



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.

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.) DY Schnitz 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.) Schnitz | | | |
| Premises Address (Building Number, Street Name, Apartment/Suite/Other) 177 1st Avenue | | | |
| City | State | ZIP Code | Country/Region |
| New York | NY | 10003 | U. S. A. |
| 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.) | | | |
| Phone 1 (Primary) | Phone 2 (Alternate) | Text Telephone (TTY Phone) | Fax |
| (646) 861-3923 | () - | - | () - |
| Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 46-3573754 | | 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 submitted the application for a Certificate of Authority. 46357334 - - 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 Joseph | Middle Name (optional) | Last Name Levey | |
| 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. Attorney | |
| Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 110 William Street, Suite 1410 | | | |
| City New York | State NY | ZIP Code 10038 | Country/Region U.S.A. |

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.</i>) (optional) | First Name | Middle Name (optional) |
| Social Security Number or Individual Taxpayer Identification Number □□□-□□-□□□□ | | Date of Birth (YYYY-MM-DD) □□□□-□□-□□ | |
| Home Address (Building Number, Street Name, Apartment/Suite/Other) | | | |
| 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?
- 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?
- c. Are the individual's child support obligations the subject of a pending proceeding?
- d. Did the individual receive public assistance or Supplemental Security Income?

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

N/A

Individual #2 (Individual General Partner #2)

If there are more than two individual general partners, please attach additional sheets.

| | | | | | | | |
|--|--|--|--|---|--|-------------------------------|--|
| 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 #2 under an obligation to pay child support? Yes No

If Yes, Individual #2 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

N/A

PERMISSION

If applicable, Individual #1 can answer on behalf of all Individual General Partners. Under the NYC Charter and Administrative Code, the City requests SSN or ITIN 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.

Do individuals give the City of New York permission to use SSN or ITIN for the purposes described above?

Yes No

Section 3 – Business General Partners, Corporate Officers, Shareholders, and Members

You must provide information on *all* business 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.

Business General Partners, Corporate Officers, Shareholders, and Members

Individual #1

| | | | | | | | |
|---|--|--|--|-------------------------------|--|---------------------------------|--|
| Last Name Erich | | Suffix (Jr., Sr., Esq.) (optional) | | First Name Jonathan | | Middle Name (optional) | |
| Title/Position (Check one box only.) LLC Member | | <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 | | |
| Social Security Number or Individual Taxpayer Identification Number 139-88-2415 | | | | % of Ownership 50% | | | |
| Home Address (Building Number, Street Name, Apartment/Suite/Other) 128 Wythe Avenue, #4 | | | | | | | |
| City Brooklyn | | State NY | | ZIP Code 11249 | | Country/Region U.S.A. | |

Individual #2

| | | | | | | | |
|--|--|--|--|------------------------------|--|---------------------------------|--|
| Last Name Erich | | Suffix (Jr., Sr., Esq.) (optional) | | First Name Donna | | Middle Name (optional) | |
| Title/Position (Check one box only.) LLC Member | | <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 | | |
| Social Security Number or Individual Taxpayer Identification Number 139-88-2414 | | | | % of Ownership 50% | | | |
| Home Address (Building Number, Street Name, Apartment/Suite/Other) 420 East 55th Street, #8H | | | | | | | |
| City New York | | State NY | | ZIP Code 10022 | | Country/Region U.S.A. | |

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 checked="" type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <input type="checkbox"/> Outside of NYC | |

N/A

Business #2

| | | | | |
|--|-------|----------|----------------|--|
| 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 |

N/A

Section 4: Applicant Background Questions – All applicants

Please answer **Background Questions** on behalf of all individuals named on the application. "Individual" refers to sole proprietor; individual general partner; corporate officer; shareholder owning 10% or more of the business; member; officer; Board of Directors member. **Attach additional sheets if 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.
- Descriptions for questions relating to charges should include date of conviction, 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.

1. Has 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 individual ever been principal (officer/shareholder/partner/member) of a DCA-licensed business?

Yes No

If YES, provide the following information.

DCA License Number: _____
 Business/Individual Name: _____

3. Has individual had ANY government-issued license/permit denied, suspended, or revoked?

Yes No

If YES, provide the following information:

License/Permit Type: _____
 Government License/Permit Number: _____
 Business/Individual Name: _____

4. Are there any pending charges against individual? Yes No
 If YES, provide the following information:

Type: Civil (Court or Government Agency)
 Criminal

Please explain.

N/A

5. Has individual ever pled guilty or been convicted of ANY crime or offense? Yes No

If YES, please explain.

N/A

6. Is there any court judgment against individual or individual's business? Yes No

If YES, please explain and state if any judgment has not been paid in full for 30 days or more.

N/A

7. Does individual prefer that business inspections be in a language other than English? Yes No

If Yes, select one.

- | | | | | |
|------------------------------------|---|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Hindi | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> French-Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian | <input type="checkbox"/> Other. Please specify: |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | _____ |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu | |

If you are applying for a Cigarette Retail Dealer, Home Improvement Contractor, Pedicab Business, Special Sale, or Tow Truck Company license, please answer question #8.

8. Is individual related by blood or marriage to a DCA licensee or principal (officer/shareholder/partner/member) of a DCA-licensed business? Yes No

If YES, provide the following information:

| | |
|----------------------------|----------------------|
| Relationship to Applicant: | <input type="text"/> |
| Relative First Name: | <input type="text"/> |
| Relative Middle Name: | <input type="text"/> |
| Relative Last Name: | <input type="text"/> |
| Relative Suffix: | <input type="text"/> |
| DCA License Number: | <input type="text"/> |
| Business/Individual Name: | <input type="text"/> |

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.

*



 Signature
 Jonathan Erlich

 Print Full Name

LLC Member

 Title/Position (if any)
 3/15/15

 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: DY Schnitz NY LLC d/b/a Schnitz
4. Sidewalk Café Type: *Check all that apply.* Enclosed ~~Small Unenclosed~~ Unenclosed *P.S.*
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: ~~7~~ * 4 P.S.
7. Maximum number of chairs in your café: ~~17~~ * 12 P.S.
8. Block Number: 452
9. Lot Number: 30
10. Community Board Number: Manhattan No. 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

} N/A

Sidewalk Café Business Information

13. Sidewalk Café Business Address:

177 1st Avenue, Northeast Store
New York, NY 10003

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:

N/A

Sidewalk Café Architect or Engineer Information

15. Full Name of Architect or Engineer:

Thomas Pedrazzi

16. Business Name of Architect or Engineer:

studio Pedrazzi Architecture & Design

17. Address:

200 West 58th Street, Suite 10C

New York, NY 10019

18. Telephone Number:

212-581-1978

19. Fax Number (optional):

-

20. E-mail Address:

pedraz4074@gmail.com

*

Sidewalk Café Applicant's Signature

Jonathan Erlich

Print Name

LLC Member

Title (if any)

3/13/15

Date



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"> • Scale drawings to outline the placement of the proposed sidewalk café AND • Proof of consent from the landlord, owner, lessee, or management of the premises for the operation of a sidewalk café <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: | Jonathan Erlich |
| Business Title: | LLC Member |
| Legal Name of Business: | Dy Schnitz LLC |
| Business's Trade or Doing-Business-As (DBA) Name, if applicable: | Schnitz |
| Business's State of Incorporation, if applicable: | New York |
| Business Address: | 177 1st 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

3/13/15
Date



Jonathan Mintz
Commissioner

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: | DY Schnitz NY LLC |
| Business's Trade or Doing-Business-As (DBA) Name, if applicable: | Schnitz |
| Business Address: | 177 1st Ave., Northeast Store 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 Member

Title (if any)

Jonathan Erllich

Print Name
3/13/15

Date



