



**Consumer
Affairs**

November 21, 2016

Lorelei Salas
Commissioner

42 Broadway
New York, NY 10004

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

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

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: CAFE CORTADITO LLC
D/B/A NAME: CAFE CORTADITO
ADDRESS: 210 E 3RD ST NEW YORK, NY 10009-7437
BOROUGH/STATE/ZIP: Manhattan/NY/10009-7437
APPLICATION #: 26951-2016-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 6
MAXIMUM # OF CHAIRS: 12
BUSINESS CONTACT:
PHONE NUMBER: 2126143080
EMAIL: PVALENCIA236@AOL.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 January 05, 2017.** You may use the enclosed Recommendation Form to submit your recommendation.



26951-2016-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 26951-2016-ASWC
Business Name: CAFE CORTADITO LLC
Business Address: 210 E 3RD ST NEW YORK, NY 10009-7437

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



26951-2016-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



26951-2016-ASWC



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, 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.) Café Cortadito 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.) Café Cortadito				
Premises Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> 210 East 3rd Street				
City New York	State NY	ZIP Code 10009	Country/Region	Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input checked="" type="checkbox"/> Manhattan <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.) pvalencia236@aol.com				
Phone 1 (Primary) (212) 614-3080	Phone 2 (Alternate) (917) 445-0790	Text Telephone (TTY Phone)	Fax () n/a	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 7 7 - 0 6 8 6 9 9 2			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. 7 7 0 6 8 6 9 9 2 - - 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 Patrica	Middle Name (optional)	Last Name Valencia	
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.) Managing Member	
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 210 East 3rd Street			
City New York	State NY	ZIP Code 10009	Country/Region United States

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.



42 Broadway
5th Floor
New York, NY 10004

Dial 311
(212-NEW-YORK)

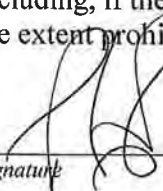
nyc.gov/consumers

ZERO TOLERANCE POLICY AFFIRMATION

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

Legal Name of Business:	Cafe Cortadito LLC
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Cafe Cortadito LLC
Business Address:	210 E. 3rd Street New York, 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.



Signature

Managing Member

Title (if any)

Patricia Valencia

Print Name

11/18/16

Date

.3080

Café Cortadito

210 E.3rd St.

Café Cortadito



La Tradición de Cuba



Del corazón de Cuba



La tradición de Cuba





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