Department of Consumer Affairs

Julie Menin
Commissioner

## 42 Broadway

New York, NY 10004
Dial 311
(212-NEW-YORK)
nyc.gov/consumers

July 07, 2015
The Honorable Susan Stetzer
59 East 4th Street
New York, NY 10003

## UNENCLOSED SIDEWALK CAFÉ REQUEST FOR RECOMMENDATION

TO:
The Honorable Melissa Mark-Viverito
Council Member Rosie Mendez
The Honorable Gale Brewer
Susan Stetzer, Com Board \#103
FROM:
ENTITY NAME: FONDA AVENUE B LLC
D/B/A NAME:
ADDRESS: 40 AVENUE B NEW YORK, NY 10009-7490
BOROUGH/STATE/ZIP: Manhattan/NY/10009-7490
LICENSE/APPLICATION \#: 9479-2015-ASWC

Enclosed please find Application for a new Sidewalk Cafe for an Unenclosed Sidewalk Café with 14 tables and $\mathbf{7}$ chairs.
The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than August 21, 2015

Title 6 of the Rules of the City of New York Section §2-44(a) explains 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.


## Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs
FROM: Susan Stetzer, Com Board \#103

Re: License/Application \#: 9479-2015-ASWC
Business Name: FONDA AVENUE B LLC Business Address: 40 AVENUE B NEW YORK, NY 10009-7490

The CB\#: 103 recommends the following:
$\qquad$ We have "NO OBJECTION" to the stated use.
$\qquad$ We have the following "OBJECTIONS" to the stated use.
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$\qquad$
$\qquad$
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$\qquad$
$\qquad$



Please record your response where indicated or attach a copy of the recommendation/response and return it to DCA in ONE of the following ways:

- Email to: sidewalkcafe@dca.nyc.gov
- Fax to: +1 3477884501 (Public Hearing and

Dept of Finance) and +1 6465005832
(Insurance)

- Mail to: Department of Consumer Affairs

Attn: Sidewalk Café Unit
42 Broadway
New York, NY 10004


## Please print

## Section 1 - All applicants

What is your Business's legal structure?
a Sole Proprietor
u Business/General Partnership

- Limited Partnership
- Limited Liability Partnership

Dxiimited Liability Company
Corporation
a S-Corporation
$\square$ 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.) Fonda Avenue B, llC |  |  |  |
| :---: | :---: | :---: | :---: |
| Business's Trade or Doing-Business-As (DBA) Name, if applicable <br> (The DBA Name that you provide must be exactly as filed with the County Clerk or New York State Secretary of State.) Fonda |  |  |  |
| Business Address (Building Number, Street Name, Unit, e.g., Floor, Suite) 40 Avenue $B$ |  |  |  |
| city and State <br> Now Yok, NY | ZIP Code $10009$ | Borough (chec <br> and-Manhattan <br> $002-B r o n x$ <br> $\square 03-B r o o k l y n ~$ | D 04-Queens O 05 -Staten Island O O-Outside NYC |
| Country USA |  |  |  |
| Business Telephone Number <br> $(\quad)$ Fax N <br> $($ | umber |  |  |
| Federal Employer Identification Number (EIN) <br> (Mandatory for comprations, partnerships, and sole proprietors with paid employees) $\text { 团0-0回 } 6249$ | New <br> Certific <br> (You <br> Numb <br> check <br> The Sa your N Authorit enter th submitt | State Sales Tax of Authority App tomplete this s is a requirement Business Expres <br> ax Identification Num ork State Department you have not received digit confirmation num e application for a C $\qquad$ $\square$ $\square$ $\square$ $\square$ $\qquad$ $\square$ $\square$ $\square$ | cation Number or Confirmation Number "Sales Tax Identification license application iption Page.) <br> 9,10 , or 11 -digit number on on and Finance Certlicate of ertificate of Authority, please received when you successfully $f$ Authority. $-\square-\square$ or |



