



March 06, 2018

Lorelei Salas  
Commissioner

42 Broadway  
New York, NY 10004

Dial 311  
(212-NEW-YORK)

[nyc.gov/consumers](http://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: SPIEGEL INC
D/B/A NAME: SPIEGEL
ADDRESS: 26 1ST AVE NEW YORK, NY 10009-7903
BOROUGH/STATE/ZIP: Manhattan/NY/10009-7903
APPLICATION #: 4358-2018-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 7
MAXIMUM # OF CHAIRS: 14
BUSINESS CONTACT: MICHAEL KELLY
PHONE NUMBER: 6464207005
EMAIL: KELLYMLK136@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 April 20, 2018.** You may use the enclosed Recommendation Form to submit your recommendation.



\*4358-2018-ASWC\*

## Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

**FROM:** Susan Stetzer

**Re:** License/Application #: 4358-2018-ASWC  
Business Name: SPIEGEL INC  
Business Address: 26 1ST AVE NEW YORK, NY 10009-7903

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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



\*4358-2018-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



\*4358-2018-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 checked="" type="checkbox"/> Corporation        | <input type="checkbox"/> Non-Profit          |
| <input 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

<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.) <div style="text-align: center; font-size: 1.2em;">Spiegel Inc</div>				
<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.) <div style="text-align: center; font-size: 1.2em;">Spiegel</div>				
<b>Premises Address</b> (Building Number, Street Name, Apartment/Suite/Other) <div style="text-align: center; font-size: 1.2em;">26 1st Ave</div>				
<b>City</b> <div style="font-size: 1.2em;">New York</div>	<b>State</b> <div style="font-size: 1.2em;">NY</div>	<b>ZIP Code</b> <div style="font-size: 1.2em;">10009</div>	<b>Country/Region</b>	<b>Borough:</b> <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
<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.) <div style="text-align: center; font-size: 1.2em;">KELLYMLK136@gmail.com</div>				
<b>Phone 1 (Primary)</b> <div style="font-size: 1.2em;">(646) 420-7005</div>	<b>Phone 2 (Alternate)</b> <div style="font-size: 1.2em;">( )</div>	<b>Text Telephone (TTY Phone)</b>	<b>Fax</b> <div style="font-size: 1.2em;">(914) 632-6034</div>	
<b>Employer Identification Number (EIN)</b> (Required for sole proprietorships with paid employees, corporations, and partnerships)  <div style="font-size: 1.2em; border: 1px solid black; padding: 2px;">90-1022129</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="font-size: 1.2em;">                     □ □ □ □ □ □ □ □ □ - □ - □    or                      □ □ □ □ □ □                 </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 Michael	Middle Name (optional)	Last Name Kelly	
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.) Authorized Representative	
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 136 Waverly Rd			
City Scarsdale	State NY	ZIP Code 10583	Country/Region

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.

Spiegel Inc 26 1st Ave NY NY 10009 \* Photos taken prior to 10/15/17



Department of Consumer Affairs  
Sidewalk Café Unit  
42 Broadway, 5<sup>th</sup> Floor, Room 15  
New York, NY 10004

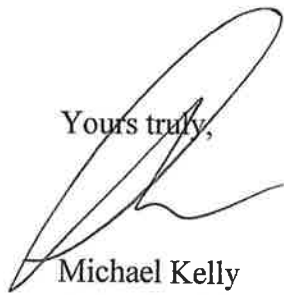
3/2/18

SPIEGEL INC  
26 1<sup>ST</sup> AVE  
NEW YORK, NY 10009

Dear Sir or Madame:

This is to inform you that nothing has changed since the last submission of plans to the NYC Department of Consumer Affairs, including all street furniture.

Yours truly,



Michael Kelly  
Authorized Representative



MARIE A. TROVATO  
Notary Public, State of New York  
No. 01TR4778239  
Qualified in Queens County  
Commission Expires March 30, 20 18