



May 07, 2014

Julie Menin  
Commissioner

42 Broadway  
New York, NY 10004

Dial 311  
(212-NEW-YORK)

[nyc.gov/consumers](http://nyc.gov/consumers)

The Honorable Susan Stetzer

59 East 4th Street  
New York, Ny 10003

**UNENCLOSED SIDEWALK CAFÉ REQUEST FOR RECOMMENDATION**

TO:

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

FROM:

ENTITY NAME: MILLER'S NEAR & FAR LLC
D/B/A NAME: NEAR&FAR
ADDRESS: 65 RIVINGTON ST NEW YORK, NY 10002-2142
BOROUGH/STATE/ZIP: Manhattan/NY/10002-2142
LICENSE/APPLICATION #: 6055-2014-ASWC

Enclosed please find Application for a **New Unenclosed** Sidewalk Café with **5** tables and **10** chairs.

The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than June 21, 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.



\*6055-2014-ASWC\*

**Please record your response where indicated or attach a copy of the recommendation/response and return it to DCA in ONE of the following ways:**

- Email to: sidewalkcafe@dca.nyc.gov
- Fax to: +1 347 788 4501 (Public Hearing and Dept of Finance) and +1 646 500 5832 (Insurance)
- Mail to: Department of Consumer Affairs  
Attn: Sidewalk Café Unit  
42 Broadway  
New York, NY 10004



\*6055-2014-ASWC\*

# Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

**FROM:** Susan Stetzer, Com Board #103

**Re:** License/Application #: 6055-2014-ASWC  
Business Name: MILLER'S NEAR & FAR LLC  
Business Address: 65 RIVINGTON ST NEW YORK, NY 10002-2142

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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 \_\_\_\_\_

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Title \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_



\*6055-2014-ASWC\*



## BASIC LICENSE APPLICATION

Please print.

### Section 1 – All applicants

What is your Business's legal structure?

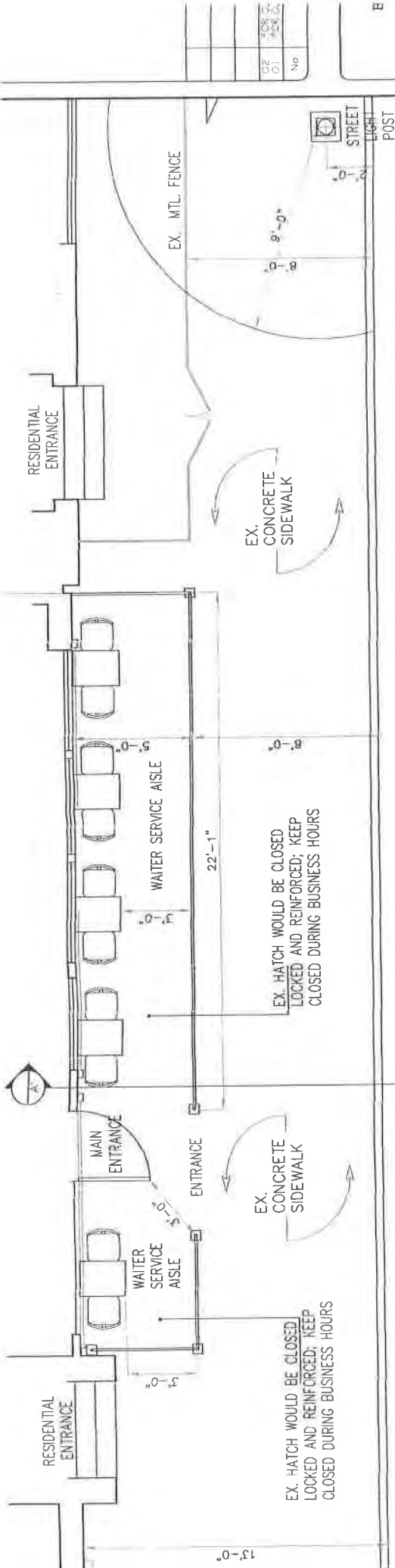
- |   |  |
|---|--|
| <input type="checkbox"/> Business/General Partnership         | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation                          | <input type="checkbox"/> Non-Profit          |
| <input checked="" type="checkbox"/> Limited Liability 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

<b>Business Name</b> (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <b>MILLER'S NEAR &amp; FAR, LLC.</b>				
<b>Doing-Business-As (DBA)/Trade Name</b> (The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) <b>NEAR &amp; FAR</b>				
<b>Premises Address</b> (Building Number, Street Name, Apartment/Suite/Other) <b>65 RIVINGTON STREET</b>				
<b>City</b> <b>NEW YORK</b>	<b>State</b> <b>N. Y.</b>	<b>ZIP Code</b> <b>10002</b>	<b>Country/Region</b>	<b>Borough:</b> <input type="checkbox"/> Bronx <input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island <input checked="" type="checkbox"/> Manhattan <input type="checkbox"/> Outside of NYC
<b>E-mail</b> (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.)				
<b>Phone 1 (Primary)</b> (646) 559-1210	<b>Phone 2 (Alternate)</b> (917) 225-8700	<b>Text Telephone (TTY Phone)</b>	<b>Fax</b> ( )	
<b>Employer Identification Number (EIN)</b> (Required for sole proprietorships with paid employees, corporations, and partnerships) 4 5 - 4 0 3 4 6 7 2		<b>New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number</b> (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 4 0 3 4 6 7 2 - - or - - - - -		



**PROPOSED UNENCLOSED SIDEWALK CAFE**

SCALE: 1/4" = 1'-0"

NO.	DATE	BY	CHKD.
01	01/24/21	JULIE	JULIE
02			
03			

PROJECT: P  
SIC: SID  
RIV: RIV  
I: I

DATE: 01/24/21  
- PROF



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