



February 21, 2019

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.

<b>BUSINESS NAME: EPSTEIN'S BAR, LLC</b>
<b>D/B/A NAME: EPSTEIN'S BAR, LLC</b>
<b>ADDRESS: 82 STANTON ST NEW YORK, NY 10002</b>
<b>BOROUGH/STATE/ZIP: Manhattan/NY/10002</b>
<b>APPLICATION #: 1734-2019-ASWC</b>
<b>TYPE: UNENCLOSED</b>
<b>MAXIMUM # OF TABLES: 11</b>
<b>MAXIMUM # OF CHAIRS: 22</b>
<b>BUSINESS CONTACT:</b>
<b>PHONE NUMBER: 2124732010</b>
<b>EMAIL: KELLYMLK136@GMAIL.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 April 07, 2019.** You may use the enclosed Recommendation Form to submit your recommendation.



\*1734-2019-ASWC\*

## Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

**FROM:** Susan Stetzer

**Re:** License/Application #: 1734-2019-ASWC  
Business Name: EPSTEIN'S BAR, LLC  
Business Address: 82 STANTON ST NEW YORK, NY 10002

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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

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Print Name

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Title

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Date

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Email



\*1734-2019-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



\*1734-2019-ASWC\*



# 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

Business Name (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <p style="text-align: center; font-size: 1.2em;">Epstein's Bar LLC</p>				
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.) <p style="text-align: center; font-size: 1.2em;">Epstein's Bar</p>				
Premises Address (Building Number, Street Name, Apartment/Suite/Other) <p style="text-align: center; font-size: 1.2em;">82 Stanton St</p>				
City <p style="font-size: 1.5em;">NY</p>	State <p style="font-size: 1.5em;">NY</p>	ZIP Code <p style="font-size: 1.5em;">10002</p>	Country/Region	Borough: <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
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.) <p style="text-align: center; font-size: 1.2em;">KELLYMLK136@gmail.com</p>				
Phone 1 (Primary) <p style="font-size: 1.2em;">(212) 473-2010</p>	Phone 2 (Alternate) ( )	Text Telephone (TTY Phone)	Fax <p style="font-size: 1.2em;">(914) 632-6034</p>	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) <p style="font-size: 1.2em; border: 1px solid black; padding: 2px;">81-4141785</p>			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 successfully submitted the application for a Certificate of Authority.  <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-left: 10px;">or</div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </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.

**General Partners, Corporate Officers, Shareholders, and Members**

**Individual #1**

Last Name <b>Aurigemma, Jr</b>		Suffix ( Jr., Sr., Esq.) (optional)		First Name <b>Richard</b>		Middle Name (optional)	
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 <b>member</b>			
Social Security Number or Individual Taxpayer Identification Number <b>651-76-6159</b>				% of Ownership <b>26%</b>			
Home Address (Building Number, Street Name, Apartment/Suite/Other) <b>67 E 114th St, 608</b>							
City <b>NY</b>		State <b>NY</b>		ZIP Code <b>10003</b>		Country/Region	

**Individual #2**

Last Name <b>Acheatel</b>		Suffix ( Jr., Sr., Esq.) (optional)		First Name <b>Joshua</b>		Middle Name (optional)	
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 <b>Member</b>			
Social Security Number or Individual Taxpayer Identification Number <b>605-10-1914</b>				% of Ownership <b>10%</b>			
Home Address (Building Number, Street Name, Apartment/Suite/Other) <b>63 E 9th St, Apt 3B</b>							
City <b>NY</b>		State <b>NY</b>		ZIP Code <b>10003</b>		Country/Region	

**Business #1**

Business Name							
Employer Identification Number (EIN) □□-□□□□□□□□						% of Ownership	
Mailing Address (Building Number, Street Name, Apartment/ Suite/Other)							
City		State		ZIP Code		Country/Region	
Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> Manhattan <input type="checkbox"/> Outside of NYC							

**General Partners, Corporate Officers, Shareholders, and Members**

**Individual #1**

Last Name <b>Mcmanus</b>		Suffix ( Jr., Sr., Esq.) (optional)		First Name <b>Erik</b>		Middle Name (optional)	
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 <b>Member</b>			
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□				% of Ownership <b>10%</b>			
Home Address (Building Number, Street Name, Apartment/Suite/Other) <b>10310 Rockaway Bch 3</b>							
City <b>Rockaway Park</b>		State <b>NY</b>	ZIP Code <b>11694</b>		Country/Region		

**Individual #2**

Last Name		Suffix ( Jr., Sr., Esq.) (optional)		First Name		Middle Name (optional)	
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 type="checkbox"/> Other			
Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□				% of Ownership			
Home Address (Building Number, Street Name, Apartment/Suite/Other)							
City		State	ZIP Code		Country/Region		

**Business #1**

Business Name							
Employer Identification Number (EIN) □□-□□□□□□□□						% of Ownership	
Mailing Address (Building Number, Street Name, Apartment/ Suite/Other)							
City		State	ZIP Code		Country/Region	Borough:	
						<input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Outside of NYC	

**Business #2**

Business Name				
Employer Identification Number (EIN) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			% of Ownership	
Mailing Address (Building Number, Street Name, Apartment/ Suite/Other)				
City	State	ZIP Code	Country/Region	Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input type="checkbox"/> Manhattan <input type="checkbox"/> Outside of NYC

**Section 4: Applicant Background Questions – All applicants**

Please answer the questions below on behalf of *all* individuals named on the application (i.e., sole proprietorships, general partners, corporate officers, shareholders owning 10% or more of company stock, members, officers, Board of Directors members). **Attach additional sheets as necessary.**

Some background questions inquire about criminal and/or civil charges. A conviction does not, by itself, mean you will not get a license. Factors such as the nature and seriousness of the offense, the amount of time that has passed since the conviction, and your age at the time of the conviction will be considered. However, your license may be denied if you fail to disclose a conviction in response to the questions.

1. Has this individual ever been licensed by the New York City Department of Consumer Affairs (DCA)?

Yes  No

If Yes, provide the following information:

DCA License Number  
Business/Individual Name


2. Has this individual ever had a DCA license denied, suspended, or revoked?

Yes  No

If Yes, provide the following information:

DCA License Number  
Business/Individual Name


3. Has this individual ever been a principal (officer, shareholder, partner, member) of a DCA-licensed business?

Yes  No

If Yes, provide the following information:

DCA License Number  
Business/Individual Name


4. Is this individual related by blood or marriage to either a current or past DCA licensee or principal of a DCA-licensed business?

Yes  No

If Yes, provide the following information:

Relationship to Applicant  
Relative First Name  
Relative Middle Name  
Relative Last Name  
Relative Suffix  
DCA License Number  
Business/Individual Name




If you answer Yes for Questions 5 to 10, please include the requested description and attach all relevant documents to this application.

**NOTE:** Description should include the date of conviction, the nature of the incident, persons involved, and the outcome. Please include convictions for which you might have been imprisoned or fined even if, in fact, you only had to perform community service or were put on probation. You may omit parking violations and offenses that resulted in a finding of juvenile delinquency, youthful offender, wayward minor, or person in need of supervision.

5. Has this individual ever pled guilty or been found guilty of a crime, offense, or violation?  Yes  No  
If Yes, please describe the crime, offense, or violation.

6. Is there any criminal charge pending against this individual?  Yes  No  
If Yes, please describe the circumstances of the arrest.

7. Is there any civil charge (including administrative charge) pending against this individual?  Yes  No  
If Yes, please describe the charge(s).

8. Does this individual/individual's business owe fines or restitution?  Yes  No  
If Yes, please describe all obligations (fines or restitution) not satisfied in full.

9. Has any court rendered a judgment against this individual/individual's business?  Yes  No  
If Yes, please describe the court judgment.

10. Is there a judgment against this individual/individual's business that has not been paid in full for 30 days or more?

Yes  No

If Yes, please describe the judgment.

**PREPARER'S STATEMENT – Please check the box if the statement applies to you.**

I am not the license applicant. I am an authorized representative for the license applicant, and I will submit a **Granting Authority to Act Affirmation completed by the license applicant.**

**AFFIRMATION – Please read and sign below.**

I am authorized to complete and submit this application and all attachments (together, the "Application"). I have reviewed the entire Application. To the best of my knowledge, this Application is true, correct, and complete.

If any of the information in this Application changes, the applicant must inform the Department of Consumer Affairs of those changes. I also understand that the applicant must comply with all relevant laws and rules if granted a license to operate.

I understand that the Department of Consumer Affairs has not yet considered this Application. The applicant will not operate the business until receipt of an actual license document from the Department of Consumer Affairs or until / unless the Department of Consumer Affairs has given written permission to operate while this Application is pending. This affirmation shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

I affirm that these statements are true and correct.

**PENALTY FOR FALSE STATEMENTS:** It is against the law to make a statement in this Application that you know is false. If you make a statement that you know is false, you may be punished.

Under Sections 210.45 and 175.30 of the New York Penal Law, you may be:

- fined up to \$1000 and / or
- sent to jail for up to one year

Under Section 175.35 of the New York Penal Law, you may be punished if you:

- make a statement that you know is false and / or
- make the statement because you intend to mislead the Department of Consumer Affairs

Under Section 175.35 of the New York Penal Law, you may be:


- fined up to \$5000 or
- fined an amount that is twice the amount of money you received by making the false statement and / or
- sent to jail for up to 4 years

The Department of Consumer Affairs may also punish you for making a false statement on this Application. These punishments may include:

- fines or penalties of up to \$500 for each false statement
- permanent loss (revocation) of your license

By signing below, I understand and agree that:

- I am swearing or affirming that I have told the truth on this Application.

X   
 Signature  
 Joshua Acheatel  
 Print Full Name

Managing Member  
 Title/Position (if any)  
 1/29/19  
 Date

**If you are not registered to vote, would you like to register here today?**  YES  NO  
 Whether you apply to register to vote or not, it will not affect the assistance DCA will provide to you. If you wish, we will help you in filling out the voter registration application.



LICENSING CENTER  
 42 Broadway, 5th floor  
 New York, NY 10004  
 Monday-Friday: 9:00 a.m.-5:00 p.m.  
 Wednesday: 8:30 a.m.-5:00 p.m.  
 www.nyc.gov/consumers

## SIDEWALK CAFÉ COMPLIANCE CHECKLIST

Applicants must answer a series of questions to demonstrate that the café meets City requirements. Please answer all questions and sign the Checklist.

1. Is there a minimum of 12 feet of sidewalk space for the entire length of the property?  Yes  No
2. Will your café be at an address zoned for the type of sidewalk café you plan to operate?  Yes  No

If you answered "No" to question 1 or 2, you cannot apply for a Sidewalk Café license and must stop the application process.

3. Sidewalk Café Business Name: Epstein's Bar LLC
4. Sidewalk Café Type: *Check all that apply.*  Enclosed  Small Unenclosed  Unenclosed
5. Application Type:  New  
 Renewal  
 Assignment *(Consent assigned by previous owner more than 90 days before expiration date)*  
 Modification *(Changes to an existing consent)*
6. Maximum number of tables in your café: 11
7. Maximum number of chairs in your café: 22
8. Block Number: 417
9. Lot Number: 70
10. Community Board Number: 3
11. Will your café be on the same level as the adjoining sidewalk? *(Unenclosed and Small unenclosed only)*  Yes  No

12. Is your café in a historic district or in or adjacent to a landmarked building or district?  Yes  No
- a. If Yes, have you applied to the Landmarks Preservation Commission (LPC) for approval to operate your café?  Yes  No
- i. If Yes, have you received approval from LPC to operate your café?  Yes  No

**Sidewalk Café Business Information**

13. Sidewalk Café Business Address: 82 Stanton St  
NM, NM 10002

14. Is there an alternate entrance to your sidewalk café with a different address than your business address?  Yes  No

If Yes, please enter address: \_\_\_\_\_  
\_\_\_\_\_

**Sidewalk Café Architect or Engineer Information**

15. Full Name of Architect or Engineer: James Tauby
16. Business Name of Architect or Engineer: RML Consulting
17. Address: 70 Mt Vernon Ave #8D  
Patchogue, NY 11772
18. Telephone Number: 631-275-5746
19. Fax Number (optional): \_\_\_\_\_
20. E-mail Address: \_\_\_\_\_

X   
Sidewalk Café Applicant's Signature

Joshua Acheate  
Print Name

Managing Member  
Title (if any)

1/29/19  
Date



**Department of  
Consumer Affairs**

LICENSING CENTER  
42 Broadway, 5th floor  
New York, NY 10004  
Monday-Friday: 9:00 a.m.-5:00 p.m.  
Wednesday: 8:30 a.m.-5:00 p.m.  
www.nyc.gov/consumers

## PETITION FOR CONSENT TO USE SIDEWALK SPACE

Applicants for a Sidewalk Café license must petition the City of New York for permission to use public sidewalk space for the construction, maintenance, and operation of the proposed sidewalk café.

Please select the statement that describes you:	<input checked="" type="checkbox"/> I am a new applicant for a Sidewalk Café license and will submit: <ul style="list-style-type: none"> <li>• Scale drawings to outline the placement of the proposed sidewalk café AND</li> <li>• Proof of consent from the landlord, owner, lessee, or management of the premises for the operation of a sidewalk café</li> </ul> <input type="checkbox"/> I am a current license holder submitting an application to renew my Sidewalk Café license. My DCA license number is: _____
Name of Petitioner:	Joshua A cheatel
Business Title:	Member
Legal Name of Business:	Epstein's Bar LLC
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Epstein's Bar
Business's State of Incorporation, if applicable:	NY
Business Address:	82 Stanton St NY, NY 10002

On behalf of the business applying for a Sidewalk Café license from the Department of Consumer Affairs (DCA), I seek permission to use a portion of the public sidewalk in front of the business premises to operate a sidewalk café.

I understand that a DCA Sidewalk Café license does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

I agree to hold harmless the City of New York, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that DCA and/or any government agency with jurisdiction may revoke my consent to use public sidewalk space at any time for any reason whatsoever. Consent can be revoked for failure to comply with any terms and conditions of the consent or any agreements between my business and the City of New York or for violation of any of the rules and regulations enforced by DCA. I understand there will be no refund of any fees or compensation paid to the City of New York.

I agree to promptly remove any property placed on the sidewalk space or reimburse the City of New York for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I have read and agree with the terms and conditions outlined above.

I understand that falsification of any statement made herein is an offense punishable by fine or imprisonment or both.

X  
\_\_\_\_\_  
Signature

1/29/11  
\_\_\_\_\_  
Date



42 Broadway  
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:	Epstein's Bar LLC
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Epstein's Bar
Business Address:	82 Stanton St M, NY 10002

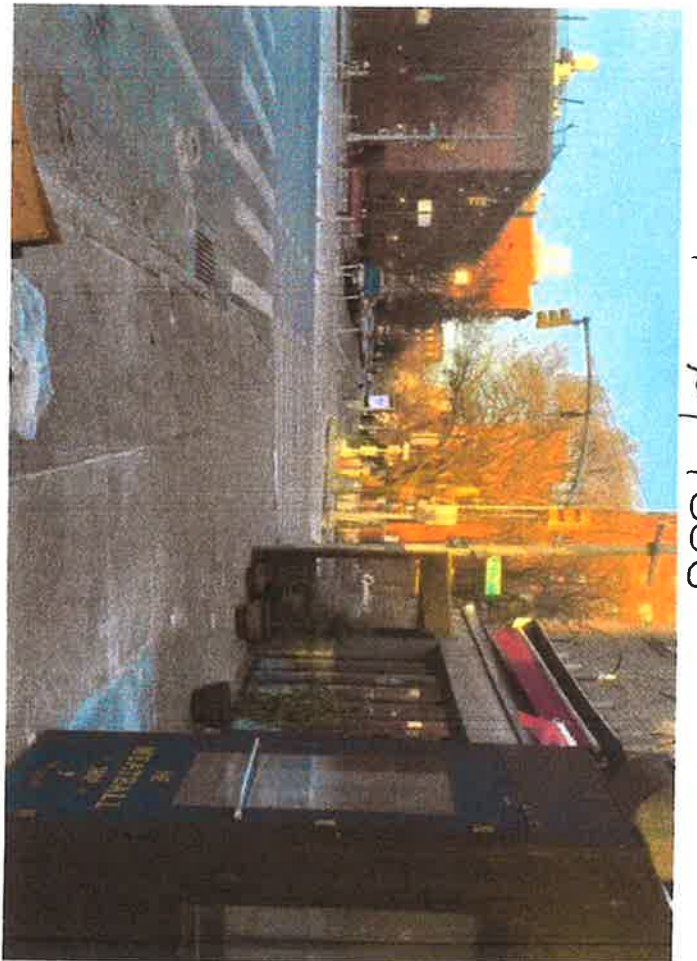
Effective immediately, my business shall adopt a "zero tolerance" policy, which will prohibit any of my business's key persons, employees, or agents from improperly offering anything of value (including, but not limited to, money, meals, gifts, gratuities, or transportation) to any public employee or 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.

X   
\_\_\_\_\_  
Signature  
Managing Member  
\_\_\_\_\_  
Title (if any)

Joshua Ahead  
\_\_\_\_\_  
Print Name  
1/27/19  
\_\_\_\_\_  
Date

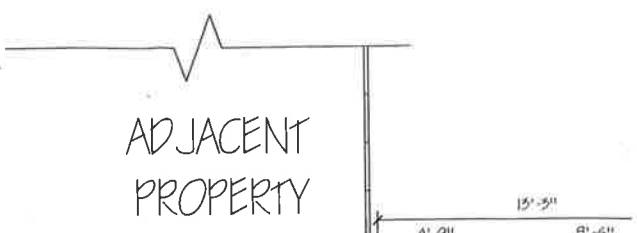
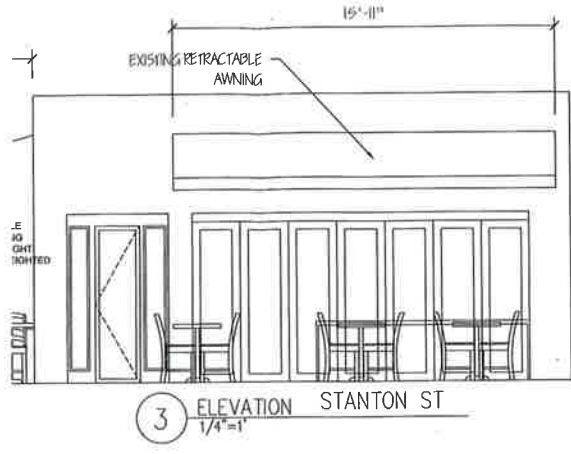


Epsteins Bar LLC 89 Stanton St NY 10002



St NY 10002





## RESTAURANT

