



**Department of
Consumer Affairs**

March 18, 2014

First Deputy Alba Pico
Commissioner

The Honorable Susan Stetzer

42 Broadway
New York, NY 10004

59 East 4th Street
New York, Ny 10003

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

UNENCLOSED SIDEWALK CAFÉ REQUEST FOR RECOMMENDATION

TO:

The Honorable Melissa Mark-Viverito
The Honorable Gale Brewer
Susan Stetzer, Com Board #103
Council Member Rosie Mendez

FROM:

ENTITY NAME: YARDBIRD LLC
D/B/A NAME: MAIDEN LANE
ADDRESS: 162 AVENUE B NEW YORK, NY 10009-4644
BOROUGH/STATE/ZIP: MANHATTAN/NY/10009-4644
LICENSE/APPLICATION #: 3166-2014-ASWC

Enclosed please find Application for a new Sidewalk Cafe for an **Unenclosed** Sidewalk Café with **10** tables and **20** chairs.

The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than May 02, 2014

See below for the section of Title 6 of the Rules of the City of New York, which explains Community Board action:

§2-44 Action by the Department on Petition. (a) 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 five (5) days before the Department is required to hold its public hearing on the petition. Such agreed revisions shall be incorporated into, and be deemed to modify, the original petition in accordance with its terms. The Department shall then hold its 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 its public hearing based on the original petition and the objections to it that have been raised.



3166-2014-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer, Com Board #103

Re: License/Application #: 3166-2014-ASWC
Business Name: Yardbird LLC
Business Address: 162 AVENUE B NEW YORK, NY 10009-4644

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



3166-2014-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, 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.) Yardbird LLC				
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.) Maiden Lane				
Premises Address (Building Number, Street Name, Apartment/Suite/Other) 162 Avenue B				
City New York	State NY	ZIP Code 10009	Country/Region USA	Borough: <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
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.) nialls.fallon@gmail.com				
Phone 1 (Primary) (917) 318 9172	Phone 2 (Alternate) (646) 755 8911	Text Telephone (TTY Phone) 917 318 9172	Fax (N/A)	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 4 5 - 5 3 6 4 6 9 7			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. 4 5 5 3 6 4 6 9 7 - - or - - - - -	

