

Lorelei Salas Commissioner

42 Broadway New York, NY 10004

Dial 311 (212-NEW-YORK)

nyc.gov/consumers

February 26, 2020

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: DIG INN 127 FOURTH AVE LLC

D/B/A NAME:

ADDRESS: 127 4TH AVE NEW YORK, NY 10003-4905

BOROUGH/STATE/ZIP: Manhattan/NY/10003-4905

APPLICATION #: 1817-2020-ASWC

TYPE: UNENCLOSED

MAXIMUM # OF TABLES: 7

MAXIMUM # OF CHAIRS: 14

BUSINESS CONTACT:

PHONE NUMBER: 9174147539

EMAIL: BRENNA@DIGINN.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 11, 2020.** You may use the enclosed Recommendation Form to submit your recommendation.



\*1817-2020-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



\*1817-2020-ASWC\*

## Sidewalk Café Recommendation Form

TO:	NYC Department of Cons	sumer Affairs		*
FROM:	Susan Stetzer			
Re:	License/Application #: 1817-2020-ASWC Business Name: DIG INN 127 FOURTH AVE LLC Business Address: 127 4TH AVE NEW YORK, NY 10003-4905			
The CB#	#: 103 recommends the following	owing:		
	We have "NO OBJ	ECTION" to the stated u	se.	
	We have the follow	ving "OBJECTIONS" to the	ne stated use.	
			2	
	Signature		Print Name	
	Title	Date	Email	





### **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.					
<b>Business Informat</b>	ion				
Business Name (The Business Name that you Dig Inn 127 Found that your Doing-Business-As (DB (The DBA/Trade Name that you	urth Ave LLC				
Premises Address (Build	ling Number, Street Name	, Aparti	ment/Suite/Other)		
127 4th Avenue	<b>)</b> ,				
City	State	ZIP (	Code	Country/Region	
New York	NY 1		0003 USA		4
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.)					
brenna@diginn.com Phone 1 (Primary) Phone 2 (Alternate)			Text Telephor	ne (TTY Phone)	Fax
(917) 414 7539 ( )					( )
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships)  6 1 - 1 9 2 7 5 3 5		i. (	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.)		
		A ti	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.		
					-

#### 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.

Note: The applicant must sign all required documents.

#### 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 jall 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.

Signature of License Applicant

Richard A. Eskin

Print Full Name

LLC Managing Member

Title/Position (if any)

2 | 25 | 20

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 entire length of the property?	the   ☐ Yes ☐ No
2.	Will your café be at an address zoned for the type of sidewalk café you plan to operate?	f Mayes □ No
If yo appl	u answered "No" to question 1 or 2, you cannot apication process.	oply for a Sidewalk Café license and must stop the
3.	Sidewalk Café Business Name:	Dig Inn 127 Fourth Ave LLC
4.	Sidewalk Café Type: Check all that apply.	□ Enclosed □ Small Unenclosed ≱ Unenclosed
5.	Application Type:	X 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:	<u>7</u> 14
7.	Maximum number of chairs in your café:	14
8.	Block Number:	558
9.	Lot Number:	10
10.	Community Board Number:	103
11.	Will your café be on the same level as the adjoining sidewalk? (Unenclosed and Small unenclosed only)	DXYes □ No

12.	Is your café in a historic district or in or adjacent	*	4 01 4
	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?	□ Ycs □ No	
	i. If Yes, have you received approval from LPC to operate your café?	·□ Yes □ No	
Side	walk Café Business Information		
13. Sidewalk Café Business Address:		127 4th Ave	
		New York NY 10003	
14.	Is there an alternate entrance to your sidewalk cafe with a different address than your business address?	□ Yes ②No	
	If Yes, please enter address:		
Sido	walk Café Architect or Engineer Information		
15.	Full Name of Architect or Engineer:	Garrett Singer	
16.	Business Name of Architect or Engineer:	Garrett Singer	
17.	Address:	8 East Palisades Avenue Loft A	
		Englewood New Jersey 07631	
18.	Telephone Number:	201 541 2400	
19.	Fax Number (optional):	<u> </u>	
20.	E-mail Address:	garrettsinger.com	
Side	ewalk Café Applicant's Signature	Richard Eskin Print Nume	
	C Managing Member	2/25/20	



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## 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:	I am a new applicant for a Sidewalk Café license and will submit:
	<ul> <li>Scale drawings to outline the placement of the proposed sidewalk café AND</li> </ul>
	<ul> <li>Proof of consent from the landlord, owner, lessee, or management of the premises for the operation of a</li> </ul>
	sidewalk café  I am a current license holder submitting an application to
	renew my Sidewalk Café license. My DCA license number is:
Name of Petitioner:	Richard Eskin
Business Title:	Monard Eskin
Business Tric.	LLC Managing Member
Legal Name of Business:	D'- 1 407 F 11 4 11 0
	Dig Inn 127 Fourth Ave LLC
Business's Trade or Doing- Business-As (DBA) Name, if applicable:	
Business's State of Incorporation, if applicable:	New York
Business Address:	127 4th Avenue New York NY 10003

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.

Signature CLAM

2/25/20

Date



42 Broadway 5th Floor New York, NY 10004

Dial 311 (212-NEW-YORK)

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# ZERO TOLERANCE POLICY AFFIRMATION

Applicants for a Sidewalk Café license must affirm that they will adopt a zero tolerance policy.

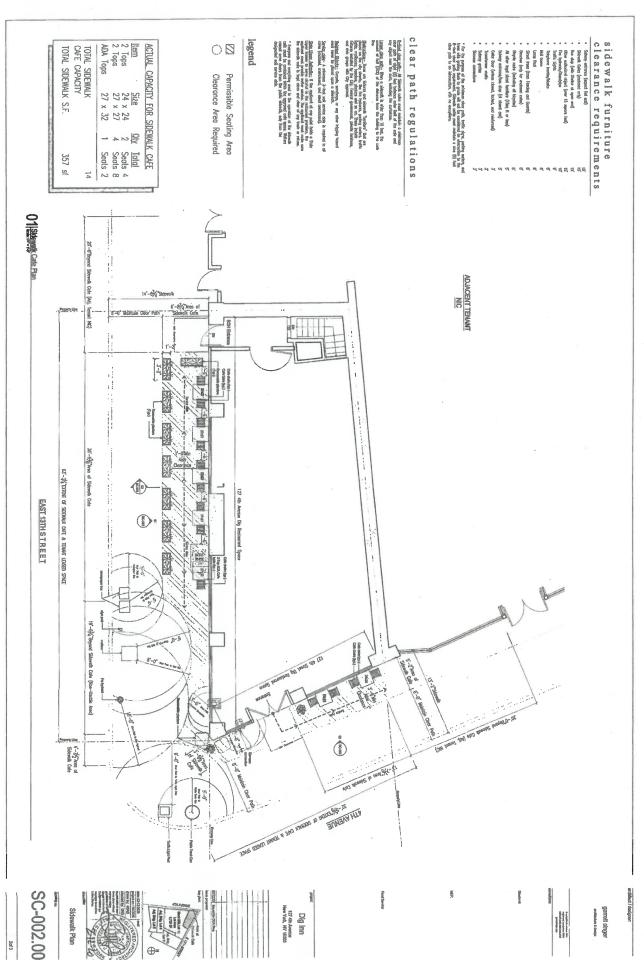
Legal Name of Business:	Dig Inn 127 Fourth Ave LLC
Business's Trade or Doing-Business- As (DBA) Name, if applicable:	
Business Address:	127 Fourth Ave New York NY 10003

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.

R. Chr M.	Richard Eskin
Signature	Print Name
Founder & CEO	2/25/20 Date



DIG INN 127 FORTH AUGLLC 127 YM AUGNUT NEW YORK NY 10009



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