



**Consumer
Affairs**

April 22, 2016

Julie Menin
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: MFM BRANDY LLC
D/B/A NAME: COPPER & OAK
ADDRESS: 157 ALLEN ST NEW YORK, NY 10002-2151
BOROUGH/STATE/ZIP: Manhattan/NY/10002-2151
APPLICATION #: 5197-2016-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 2
MAXIMUM # OF CHAIRS: 5
BUSINESS CONTACT: MICHAEL KELLY
PHONE NUMBER:
EMAIL:

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 June 06, 2016.** You may use the enclosed Recommendation Form to submit your recommendation.



5197-2016-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



5197-2016-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 5197-2016-ASWC
Business Name: MFM BRANDY LLC
Business Address: 157 ALLEN ST NEW YORK, NY 10002-2151

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



5197-2016-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 <small>(The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small> <p style="text-align: center; font-size: 1.2em;">MEM Brandy LLC</p>				
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> <p style="text-align: center; font-size: 1.2em;">Copper + Oak</p>				
Premises Address <small>(Building Number, Street Name, Apartment/Suite/Other)</small> <p style="text-align: center; font-size: 1.2em;">157 Allen St</p>				
City <p style="font-size: 1.2em;">New York</p>	State <p style="font-size: 1.2em;">NY</p>	ZIP Code <p style="font-size: 1.2em;">10002</p>	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
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> <p style="text-align: right; font-size: 1.2em;">KELLYMLK@aol.com</p>				
Phone 1 (Primary) <p style="font-size: 1.2em;">(212) 460-5546 ()</p>	Phone 2 (Alternate)	Text Telephone (TTY Phone)	Fax <p style="font-size: 1.2em;">(914) 632-6034</p>	
Employer Identification Number (EIN) <small>(Required for sole proprietorships with paid employees, corporations, and partnerships)</small> <p style="font-size: 1.2em; text-align: center;">4 6 - 2 8 7 1 2 4 4</p>		New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number <small>(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)</small> <small>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.</small> <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 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 10px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="margin-left: 100px;">or</p> <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;"></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

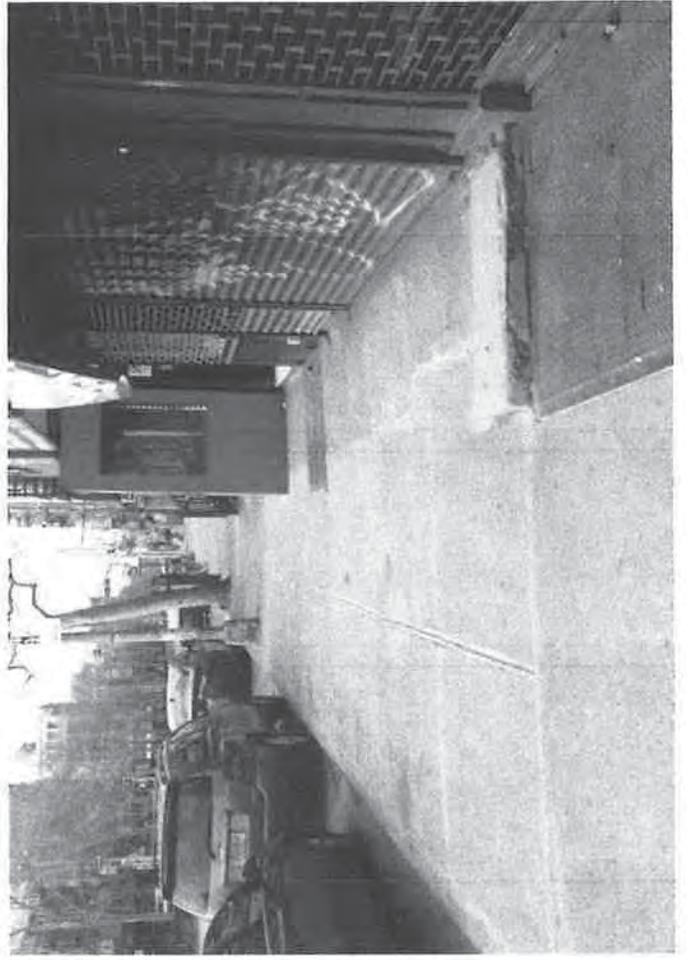
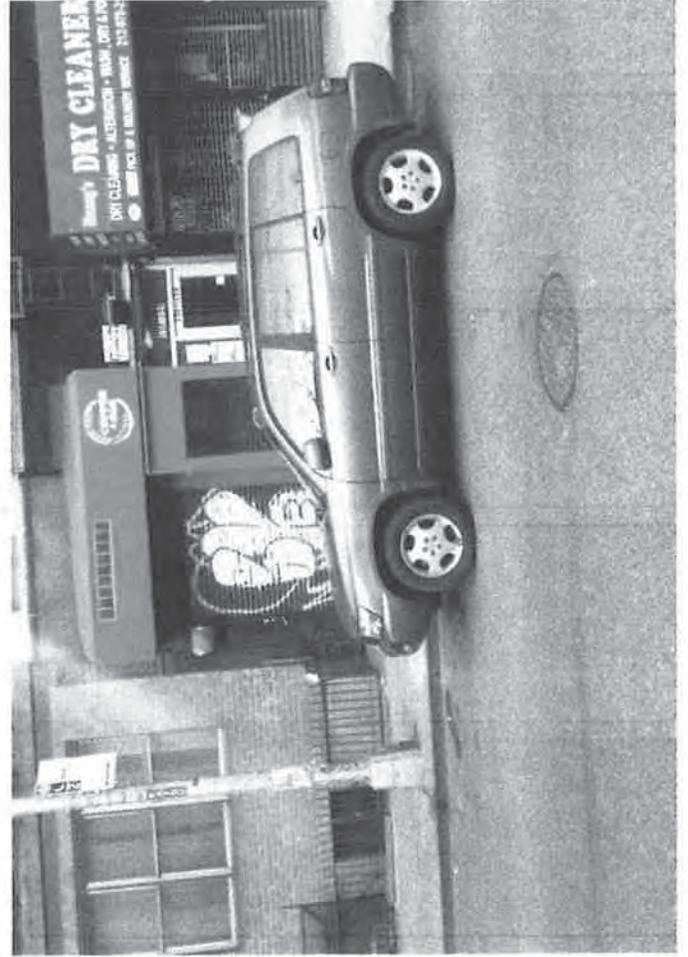
You must provide information on *all* general partners and *all* corporate officers and *each* shareholder owning 10% or more of the business applying for a license. Note: Limited Liability Companies must provide information on *all* members. Non-Profits must provide information on *all* officers and *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.

MFM
157
NM

Brandy LLC
Allen St
NM 10002



ADJACENT
PROPERTY

ADJACENT
WALK UP

24" x 21"
TABLE

FIXED CANOPY

3'-0"

24" x 24"
TABLE

3'-0"

2

7'-11"

11'-6"

3

3'-7"

R8'-0" CLEAR

ADJACENT
RESIDENTIAL
PROPERTY

