIC HEARING ONLY*

If you want DCA correspondence addressed and mailed to a contact other than the business name and address provided on page 1, please complete the information below.

First Name <i>KATHLEEN</i>	Middle Name (optional) <i>E</i>	Last Name <i>NEGRI STATHOPOULOS, ESQ</i>	
Title/Position (Check one box only.)	<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> President <input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input type="checkbox"/> Other (Please specify.)
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) <i>EMAIL: negriesg@aol.com</i>			
City <i>FAX: 718-567-2991</i>	State	ZIP Code	Country/Region

Providing Social Security Number or Individual Taxpayer Identification Number in Sections 2 and 3 is voluntary. The City requests this information under the NYC Charter and Administrative Code. This information will or may be used to allow the City of New York to maintain and update City databases, to carry out the powers and duties of the Department, and for other purposes necessary to promote the general welfare.

Section 2 - Sole Proprietorship

Last Name	Suffix (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region

Section 3 - General Partners, Corporate Officers, Shareholders, and Members

You must provide information on *all* general partners and *all* corporate officers and *each* shareholder owning 10% or more of the business applying for a license. Note: Limited Liability Companies must provide information on *all* members. Non-Profits must provide information on *all* officers and *all* Board of Directors members. **Attach additional sheets if necessary.**

Important: If the partner or shareholder is a business (rather than an individual), DCA will verify active status prior to license issuance. Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the New York State Department of State. If you file your application in person, DCA can print a copy of the partner's or shareholder's Certificate of Incorporation and/or Certificate of Authority to Conduct Business in New York from the New York State Department of State's website.

See page 3.

General Partners, Corporate Officers, Shareholders, and Members

Individual #1

Last Name GAILAS		Suffix (Jr., Sr., Esq.) (optional)		First Name GEORGIO		Middle Name (optional)	
Title/Position (Check one box only.) PRES.		<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input checked="" type="checkbox"/> President <input type="checkbox"/> Secretary			<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input type="checkbox"/> Other		
Social Security Number or Individual Taxpayer Identification Number 000-56-7906				% of Ownership 100%			
Home Address (Building Number, Street Name, Apartment/Suite/Other) 59-32 50TH AVE							
City WOODSIDE		State N.Y.		ZIP Code 11377		Country/Region U.S.A	

Individual #2

Last Name		Suffix (Jr., Sr., Esq.) (optional)		First Name		Middle Name (optional)	
Title/Position (Check one box only.)		<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> President <input type="checkbox"/> Secretary			<input type="checkbox"/> Treasurer <input type="checkbox"/> Trustee <input type="checkbox"/> Vice President <input type="checkbox"/> Other		
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□				% of Ownership			
Home Address (Building Number, Street Name, Apartment/Suite/Other)							
City		State		ZIP Code		Country/Region	

Business #1

Business Name													
Employer Identification Number (EIN) □□-□□□□□□□□						% of Ownership							
Mailing Address (Building Number, Street Name, Apartment/ Suite/Other)													
City		State		ZIP Code		Country/Region							
Borough: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Bronx</td> <td><input type="checkbox"/> Queens</td> </tr> <tr> <td><input type="checkbox"/> Brooklyn</td> <td><input type="checkbox"/> Staten Island</td> </tr> <tr> <td><input type="checkbox"/> Manhattan</td> <td><input type="checkbox"/> Outside of NYC</td> </tr> </table>								<input type="checkbox"/> Bronx	<input type="checkbox"/> Queens	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Staten Island	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Outside of NYC
<input type="checkbox"/> Bronx	<input type="checkbox"/> Queens												
<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Staten Island												
<input type="checkbox"/> Manhattan	<input type="checkbox"/> Outside of NYC												

Business #2

Business Name				
Employer Identification Number (EIN) □ □ - □ □ □ □ □ □ □ □			% of Ownership	
Mailing Address (Building Number, Street Name, Apartment/ Suite/Other)				
City	State	ZIP Code	Country/Region	Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> Manhattan <input type="checkbox"/> Outside of NYC

Section 4: Applicant Background Questions – All applicants

Please answer the questions below on behalf of *all* individuals named on the application (i.e., sole proprietorships, general partners, corporate officers, shareholders owning 10% or more of company stock, members, officers, Board of Directors members). **Attach additional sheets as necessary.**

Some background questions inquire about criminal and/or civil charges. A conviction does not, by itself, mean you will not get a license. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction will be considered. However, your license may be denied if you fail to disclose a conviction in response to the questions.

1. Has this individual ever been licensed by the New York City Department of Consumer Affairs (DCA)?

Yes No

If Yes, provide the following information:

DCA License Number
Business/Individual Name

88 2ND AVE FOOD CORP -
enclosed sidewalk cafe

2. Has this individual ever had a DCA license denied, suspended, or revoked?

Yes No

If Yes, provide the following information:

DCA License Number
Business/Individual Name

3. Has this individual ever been a principal (officer, shareholder, partner, member) of a DCA-licensed business?

Yes No

If Yes, provide the following information:

DCA License Number
Business/Individual Name

SEE #1

4. Is this individual related by blood or marriage to either a current or past DCA licensee or principal of a DCA-licensed business?

Yes No

If Yes, provide the following information:

Relationship to Applicant
Relative First Name
Relative Middle Name
Relative Last Name
Relative Suffix
DCA License Number
Business/Individual Name

If you answer Yes for Questions 5 to 10, please include the requested description and attach all relevant documents to this application.

NOTE: Description should include the date of conviction, the nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.

5. Has this individual ever pled guilty or been found guilty of a crime, offense, or violation? Yes No

If Yes, please describe the crime, offense, or violation.

6. Is there any criminal charge pending against this individual? Yes No

If Yes, please describe the circumstances of the arrest.

7. Is there any civil charge (including administrative charge) pending against this individual? Yes No

If Yes, please describe the charge(s).

8. Does this individual/individual's business owe fines or restitution? Yes No

If Yes, please describe all obligations (fines or restitution) not satisfied in full.

9. Has any court rendered a judgment against this individual/individual's business? Yes No

If Yes, please describe the court judgment.

10. Is there a judgment against this individual/individual's business that has not been paid in full for 30 days or more?

Yes No

If Yes, please describe the judgment.

PREPARER'S STATEMENT – Please check the box if the statement applies to you.

I am not the license applicant. I am an authorized representative for the license applicant, and I will submit a Granting Authority to Act Affirmation completed by the license applicant.