



Lorelei Salas
Commissioner
42 Broadway
New York, NY 10004
Dial 311
(212-NEW-YORK)
nyc.gov/consumers

April 06, 2018

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: 235 EAST 4TH INC
D/B/A NAME: NOBODY IS PERFECT
ADDRESS: 235 E 4TH ST NEW YORK, NY 10009-7234
BOROUGH/STATE/ZIP: Manhattan/NY/10009-7234
APPLICATION #: 6810-2018-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 16
MAXIMUM # OF CHAIRS: 32
BUSINESS CONTACT: ROSA M RUIZ
PHONE NUMBER: 2124842290
EMAIL: ROSA@ROSAMRUIZ.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 May 21, 2018.** You may use the enclosed Recommendation Form to submit your recommendation.



6810-2018-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 6810-2018-ASWC
Business Name: 235 EAST 4TH INC
Business Address: 235 E 4TH ST NEW YORK, NY 10009-7234

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



6810-2018-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



6810-2018-ASWC



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.) 235 East 4th Inc			
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.) Nobody Is Perfect			
Premises Address (Building Number, Street Name, Apartment/Suite/Other) 235-237 E 4th St			
City New York	State NY	ZIP Code 10009	Country/Region USA
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.) rosa@rosamruiz.com			
Phone 1 (Primary) (212) 484-2290	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax ()
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 82-1173315		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. 821173315- - 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 Rosa	Middle Name <i>(optional)</i> M.	Last Name Ruiz	
Title/Position <i>(Check one box only.)</i>	<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. <i>Please specify.</i> REPRESENTATIVE	
Mailing Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i> 33 W 19th Street - 4th Fl			
City New York	State NY	ZIP Code 10011	Country/Region USA

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.) (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 #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? 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



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: 235 East 4th Inc
4. Sidewalk Café Type: *Check all that apply.*
 Enclosed Small Unenclosed Unenclosed
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: 16
7. Maximum number of chairs in your café: 32
8. Block Number: 400
9. Lot Number: 39
10. Community Board Number: 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

Sidewalk Café Business Information

13. Sidewalk Café Business Address: 235-237 E 4th St
New York, NY 10009

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: _____

Sidewalk Café Architect or Engineer Information

15. Full Name of Architect or Engineer: Franklin Salvador

16. Business Name of Architect or Engineer: L+J Design Group

17. Address: 430 3rd Avenue, Ste 4.
Brooklyn, NY 11215

18. Telephone Number: 718-942-7042

19. Fax Number (optional): 718-732-3003

20. E-mail Address: frank@lnjdesign.com



Sidewalk Café Applicant's Signature

Mario Carta

Print Name

Managing Member

Title (if any)

3/23/18

Date



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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.

<p>Please select the statement that describes you:</p>	<p><input checked="" type="checkbox"/> I am a new applicant for a Sidewalk Café license and will submit:</p> <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 <p><input type="checkbox"/> I am a current license holder submitting an application to renew my Sidewalk Café license. My DCA license number is:</p> <p>_____</p>
<p>Name of Petitioner:</p>	<p>Mario Carta</p>
<p>Business Title:</p>	<p>Managing Member</p>
<p>Legal Name of Business:</p>	<p>235 East 4th Inc</p>
<p>Business's Trade or Doing-Business-As (DBA) Name, if applicable:</p>	<p>Nobody Is Perfect</p>
<p>Business's State of Incorporation, if applicable:</p>	<p>New York</p>
<p>Business Address:</p>	<p>235-237 East 4th St New York, NY 10009</p>

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.

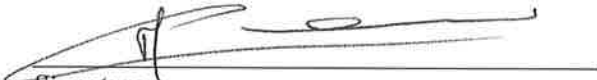
I agree to hold harmless the City of New York, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

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

3/23/16
Date



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.

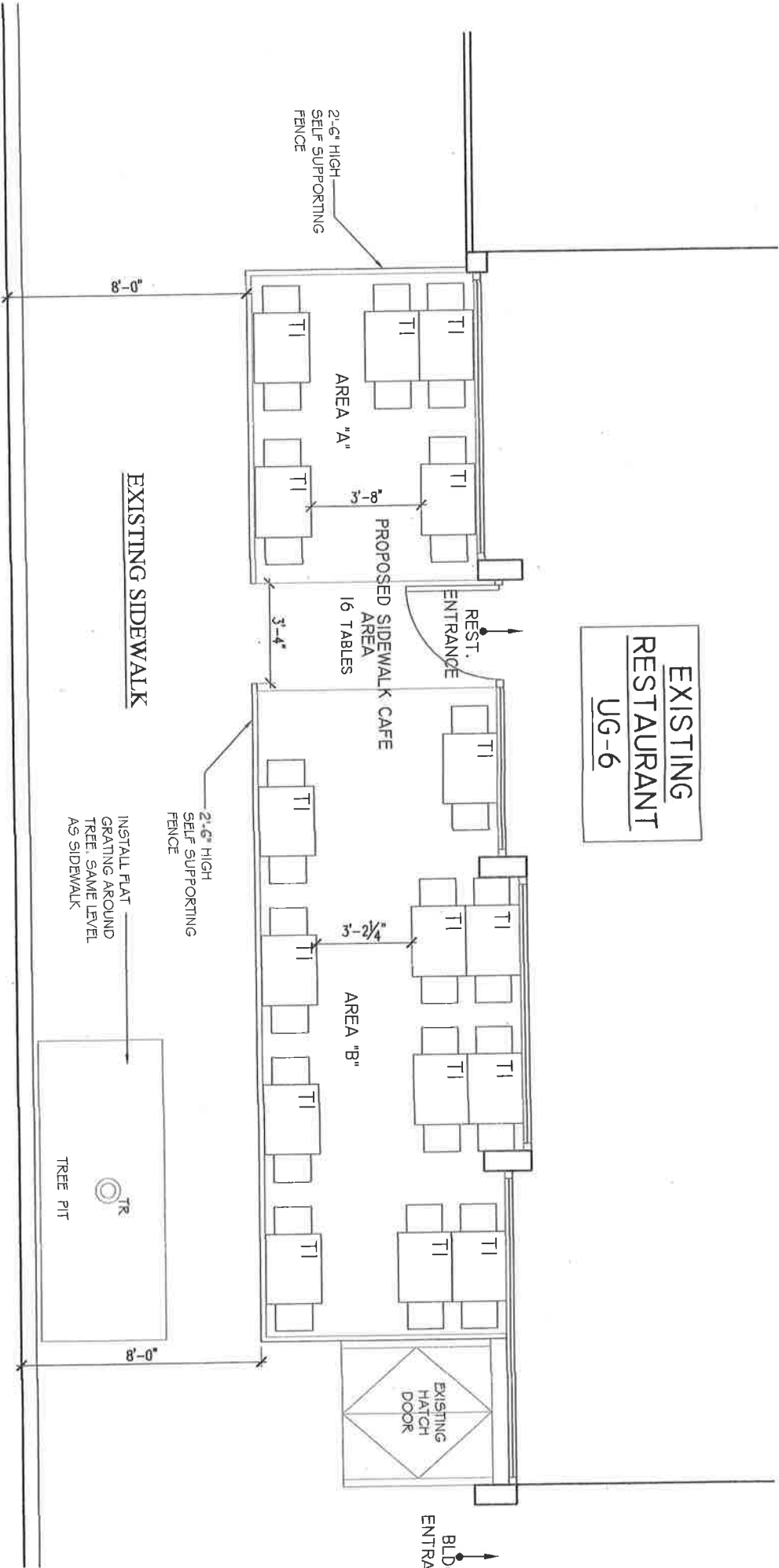
Legal Name of Business:	235 East 4th Inc
Business's Trade or Doing-Business-As (DBA) Name, if applicable:	Nobody IS Perfect
Business Address:	235-237 East 4th St New York, NY 10009

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 Member
Title (if any)

Mario Carta
Print Name
3/23/18
Date

EXISTING
RESTAURANT
UG-6



East 4th STREET

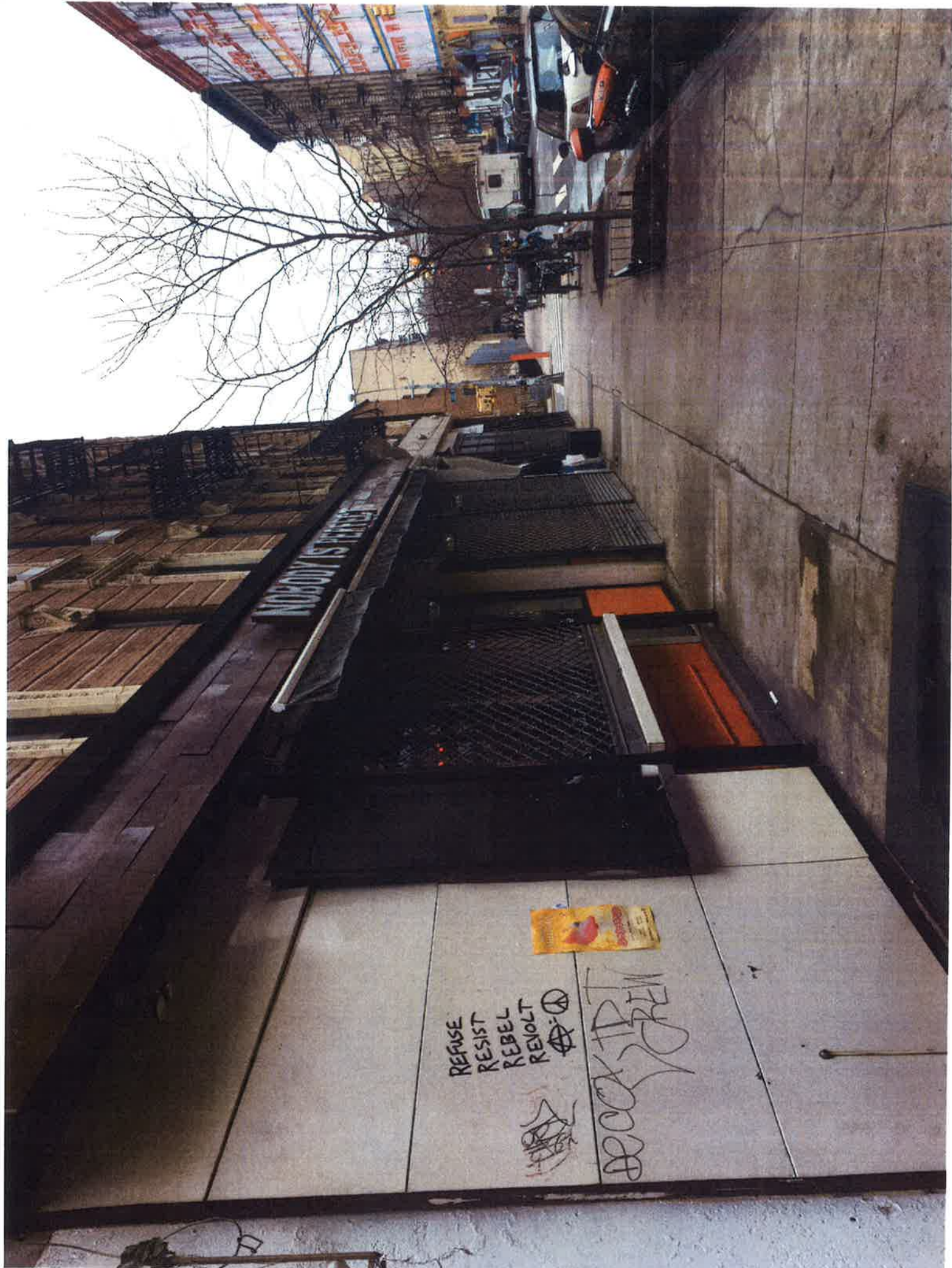
PROPOSED SIDEWALK CAFE FLOOR PLAN
UNENCLOSED CAFE

1/4" = 1' - 0"

NOBODY IS PERFECT

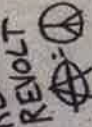






NOBODY IS BORN

REFUSE
RESIST
REBEL
REVOLT



DEAD
BREW

