



May 14, 2018

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: AVE B BUON GUSTO CORP.
D/B/A NAME: ODA HOUSE
ADDRESS: 76 AVENUE B NEW YORK, NY 10009-6729
BOROUGH/STATE/ZIP: Manhattan/NY/10009-6729
APPLICATION #: 10014-2018-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 6
MAXIMUM # OF CHAIRS: 12
BUSINESS CONTACT: MICHAEL KELLY
PHONE NUMBER: 2123533838
EMAIL: KELLYMLK136@GMAIL.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 28, 2018.** You may use the enclosed Recommendation Form to submit your recommendation.



10014-2018-ASWC

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



10014-2018-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 10014-2018-ASWC
Business Name: AVE B BUON GUSTO CORP.
Business Address: 76 AVENUE B NEW YORK, NY 10009-6729

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



10014-2018-ASWC



BASIC LICENSE APPLICATION

Please print.

Section 1 – All applicants

What is your Business's legal structure?

- Business/General Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership
- Limited Partnership
- Non-Profit
- S-Corporation
- 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 <small>(The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small> Ave B Buon Gusto Corp				
Doing-Business-As (DBA)/Trade Name <small>(The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small> Oda House				
Premises Address <small>(Building Number, Street Name, Apartment/Suite/Other)</small> 76 Ave B				
City New York	State NY	ZIP Code 10009	Country/Region	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 <small>(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.)</small> KELLYMLK136@gmail.com				
Phone 1 (Primary) (212) 353-3838	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax (914) 632-6034	
Employer Identification Number (EIN) <small>(Required for sole proprietorships with paid employees, corporations, and partnerships)</small> 36-4652666		New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number <small>(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)</small> <small>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.</small> [] [] [] [] [] [] [] [] [] - [] - [] 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 Michael	Middle Name (optional)	Last Name Kelly	
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 checked="" type="checkbox"/> Other (Please specify.) Authorized Representative	
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 136 Waverly Rd			
City Scarsdale	State NY	ZIP Code 10583	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 □□□-□□-□□□□			
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.



LICENSING CENTER
42 Broadway, 5th floor
New York, NY 10004
Monday-Friday: 9:00 a.m.-5:00 p.m.
Wednesday: 8:30 a.m.-5:00 p.m.
www.nyc.gov/consumers

SIDEWALK CAFÉ COMPLIANCE CHECKLIST

Applicants must answer a series of questions to demonstrate that the café meets City requirements. Please answer all questions and sign the Checklist.

- 1. Is there a minimum of 12 feet of sidewalk space for the entire length of the property? [X] Yes [] No
2. Will your café be at an address zoned for the type of sidewalk café you plan to operate? [X] Yes [] No

If you answered "No" to question 1 or 2, you cannot apply for a Sidewalk Café license and must stop the application process.

3. Sidewalk Café Business Name: Ave B Buon Gusto Corp

4. Sidewalk Café Type: [] Enclosed [] Small Unenclosed [X] Unenclosed
Check all that apply.

5. Application Type: [X] New [] Renewal [] Assignment (Consent assigned by previous owner more than 90 days before expiration date) [] Modification (Changes to an existing consent)

6. Maximum number of tables in your café: 6
7. Maximum number of chairs in your café: 12
8. Block Number: 401
9. Lot Number: 41
10. Community Board Number: 3

11. Will your café be on the same level as the adjoining sidewalk? (Unenclosed and Small unenclosed only) [X] Yes [] No

12. Is your café in a historic district or in or adjacent to a landmarked building or district? Yes No
- a. If Yes, have you applied to the Landmarks Preservation Commission (LPC) for approval to operate your café? Yes No
- i. If Yes, have you received approval from LPC to operate your café? Yes No

Sidewalk Café Business Information

13. Sidewalk Café Business Address: 76 Ave B
NY NY 10009

14. Is there an alternate entrance to your sidewalk café with a different address than your business address? Yes No

If Yes, please enter address: _____

Sidewalk Café Architect or Engineer Information

15. Full Name of Architect or Engineer: _____
16. Business Name of Architect or Engineer: RML Consulting
17. Address: 70 Mt Vernon Ave #8D
Patchogue NY 11772
18. Telephone Number: 631-275-5746
19. Fax Number (optional): _____
20. E-mail Address: _____

X M. Acquariva
Sidewalk Café Applicant's Signature

Maia Acquariva
Print Name

Executive chef owner / Pres
Title (if any)

04.13.18
Date



**Department of
Consumer Affairs**

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PETITION FOR CONSENT TO USE SIDEWALK SPACE

Applicants for a Sidewalk Café license must petition the City of New York for permission to use public sidewalk space for the construction, maintenance, and operation of the proposed sidewalk café.

Please select the statement that describes you:	<input checked="" type="checkbox"/> I am a new applicant for a Sidewalk Café license and will submit: <ul style="list-style-type: none"> • Scale drawings to outline the placement of the proposed sidewalk café AND • Proof of consent from the landlord, owner, lessee, or management of the premises for the operation of a sidewalk café <input type="checkbox"/> I am a current license holder submitting an application to renew my Sidewalk Café license. My DCA license number is: _____
Name of Petitioner:	Maia Acquaviva
Business Title:	President
Legal Name of Business:	Ave B Buon Gusto Corp
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Oda House
Business's State of Incorporation, if applicable:	NY
Business Address:	76 Ave B NY NY 10009

On behalf of the business applying for a Sidewalk Café license from the Department of Consumer Affairs (DCA), I seek permission to use a portion of the public sidewalk in front of the business premises to operate a sidewalk café.

I understand that a DCA Sidewalk Café license does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

I agree to hold harmless the City of New York, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that DCA and/or any government agency with jurisdiction may revoke my consent to use public sidewalk space at any time for any reason whatsoever. Consent can be revoked for failure to comply with any terms and conditions of the consent or any agreements between my business and the City of New York or for violation of any of the rules and regulations enforced by DCA. I understand there will be no refund of any fees or compensation paid to the City of New York.

I agree to promptly remove any property placed on the sidewalk space or reimburse the City of New York for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I have read and agree with the terms and conditions outlined above.

I understand that falsification of any statement made herein is an offense punishable by fine or imprisonment or both.

X M. Acquavina
Signature

04.13.18
Date



42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

ZERO TOLERANCE POLICY AFFIRMATION

Applicants for a Sidewalk Café license must affirm that they will adopt a zero tolerance policy.

Legal Name of Business:	Ave B Buon Gusto Corp
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Oda House
Business Address:	76 Ave B NY NY 10009

Effective immediately, my business shall adopt a "zero tolerance" policy, which will prohibit any of my business's key persons, employees, or agents from improperly offering anything of value (including, but not limited to, money, meals, gifts, gratuities, or transportation) to any public employee or official of the City, political subdivision, or governmental entity with which we conduct business. Any key person, employee, or agent of my business found to have violated this policy will be subject to disciplinary action by my business including, if the circumstances warrant, termination of employment, except to the extent prohibited by a lawful collective bargaining agreement.

M. Acquasina Maia Acquasina
Signature *Print Name*
Pres / Executive chef owner 04.13.18
Title (if any) *Date*



Ave B Buon Gusto Corp
76 Ave B
NY NY 10009

ADJACENT COMMUNITY GARDEN

