

Lorelei Salas Commissioner

42 Broadway New York, NY 10004

**Dial 311** (212-NEW-YORK)

nyc.gov/consumers

February 28, 2017

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: LOVE MAMAK CORP** 

D/B/A NAME: MAMAK

ADDRESS: 174 2ND AVE NEW YORK, NY 10003-5751

BOROUGH/STATE/ZIP: Manhattan/NY/10003-5751

**APPLICATION #: 2359-2017-ASWC** 

TYPE: UNENCLOSED

**MAXIMUM # OF TABLES: 12** 

**MAXIMUM # OF CHAIRS: 28** 

**BUSINESS CONTACT: JAMES WANG** 

PHONE NUMBER: 2122542868

EMAIL:

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 April 14, 2017.** You may use the enclosed Recommendation Form to submit your recommendation.



\*2359-2017-ASWC\*

### Sidewalk Café Recommendation Form

NYC Department of Consumer Affairs

TO:

FROM: Susan Stetzer

| Re:           | License/Application #: 2359-2017-ASWC Business Name: LOVE MAMAK CORP Business Address: 174 2ND AVE NEW YORK, NY 10003-5751 |                              |                                       |  |  |  |
|---------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|--|--|--|
|               |                                                                                                                            |                              | -                                     |  |  |  |
| The CB        | 3#: 103 recommends the                                                                                                     | following:                   |                                       |  |  |  |
| S <del></del> | We have "NO C                                                                                                              | DBJECTION" to the stated use |                                       |  |  |  |
|               | We have the following "OBJECTIONS" to the stated use.                                                                      |                              |                                       |  |  |  |
|               |                                                                                                                            |                              | s                                     |  |  |  |
|               |                                                                                                                            |                              |                                       |  |  |  |
|               |                                                                                                                            |                              |                                       |  |  |  |
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|               |                                                                                                                            |                              | e e e e e e e e e e e e e e e e e e e |  |  |  |
| -             | Signature                                                                                                                  |                              | Print Name                            |  |  |  |
| -             | Title                                                                                                                      | Date                         | Email                                 |  |  |  |



\*2359-2017-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



\*2359-2017-ASWC\*



## **BASIC LICENSE APPLICATION**

Please print.

| Section 1 - | - All | applicants |
|-------------|-------|------------|
|-------------|-------|------------|

What is your Business's legal structure?

| <ul> <li>☐ Business/General P</li> <li>☑ Corporation</li> <li>☐ Limited Liability Cor</li> <li>☐ Limited Liability Part</li> </ul>                | npany                                                                                | ]        | ☐ Limited Partnership ☐ Non-Profit ☐ S-Corporation ☐ Sole Proprietorship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| complete Sections 1, 2                                                                                                                            | <mark>., and 4</mark> .<br>I structure is NOT Sol                                    | e Pro    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ndividual general partner, es not have an individual |  |
| Business Informa                                                                                                                                  | ition                                                                                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |  |
| Business Name (The Business Name that you Love Mamak Corp.                                                                                        | ou provide must be exactly                                                           | as filed | with the New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State Secretary of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | te or County Clerk.)                                 |  |
| Doing-Business-As (D<br>(The DBA/Trade Name that<br>Mamak                                                                                         | you provide must be exact                                                            |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rk State Secretary of S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tate or County Clerk.)                               |  |
| Premises Address (Build 174 2nd Avenue                                                                                                            | ilding Number, Street Name                                                           | , Apan   | trnent/Suite/Other)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |  |
| City                                                                                                                                              | State                                                                                |          | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country/Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |  |
| New York                                                                                                                                          | New York                                                                             | 100      | 003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |  |
| E-mail (By providing your e-mail at (DCA), and you affirm that the Phone 1 (Primary)                                                              | ddress, you consent to rece<br>he e-mail listed is a reliable<br>Phone 2 (Alternate) | ive cor  | of communication for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ronically from the Department of the Department | ntment of Consumer Affairs                           |  |
| (212) 254-2868                                                                                                                                    |                                                                                      |          | ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ( )                                                  |  |
| Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships)  8 1 - 2 6 1 7 7 7 0 |                                                                                      |          | 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.  8 1 2 6 1 7 7 7 0 — — Or |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |  |
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42 Broadway 5th Floor New York, NY 10004

**Dial 311** (212-NEW-YORK)

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# ZERO TOLERANCE POLICY AFFIRMATION

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

| Legal Name of Business:                                          | Love Mamak Corp.   |
|------------------------------------------------------------------|--------------------|
| Business's Trade or Doing-Business-As (DBA) Name, if applicable: | Mamak              |
| Business Address:                                                | 174 2nd Avenue     |
| 4                                                                | New York, NY 10003 |

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.

| alle           | Kam Seng Day |  |  |
|----------------|--------------|--|--|
| Signature      | Print Name   |  |  |
| President      | 02/18/2017   |  |  |
| Title (if any) | Date         |  |  |

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