



**Consumer
Affairs**

March 09, 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: MARTINA EAST VILLAGE LLC
D/B/A NAME: MARTINA
ADDRESS: 198 E 11TH ST NEW YORK, NY 10003-7320
BOROUGH/STATE/ZIP: Manhattan/NY/10003-7320
APPLICATION #: 2947-2017-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 4
MAXIMUM # OF CHAIRS: 8
BUSINESS CONTACT:
PHONE NUMBER: 6467470604
EMAIL: DDECICCO@USHGNYC.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 April 23, 2017.** You may use the enclosed Recommendation Form to submit your recommendation.



2947-2017-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 2947-2017-ASWC
Business Name: MARTINA EAST VILLAGE LLC
Business Address: 198 E 11TH ST NEW YORK, NY 10003-7320

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



2947-2017-ASWC

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





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 <small>(The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small> Martina East Village LLC			
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> Martina			
Premises Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> 198 East 11th Street			
City New York	State NY	ZIP Code 10003	Country/Region USA
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> ddecicco@ushgnyc.com			
Phone 1 (Primary) 6467470604	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax ()
Employer Identification Number (EIN) <small>(Required for sole proprietorships with paid employees, corporations, and partnerships)</small> 8 1 - 3 1 5 0 0 0 6		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> 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. [] [] [] [] [] [] [] [] [] - [] - [] 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 Diana	Middle Name <i>(optional)</i>	Last Name DeCicco	
Title/Position <i>(Check one box only.)</i>	<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. <i>Please specify.</i> Associate Director	
Mailing Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> 24 Union Square East, 6th Floor			
City New York	State NY	ZIP Code 10003	Country/Region USA

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 <i>(Jr., Sr., Esq.) (optional)</i>	First Name	Middle Name <i>(optional)</i>
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□		Date of Birth (YYYY-MM-DD) □□□□-□□-□□	
Home Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
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



**Department of
Consumer Affairs**

42 Broadway
5th Floor
New York, NY 10004

Dial 311
(212-NEW-YORK)

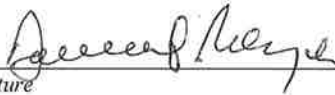
nyc.gov/consumers

ZERO TOLERANCE POLICY AFFIRMATION

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

Legal Name of Business:	Martina East Village LLC
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Martina
Business Address:	198 East 11th Street, 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.



Signature

CEO

Title (if any)

Daniel Meyer

Print Name

2/22/2017

Date



P1 Frontal View



P2 Right Side View



P3 Left Side View

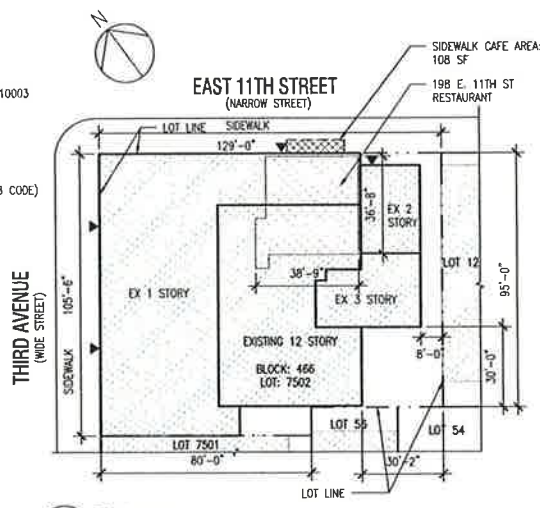
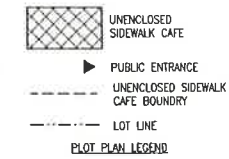


Owner:
 MARTINA EAST VILLAGE, LLC
 55 Third Avenue
 New York, NY 10003
 P: (646) 747 0604

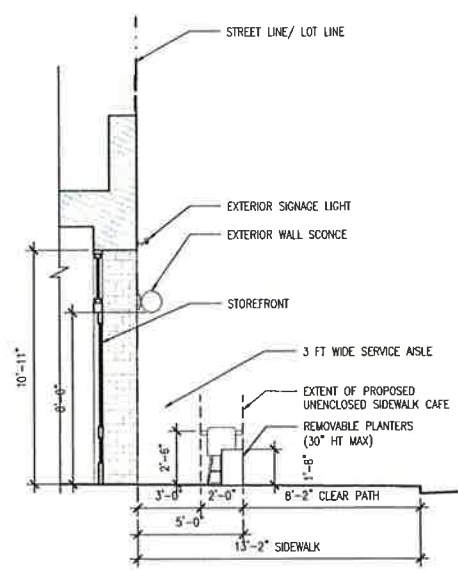
- SIDEWALK CAFES, INCLUDING UNENCLOSED SIDEWALK CAFES, MAY BE LOCATED IN ALL COMMERCIAL DISTRICTS OTHER THAN C3 DISTRICTS. PROPOSED SIDEWALK CAFE IS LOCATED IN A C6-2 COMMERCIAL DISTRICT, THEREFORE COMPLIES. (ZR 14-011)
- FOR THE PURPOSE OF THE MINIMUM CLEAR PATH, A STREET TREE SHALL NOT BE CONSIDERED AN OBSTRUCTION PROVIDED THERE SHALL BE NO FENCES OR GUARDS AND PAVERS ARE FLUSH WITH THE GRATE.
- THE UNENCLOSED SIDEWALK CAFE AND THE RESTAURANT ENTRANCE SHALL BE DIRECTLY ACCESSIBLE TO PERSONS WITH DISABILITIES AND FULLY COMPLY WITH APPLICABLE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT.
- DCA SIDEWALK CAFE LICENSE SHALL BE DISPLAYED PROMINENTLY IN THE WINDOW OR DOOR FACING THE STREET.
- COMPLIANT SIGN SHALL BE DISPLAYED NOTIFYING THE PUBLIC WHERE TO WRITE OF CALL ABOUT ANY PROBLEMS WITH THE CAFE.
- WATER SERVICE SHALL BE PROVIDED AT UNENCLOSED SIDEWALK CAFE SEATING IF RESTAURANT IS LICENSED TO SERVE ALCOHOL.
- SERVICE SHALL BE RESTRICTED TO WITHIN THE MARKED BOUNDARY OF THE APPROVED SIDEWALK CAFE AREA FROM THE DESIGNATED 36" WIDE SERVICE AISLE AND SHALL NOT ENCRUCH ON THE REQUIRED PUBLIC SIDEWALK CLEARANCES.
- THE UNENCLOSED SIDEWALK CAFE SHALL HAVE THREE (3) 24"x24" TABLES, ONE (1) 24"x 48" TABLE AND SIX (6) CHAIRS. ALL FURNITURE AND APPROVED EQUIPMENT OR ACCESSORIES SHALL BE REMOVED FROM THE SIDEWALK NIGHTLY WHEN THE UNENCLOSED SIDEWALK CAFE CEASES OPERATION.
- THE UNENCLOSED SIDEWALK CAFE MAY BE SEPARATED BY REMOVABLE PLANTERS (INCLUDING ANY VEGETATION THEREIN), WHICH MAY NOT BE HIGHER THAN 30" ABOVE THE FLOOR. SERVICE MUST BE PROVIDED TO PATRONS FROM WITHIN THE AREA DESIGNATED FOR THE SIDEWALK CAFE. THE PLANTERS SHALL BE REMOVED OR PLACED WITH LONGEST SIDE AGAINST THE WALL OF THE RESTAURANT NIGHTLY WHEN THE SIDEWALK CAFE CEASES OPERATION.
- THE AREA OF THE PROPOSED SIDEWALK CAFE SHALL BE 108 SF (5'-0"x21'-8"). THE PERIMETER SHALL BE OUTLINED WITH 1"x3" WHITE LATEX TRAFFIC & ZONE MARKING PAINT AT CORNERS AND 3FT (MAX) INTERVALS ALONG THE FURTHEST EXTENSION OF BORDER CLOSEST TO CURB.

UNENCLOSED SIDEWALK CAFE NOTES

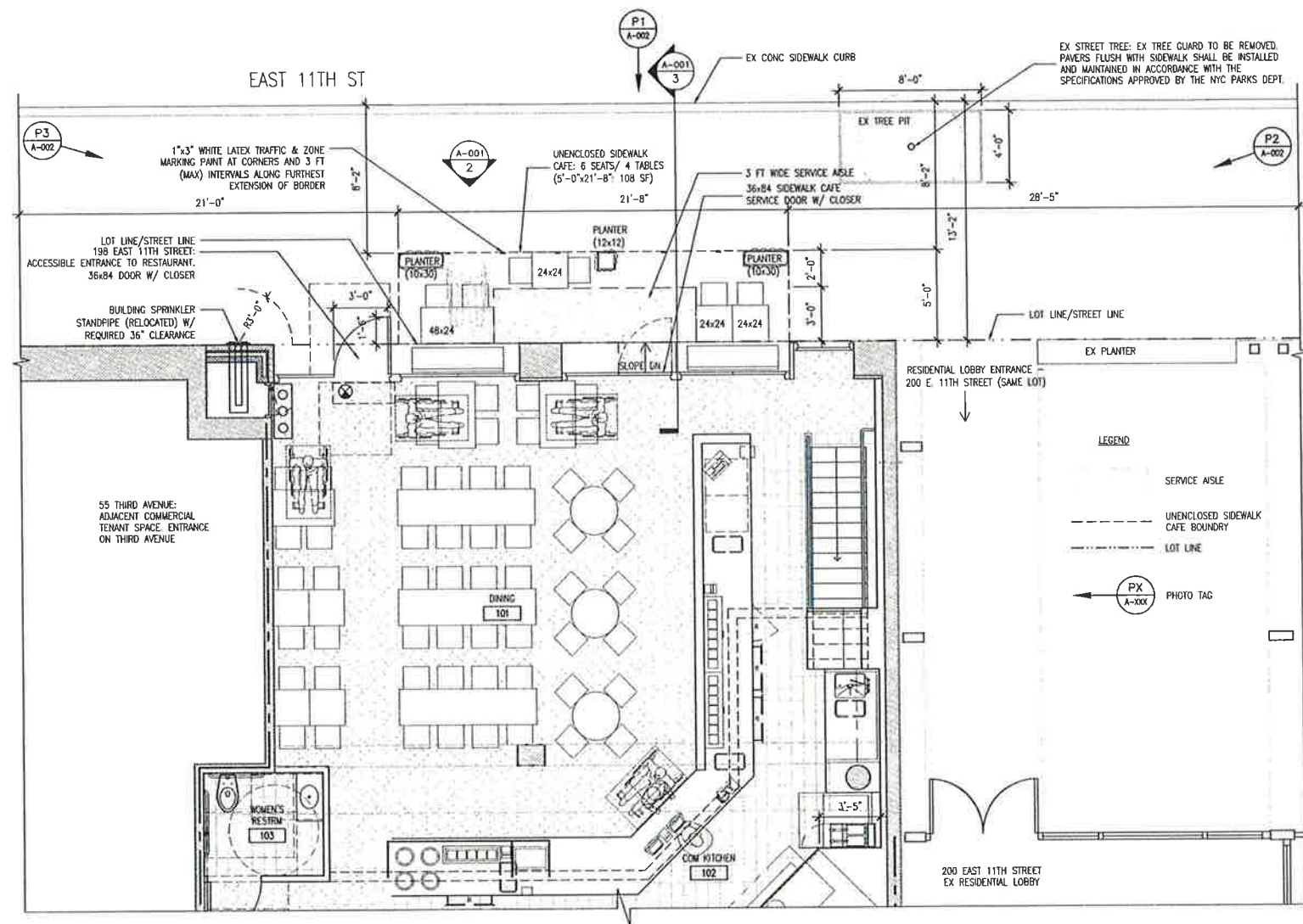
PROPERTY & BUILDING DATA:
 STREET ADDRESS: 198 E. 11TH ST (55 3RD AVE), NY, NY 10003
 BLOCK: 466
 LOT: 7502
 ZONING MAP: 12C
 Z.R. DIST: C6-2A/ R0B
 BUILDING HEIGHT: 129 FT
 STORIES: 12
 CONSTRUCTION CLASSIFICATION: 1-A NONCOMBUSTIBLE (1988 CODE)
 BUILDING OCCUPANCY CLASSIFICATION: J2 (1988 CODE)
 BUILDING M.O.L. CLASSIFICATION: 146A
 ZONING USE GROUP: UC-6, UG-2



4 Plot Plan
 NTS



3 Unenclosed Sidewalk Cafe - Section
 1/4" = 1'-0"



1 Unenclosed Sidewalk Cafe - Plan
 1/4" = 1'-0"



2 Unenclosed Sidewalk Cafe - Elevation
 1/4" = 1'-0"

7
 6
 5
 4
 3
 2
 1
 NO. DCA ISSUANCE
 DATE 02/21/17

Key Plan:

Project:
 MARTINA
 198 East 11th Street
 New York, NY 10003

Drawing Title:
 UNENCLOSED
 SIDEWALK CAFE
 PLAN, ELEVATION & SECTION

Seal & Signature

 Date: 02/21/17
 Project Number: 16040
 Drawing Number: A-001.00
 1 of 2