



March 01, 2017

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: BOWERY HOSPITALITY ASSOCIATES LLC</b>
<b>D/B/A NAME: VANDAL</b>
<b>ADDRESS: 199 BOWERY NEW YORK, NY 10002-2853</b>
<b>BOROUGH/STATE/ZIP: Manhattan/NY/10002-2853</b>
<b>APPLICATION #: 2038230-DCA</b>
<b>TYPE: UNENCLOSED</b>
<b>MAXIMUM # OF TABLES:</b>
<b>MAXIMUM # OF CHAIRS:</b>
<b>BUSINESS CONTACT:</b>
<b>PHONE NUMBER: 2123996000</b>
<b>EMAIL: SWAOFFICE@SWAARCHITECTURE.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 15, 2017.** You may use the enclosed Recommendation Form to submit your recommendation.



\*1154-2017-AMND\*

## Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

**FROM:** Susan Stetzer

**Re:** License/Application #: 2038230-DCA  
Business Name: BOWERY HOSPITALITY ASSOCIATES LLC  
Business Address: 199 BOWERY NEW YORK, NY 10002-2853

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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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email



\*1154-2017-AMND\*

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



\*1154-2017-AMND\*



## 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.

Contact Name and Title ROSSANA WYGODA - SWA Architecture PLLC			
Mailing Address <i>(Building Number, Street Name, Unit, e.g., Floor, Suite, or P.O. Box Number)</i> 190 East Main Street			
City and State Huntington, NY	ZIP Code 11743	Borough (check one): <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 03-Brooklyn <input checked="" type="checkbox"/> 08-Outside NYC	
Country            USA			

Providing Social Security or Individual Taxpayer Identification numbers 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 Proprietor

Last Name	Suffix, e.g., Jr., Sr., Esq. <i>(optional)</i>	First Name	Middle Name <i>(optional)</i>
Social Security Number or Individual Taxpayer Identification Number <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"/>			
Home Address <i>(Building Number, Street Name, Unit, e.g., Floor, Suite)</i>			
City and State	ZIP Code	Borough (check one): <input type="checkbox"/> 01-Manhattan <input type="checkbox"/> 04-Queens <input type="checkbox"/> 02-Bronx <input type="checkbox"/> 05-Staten Island <input type="checkbox"/> 03-Brooklyn <input type="checkbox"/> 08-Outside NYC	
Country			

### Section 3 – Corporate Officers, Partners, and Shareholders

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. Nonprofits must provide information on *all* officers and *all* Board of Directors members. **Attach additional sheets if necessary.**

**Important:** If the partner or shareholder is an entity (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 Web site.

See page 3.



Jonathan Mintz  
Commissioner

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:	Bowery Hospitality Associates LLC
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	
Business Address:	199 Bowery New York, 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.

*Signature*

**Managing Partner**

*Title (if any)*

**Richard Wolf**

*Print Name*

**February 1, 2017**

*Date*







# NEW RESTAURANT

NOT  
ALL  
UNL

SIAMESE CONNECTION  
REQUIRING A 36" CLEARANCE  
BASED ON 2-48-C OF THE  
RULES OF THE CITY OF N.Y.  
DEPARTMENT OF CONSUMER  
AFFAIRS

PROPERTY  
LINE

DOORS TO REMAIN  
LOCKED AND CLOSED  
DURING CAFE HOURS

DOOR TO REMAIN  
LOCKED AND CLOSED  
DURING CAFE HOURS

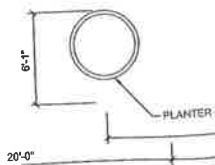
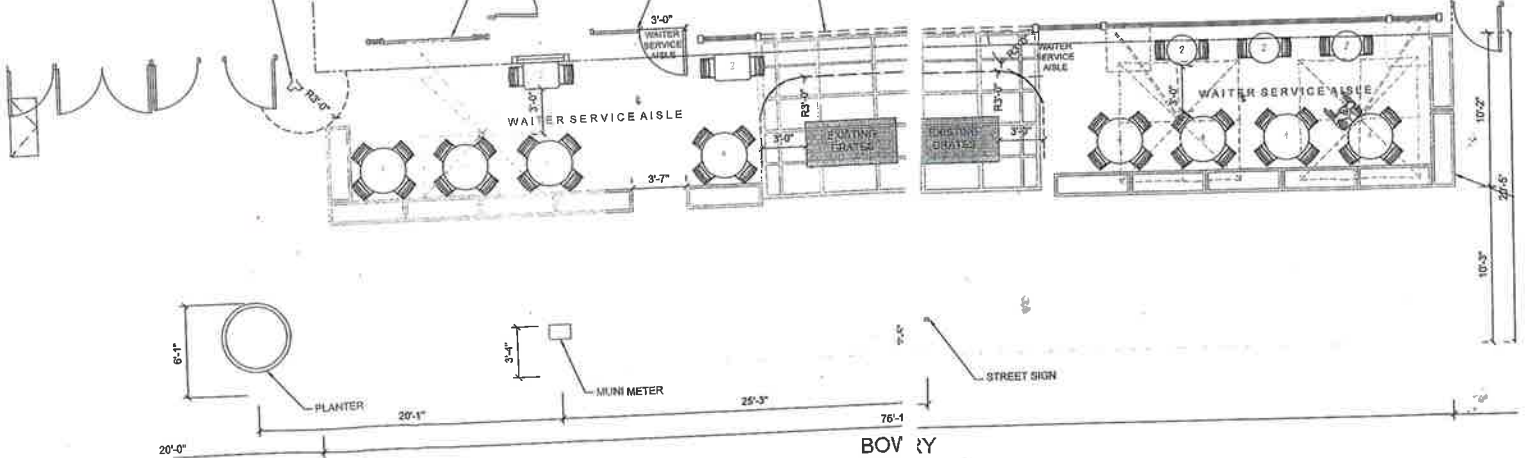
EXISTING OPERABLE  
GARAGE DOOR

NOTE

ALL ROUND 2  
DIAMETER

\* TABLES TO HAVE 30"

PROPERTY  
LINE



BOV RY