



March 17, 2017

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](http://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.

<b>BUSINESS NAME: EL SAYED 1 CORP</b>
<b>D/B/A NAME: HORUS KABAB HOUSE</b>
<b>ADDRESS: 93 AVENUE B NEW YORK, NY 10009-6283</b>
<b>BOROUGH/STATE/ZIP: Manhattan/NY/10009-6283</b>
<b>APPLICATION #: 3299-2017-ASWC</b>
<b>TYPE: UNENCLOSED</b>
<b>MAXIMUM # OF TABLES: 13</b>
<b>MAXIMUM # OF CHAIRS: 26</b>
<b>BUSINESS CONTACT:</b>
<b>PHONE NUMBER:</b>
<b>EMAIL: NEGRIESQ@AOL.COM</b>

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 May 01, 2017.** You may use the enclosed Recommendation Form to submit your recommendation.



\*3299-2017-ASWC\*

# Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

**FROM:** Susan Stetzer

**Re:** License/Application #: 3299-2017-ASWC  
Business Name: EL SAYED 1 CORP  
Business Address: 93 AVENUE B NEW YORK, NY 10009-6283

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The CB#: 103 recommends the following:

\_\_\_\_\_ We have "NO OBJECTION" to the stated use.

\_\_\_\_\_ We have the following "OBJECTIONS" to the stated use.

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Signature	Print Name	
Title	Date	Email



\*3299-2017-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](mailto: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](mailto:sidewalkcafe@dca.nyc.gov). Thank you for your time.

Regards,

DCA Sidewalk Café Unit



\*3299-2017-ASWC\*



## Consumer Affairs

### 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 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 (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <b>EL SAYED / CORP</b>			
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.) <b>HORUS KABAB HOUSE</b>			
Premises Address (Building Number, Street Name, Apartment/Suite/Other) <b>93 AVENUE B</b>			
City	State	ZIP Code	Country/Region
<b>NEW YORK</b>	<b>N.Y.</b>	<b>10009</b>	<b>USA</b>
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.)			
Phone 1 (Primary)	Phone 2 (Alternate)	Text Telephone (TTY Phone)	Fax
<b>(212) 777-9199</b>	( )	( )	( )
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) <b>20-0723317</b>		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. <b>200723317</b> - <input type="checkbox"/> - <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**Contact Mailing Information** *FOR COMMUNITY BOARD & PUBLIC HEARING ONLY*

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 <i>KATHLEEN</i>	Middle Name (optional) <i>E.</i>	Last Name <i>NEGRI STATHOPOULOS, ESQ</i>	
Title/Position (Check one box only.) <i>Attorney</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 type="checkbox"/> Other. Please specify.	
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) <i>Email: negriesq@aol.com FAX: 718 567-2991</i>			
City	State	ZIP Code	Country/Region

**Section 2 - Sole Proprietors and Individual General Partners**

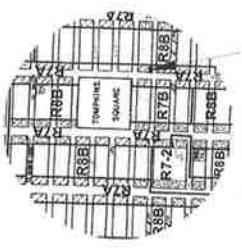
Sole proprietors and individual general partners must provide Social Security number or Individual Taxpayer Identification Number (ITIN) so the City of New York can confirm whether they have outstanding child support obligations.

**Individual #1 (Sole Proprietor or Individual General Partner #1)**

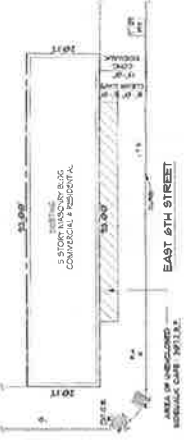
Last Name	Suffix (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □		Date of Birth (YYYY-MM-DD) □ □ □ □ - □ □ - □ □	
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP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



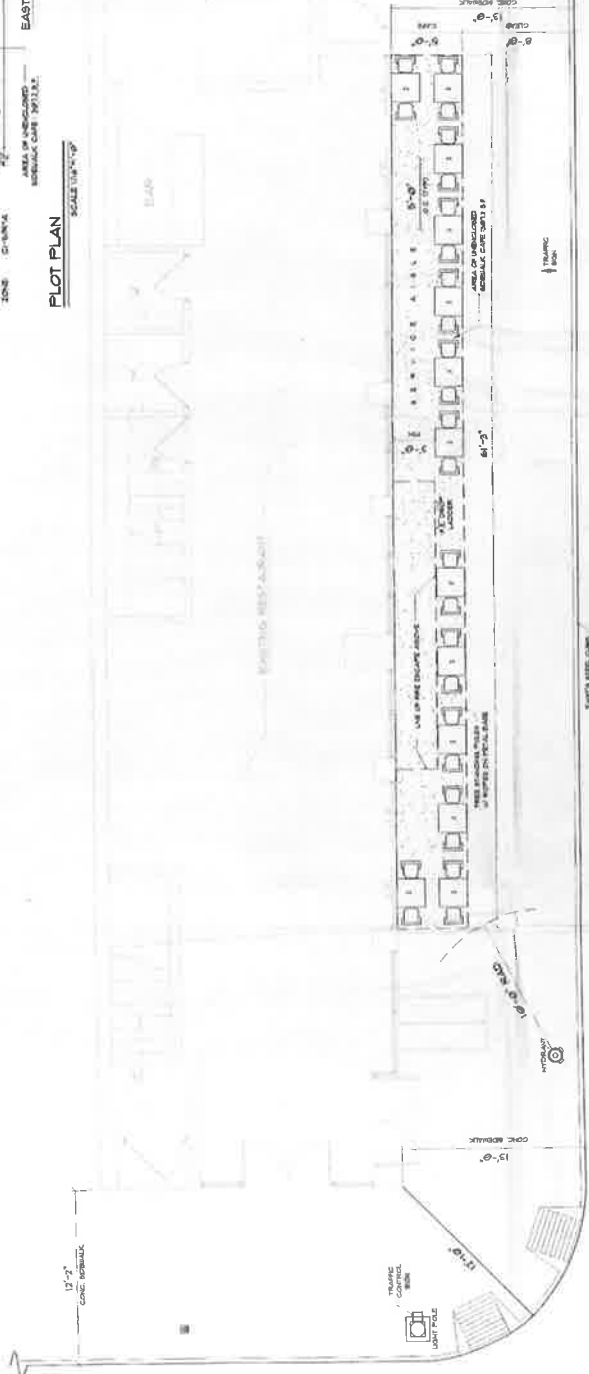
**SITE LOCATION**  
**ZONING MAP**  
NOT TO SCALE



**PLOT PLAN**  
SCALE 1/8" = 1'-0"



OCCUPANCY  
TABLES OF 2 X 10 = 24 CHAIRS  
TOTAL NUMBER OF TABLES IS 12  
NOTE: TABLES OF 2 - 14' 2" X 24" = 1



**PLAN**  
SCALE 1/8" = 1'-0"

**EAST 6TH STREET**

**EAST 5TH STREET**

**AVENUE B**



**E 6TH STREET ELEVATION**  
SCALE 1/8" = 1'-0"

**LEGEND**

TA	TRAINING TABLE
LP	LIGHT POLE
TCCB	TRAINING CONTROL BOX
PH	FIRE HYDRANT
G	GAS VALVE
PC	PEDESTRIAN CUP

**AVENUE B ELEVATION**  
SCALE 1/8" = 1'-0"

REVISION	DATE	REMARKS
		TRICIA DESIGNS 29-33 46TH AVE, BAYSIDE NY 11361 (347) 224-6640
		PROJECT 93 AVENUE B, NEW YORK CITY, N.Y. OWNER: RELATED COMP.

UNENCLOSED  
SIDEWALK CAFE

DATE	08/21/17
JOB NO.	17-001
CLIENT	RELATED COMP.
SCALE	AS SHOWN
DRAWN BY	T.C.
CHECKED BY	T.C.
DATE	08/21/17
PROJECT	93 AVENUE B, NEW YORK CITY, N.Y.
OWNER	RELATED COMP.
SCALE	A-101.00

