



April 28, 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.

<b>BUSINESS NAME:</b> oishi village sushi
<b>D/B/A NAME:</b> OISHI VILLAGE SUSHI
<b>ADDRESS:</b> 199 2ND AVE APT 1 NEW YORK, NY 10003-5768
<b>BOROUGH/STATE/ZIP:</b> Manhattan/NY/10003-5768
<b>APPLICATION #:</b> 28133-2016-ASWC
<b>TYPE:</b> SMALL UNENCLOSED
<b>MAXIMUM # OF TABLES:</b> 5
<b>MAXIMUM # OF CHAIRS:</b> 10
<b>BUSINESS CONTACT:</b>
<b>PHONE NUMBER:</b> 9173868863
<b>EMAIL:</b> OISHIVILLAGE@GMAIL.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 June 12, 2017.** You may use the enclosed Recommendation Form to submit your recommendation.



\*28133-2016-ASWC\*

## Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

**FROM:** Susan Stetzer

**Re:** License/Application #: 28133-2016-ASWC  
Business Name: oishi village sushi  
Business Address: 199 2ND AVE APT 1 NEW YORK, NY 10003-5768

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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



\*28133-2016-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](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



\*28133-2016-ASWC\*



Department of 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, complete Sections 1, 2, and 4.  
 If your Business's legal structure is NOT Sole Proprietorship, complete Sections 1, 3, and 4.

## Business Information

<b>Business Name</b> (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <i>Oishi Village Sushi</i>				
<b>Doing-Business-As (DBA)/Trade Name</b> (The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <i>Oishi Village Sushi</i>				
<b>Premises Address (Building Number, Street Name, Apartment/Suite/Other)</b> <i>199 2 Ave</i>				
<b>City</b> <i>New York</i>	<b>State</b> <i>NY</i>	<b>ZIP Code</b> <i>10003</i>	<b>Country/Region</b>	<b>Borough:</b> <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input checked="" type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Outside of NYC
<b>E-mail</b> (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.) <i>OishiVillage@gmail.com</i>				
<b>Phone 1 (Primary)</b> <i>(212) 388 9888</i>	<b>Phone 2 (Alternate)</b> <i>(212) 388 9887</i>	<b>Text Telephone (TTY Phone)</b>	<b>Fax</b> <i>(212) 388 1889</i>	
<b>Employer Identification Number (EIN)</b> (Required for sole proprietorships with paid employees, corporations, and partnerships) <div style="border: 1px solid black; padding: 2px; display: inline-block;">           81-3227032         </div>			<b>New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number</b> (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.  <div style="border: 1px solid black; padding: 2px; display: inline-block;">           [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] - [ ]         </div> or <div style="border: 1px solid black; padding: 2px; display: inline-block;">           [ ] [ ] [ ] [ ] [ ] [ ]         </div>	

### 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 <b>QING</b>	Middle Name (optional) <b>H</b>	Last Name <b>LIN</b>	
Title/Position (Check one box only.) <b>owner</b>	<input type="checkbox"/> Chairman <input type="checkbox"/> Director <input type="checkbox"/> Officer <input checked="" 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) <b>916 57 ST 2FL</b>			
City <b>Brooklyn</b>	State <b>NY</b>	ZIP Code <b>11219</b>	Country/Region <b>Kings</b>

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 □□□-□□-□□□□			
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.



LEFT

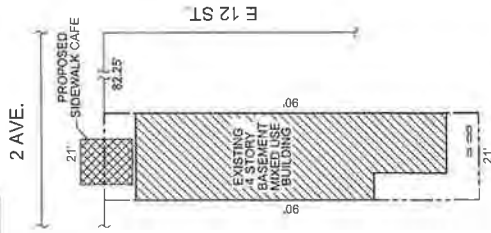


RIGHT



ADDRESS: 199 2ND AVE. NY, NY 10003
BUILDING: 4 STORY RES & COM BUILDING
BLOCK: 468
LOT: 38
ZONING: RTA1C1-5
MAP: 12C

PLOT PLAN - N.T.S.



JOB NUMBER

DRAWING TITLE

**SIDEWALK CAFE**

PROJECT ADDRESS

199 2ND AVE. NY NY 10003

OSP OF

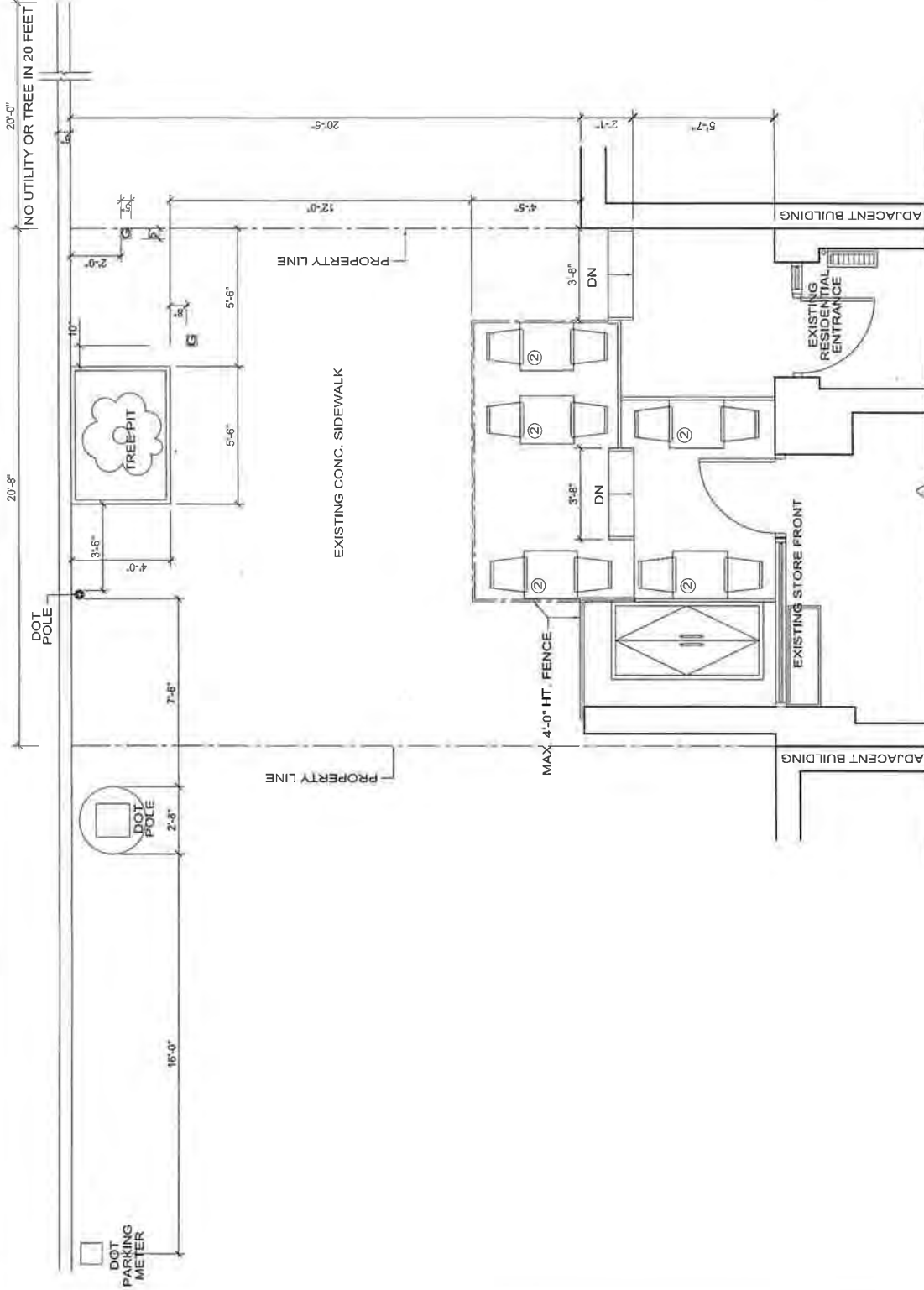
SEAL & SIGNATURE

DATE: 08/21/16  
 APPROVAL: [Signature]  
 REVISION: [Signature]

PROJECT NO: 201610072AY  
 DRAWN BY: JEON  
 CHECKED BY: JEON  
 DRAWING NO: A-001.00



1 OF 1



**PROPOSED SIDEWALK CAFE PLAN @ 1ST. FL.**

SCALE : 1/4"=1'-0"