



**Consumer
Affairs**

May 11, 2017

Lorelei Salas
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

Susan Stetzer
59 East 4th Street
New York, NY 10003

REQUEST FOR COMMUNITY BOARD RECOMMENDATION

Dear Susan Stetzer

The Department of Consumer Affairs (DCA) has received a petition from the below business applicant.

BUSINESS NAME: TWO BIKES, LLC
D/B/A NAME: DUDLEY'S
ADDRESS: 85 ORCHARD ST NEW YORK, NY 10002-4564
BOROUGH/STATE/ZIP: Manhattan/NY/10002-4564
APPLICATION #: 1459845-DCA
TYPE: SMALL UNENCLOSED
MAXIMUM # OF TABLES: 4
MAXIMUM # OF CHAIRS: 8
BUSINESS CONTACT:
PHONE NUMBER: 2122265047
EMAIL: NICK@KINGSWOODNYC.COM

Pursuant to Section 20-226(c) of the NYC Administrative Code, the Community Board has 45 days to review a sidewalk café petition. **DCA must receive your recommendations on this petition no later than June 25, 2017.** You may use the enclosed Recommendation Form to submit your recommendation.



17551-2017-RSWC

Title 6 of the Rules of the City of New York Section §2-44(a) explains additional Community Board action:

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 forty-five (45) days after the Community Board receives the petition and plans. Such agreed revisions shall be incorporated into, and be deemed to modify, the original petition in accordance with its terms. The Department may then hold a 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 any such public hearing based on the original petition and the objections to it that have been raised.

Please return your recommendation DCA in ONE of the following ways:

- Email to: sidewalkcafe@dca.nyc.gov
- Fax to: +1 646 500 5832
- Mail to: Department of Consumer Affairs
Attn: Sidewalk Café Unit
42 Broadway
New York, NY 10004

If you have any questions, please contact us at +1 212 487 4213 or sidewalkcafe@dca.nyc.gov. Thank you for your time.

Regards,

DCA Sidewalk Café Unit



17551-2017-RSWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 1459845-DCA
Business Name: TWO BIKES, LLC
Business Address: 85 ORCHARD ST NEW YORK, NY 10002-4564

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



17551-2017-RSWC



BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

- | | |
|---|--|
| <input type="checkbox"/> Business/General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input checked="" 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 or if your Business has an individual general partner, complete Sections 1, 2, and 4.

If your Business's legal structure is NOT Sole Proprietorship and your Business does not have an individual general partner, 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.) Two Bikes, LLC			
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.) Dudley's			
Premises Address (Building Number, Street Name, Apartment/Suite/Other) 85 Orchard Street			
City New York	State NY	ZIP Code 10002	Country/Region USA
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.) nick@rubyscafe.com, michael@dudleysnyc.com			
Phone 1 (Primary) 917) 291-4296	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax ()
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 2 0 - 0 7 0 9 9 9 4		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 submitted the application for a Certificate of Authority. 2 0 0 7 0 9 9 9 4 - - or 	

Contact Mailing Information

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	Middle Name (optional)	Last Name	
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)			
City	State	ZIP Code	Country/Region

Section 2 - Sole Proprietors and Individual General Partners

Sole proprietors and individual general partners must provide Social Security number or Individual Taxpayer Identification Number (ITIN) so the City of New York can confirm whether they have outstanding child support obligations.

Individual #1 (Sole Proprietor or Individual General Partner #1)

Last Name	Suffix (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□		Date of Birth (YYYY-MM-DD) □□□□-□□-□□	
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region

Is Individual #1 under an obligation to pay child support?

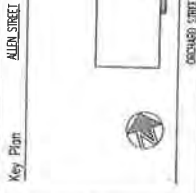
Yes No

If Yes, Individual #1 must answer **ALL** questions below.

- a. Does the individual owe four or more months of child support payments? Yes No
- b. Is the individual making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties? Yes No
- c. Are the individual's child support obligations the subject of a pending proceeding? Yes No
- d. Did the individual receive public assistance or Supplemental Security Income? Yes No

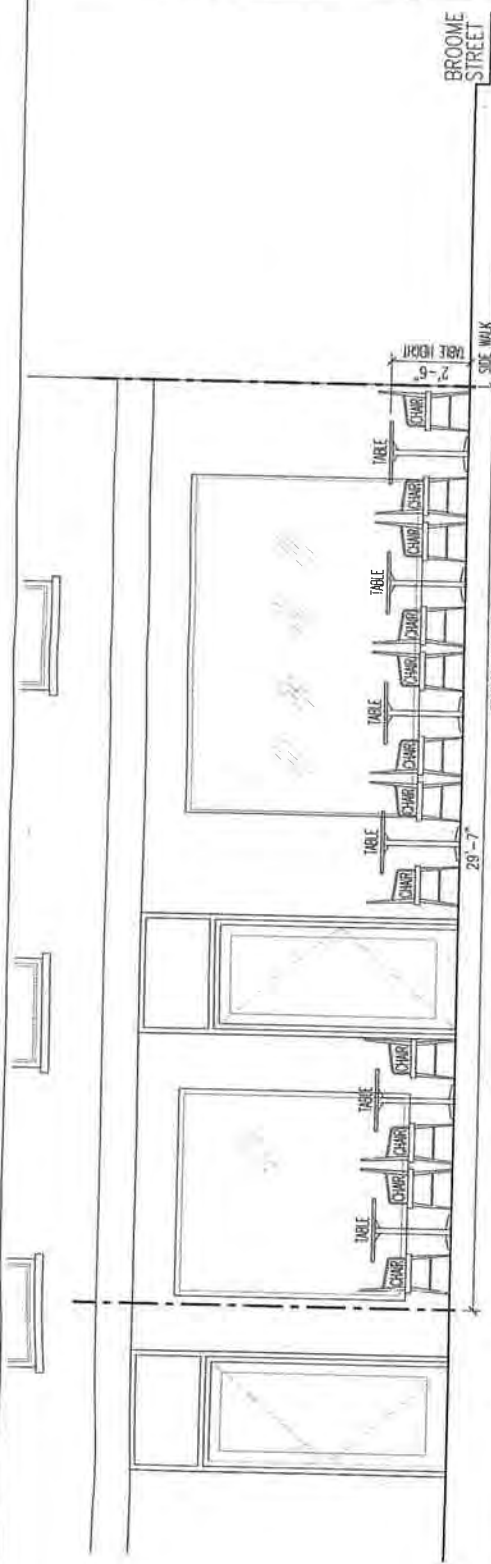


Architect:
Paul Golden Architect, LLC
 509 HILLSIDE TERRACE
 SOUTH ORANGE, NJ 07079
 T: 973.763.8688
 F: 973.662.8688
 E: paul@paulgoldenarchitect.com

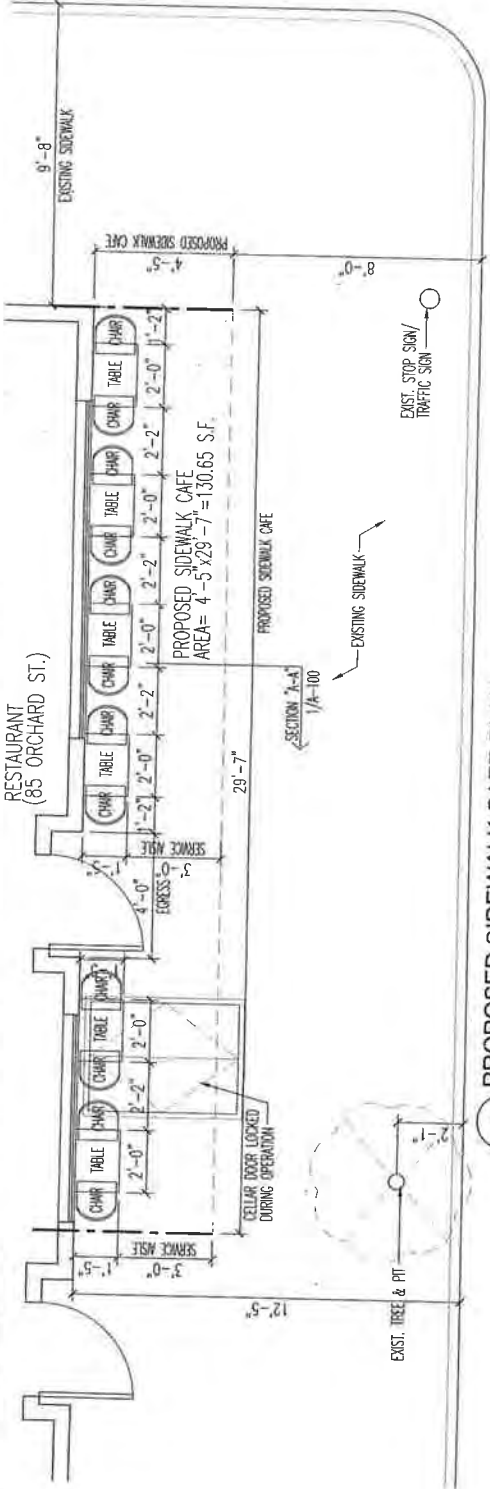


FURNITURE	SIZE	QUANTITY
TABLE	17" x 24" x 30"H	6
CHNR	14" DIA. 24"H	12

2 PROPOSED SIDEWALK CAFE-ELEVATION
 SCALE: 1/4"=1'-0"



RESTAURANT
 (85 ORCHARD ST.)



1 PROPOSED SIDEWALK CAFE-PLAN
 SCALE: 1/4"=1'-0"



04/02/17 REVISED CAFE SEATING
 No. Date Description
 REVISIONS

Project Name:
**SIDEWALK CAFE @
 85 ORCHARD STREET
 NEW YORK, NY 10013**

Project Location:
**85 ORCHARD STREET
 NEW YORK, NY 10013**

Drawing Title:
**PROPOSED SIDEWALK CAFE
 PLAN, EXIST. ELEVATION, &
 FURNITURE DIMENSIONS**

Date: 02/22/2013
 Project No.:
 Drawn By: PAUL GOLDEN
 Check By: PAUL GOLDEN
 Printing No.:
A-101.00
 REG. ARCHITECT
 STATE OF NEW YORK
 018920
 YHOA NY NY