



July 20, 2018

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: AINSPH LLC
D/B/A NAME: AINSWORTH
ADDRESS: 64 3RD AVE NEW YORK, NY 10003-5534
BOROUGH/STATE/ZIP: Manhattan/NY/10003-5534
APPLICATION #: 12921-2018-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 8
MAXIMUM # OF CHAIRS: 22
BUSINESS CONTACT: ROBERT BOOKMAN
PHONE NUMBER: 212-419-1151
EMAIL: DEVIN@PAIGEGROUPNY.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 September 03, 2018.** You may use the enclosed Recommendation Form to submit your recommendation.



12921-2018-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



12921-2018-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 12921-2018-ASWC
Business Name: AINSPH LLC
Business Address: 64 3RD AVE NEW YORK, NY 10003-5534

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



12921-2018-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 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> AINSPH 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> Ainsworth			
Premises Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> 64 3rd Ave			
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> devin@paigegroupny.com			
Phone 1 (Primary) 212-419-1151	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax ()
Employer Identification Number (EIN) <small>(Required for sole proprietorships with paid employees, corporations, and partnerships)</small> 3 2 - 0 5 3 6 3 6 3		New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number <i>(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)</i> 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 Robert	Middle Name <i>(optional)</i>	Last Name Bookman	
Title/Position <i>(Check one box only.)</i> Attorney	<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. <i>Please specify.</i>	
Mailing Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> Pesetsky and Bookman - 325 Broadway, Suite 501			
City New York	State NY	ZIP Code 10007	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



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:	AINSPH LLC
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Ainsworth
Business Address:	64 3rd Ave 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

LLC Managing Member

Title (if any)

Matthew Shendell

Print Name

April 30, 2018

Date

3RD AVENUE

SIDEWALK

TRASH CONTAINER

+

TRAFFIC SIGNAL

+

+

30" HIGH REMOVABLE BARRIER

RETRACTABLE AWNING

17'-6"

3'-0" SERVICE AISLE

ENTRY

PROPOSED

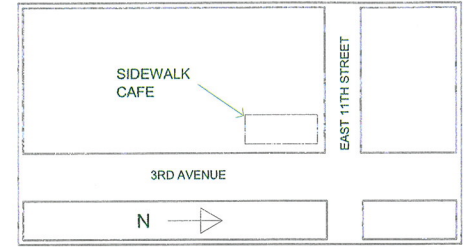
UNENCLOSED SIDEWALK CAFE THE AINSWORTH CAFE

64 THIRD AVENUE

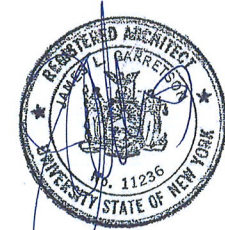
8 TABLES / 22 SEATS / 277 SF COVERAGE

TYPICAL TABLE SIZE: 18" x 22" & 44" X 20"

BLOCK: 556 / LOT: 020 / CB: 103



LOCATION DIAGRAM



SERVICE

30" HIGH REMOVABLE BARRIER

12'-9"

4'-9"

3'-0" SERVICE AISLE

8'-0"

RETRACTABLE AWNING

EAST 11TH STREET

8'-0"

TREE

+

NOIS

●

SITE PLAN

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

JAMES GARRETSON AIA ARCHITECTS

164 WEST 79TH STREET
NEW YORK, NY 10024

THE AINSWORTH CAFE

64 THIRD AVENUE
NEW YORK, NY

PROPOSED
UNENCLOSED CAFE

SITE PLAN

DATE: 07/16/18

1



A



C



B



D

SITE
PHOTOS

JAMES GARRETSON AIA ARCHITECTS
164 WEST 79TH STREET
NEW YORK, NY 10024

THE AINSWORTH CAFE
64 THIRD AVENUE
NEW YORK, NY

PROPOSED
UNENCLOSED CAFE

DATE: 07/16/18

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. **SJK-NH**
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

Community Board # 3 | 2921-
Susan Stetzer *2015-ASJL*
59 East 4th Street,
New York, NY 10003



9590 9402 4108 8092 0606 88

2. Article Number (Transfer from service label)

7018 0680 0002 1007 9467

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

3. Service Type
- Priority Mail Express®
 - Adult Signature Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery (over \$500)
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$
 - Return Receipt (electronic) \$
 - Certified Mail Restricted Delivery \$
 - Adult Signature Required \$
 - Adult Signature Restricted Delivery \$
- Postage

Postmark Here

Community Board # 3
Susan Stetzer
59 East 4th Street,
New York, NY 10003

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