



March 28, 2018

Lorelei Salas
Commissioner

42 Broadway
New York, NY 10004

Susan Stetzer
59 East 4th Street
New York, NY 10003

Dial 311
(212-NEW-YORK)

nyc.gov/consumers

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: PURE GREEN NYC 10TH STREET CORP |
| D/B/A NAME: PURE GREEN |
| ADDRESS: 152 2ND AVE APT 6A NEW YORK, NY 10003-5885 |
| BOROUGH/STATE/ZIP: Manhattan/NY/10003-5885 |
| APPLICATION #: 4392-2018-ASWC |
| TYPE: REGULAR UNENCLOSED/SMALL UNENCLOSED |
| MAXIMUM # OF TABLES: 7 |
| MAXIMUM # OF CHAIRS: 14 |
| BUSINESS CONTACT: |
| PHONE NUMBER: |
| EMAIL: TEAMCOLGROUP@GMAIL.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 12, 2018.** You may use the enclosed Recommendation Form to submit your recommendation.



4392-2018-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 4392-2018-ASWC
Business Name: PURE GREEN NYC 10TH STREET CORP
Business Address: 152 2ND AVE APT 6A NEW YORK, NY 10003-5885

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



4392-2018-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



4392-2018-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 checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input 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 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.) PURE GREEN NYC 10TH STREET CORP | | | |
| 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.) PUREGREEN | | | |
| Premises Address (Building Number, Street Name, Apartment/Suite/Other) 152 SECOND AVENUE | | | |
| City NEW YORK | State NY | ZIP Code 10003 | 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.) TEAMCOLGROUP@GMAIL.COM | | | |
| Phone 1 (Primary) 646) 643-3632 | Phone 2 (Alternate) () | Text Telephone (TTY Phone) | Fax () |
| Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 8 2 - 0 7 0 2 1 7 2 | | New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number <i>(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)</i> 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. 8 2 0 7 0 2 1 7 2 - - 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 ROSS | Middle Name (optional) | Last Name FRANKLIN | |
| Title/Position (Check one box only.) PRESIDENT | <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 type="checkbox"/> Other. Please specify. | |
| Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 350 1st AVENUE, #14F | | | |
| City NEW YORK | State NY | ZIP Code 10010 | 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 FRANKLIN | Suffix (<i>Jr., Sr., Esq.</i>) (optional) | First Name ROSS | Middle Name (optional) |
| Social Security Number or Individual Taxpayer Identification Number 0 5 6 - 6 4 - 2 1 1 9 | | Date of Birth (YYYY-MM-DD) 1 9 8 0 - 0 1 - 2 5 | |
| Home Address (Building Number, Street Name, Apartment/Suite/Other) 350 1ST AVENUE, #14F | | | |
| City NEW YORK | State NY | ZIP Code 10010 | Country/Region USA |

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: PURE GREEN NYC 10TH STREET CORP
4. Sidewalk Café Type: Enclosed Small Unenclosed Unenclosed
Check all that apply.
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: 14
7. Maximum number of chairs in your café: 7
8. Block Number: 00451
9. Lot Number: 4
10. Community Board Number: MANHATTAN CB 3
11. Will your café be on the same level as the adjoining sidewalk? (*Unenclosed and Small unenclosed only*) Yes No

 pure green
JUICE + SMOOTHIES

pure green
JUICE + SMOOTHIES

N.Y. EAST VILLAGE
NOW OPEN



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JUICE + SMOOTHIES

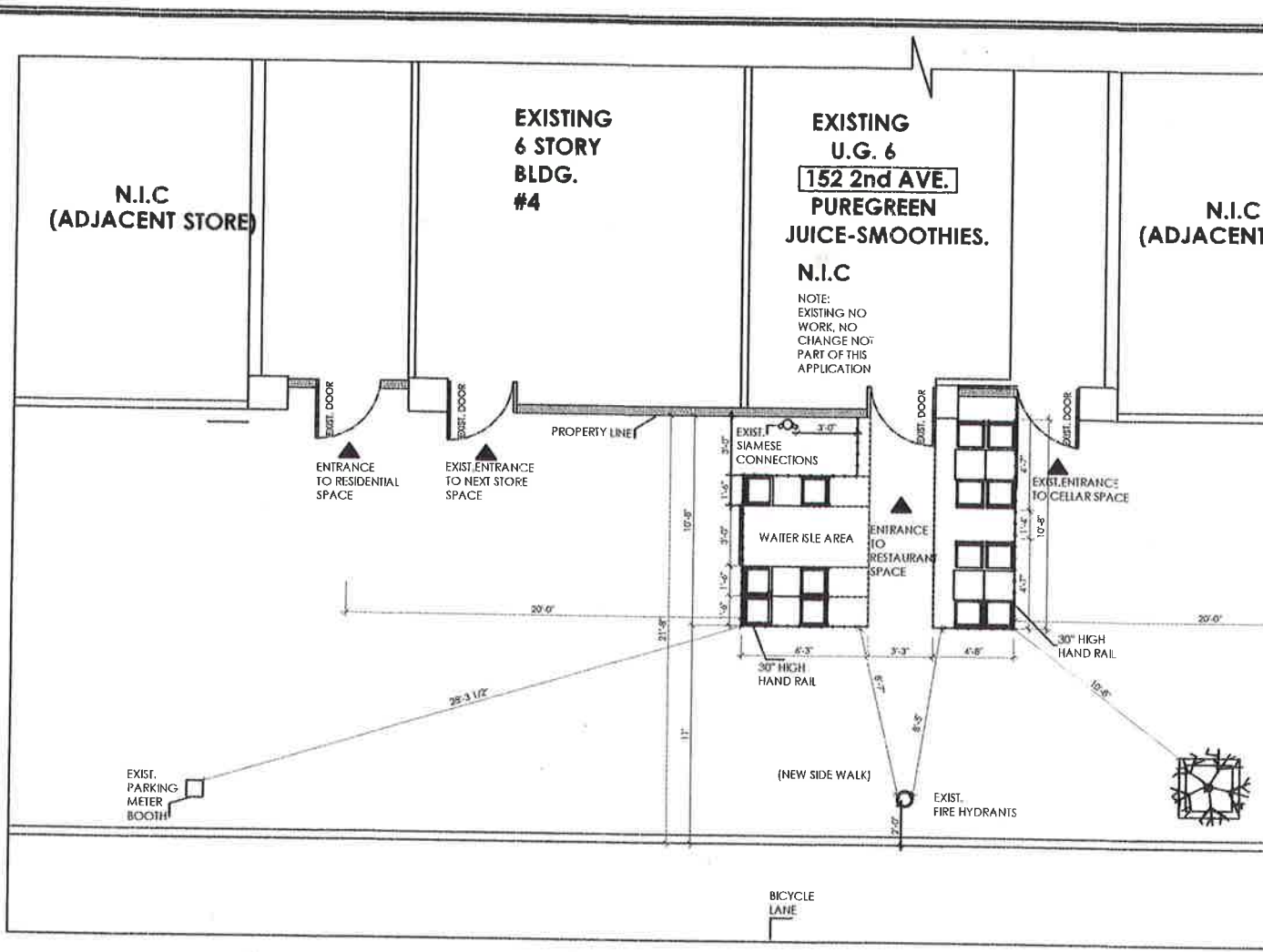
Coffee
Matcha

JUICE CLEANSE



JUICE CLEANSE

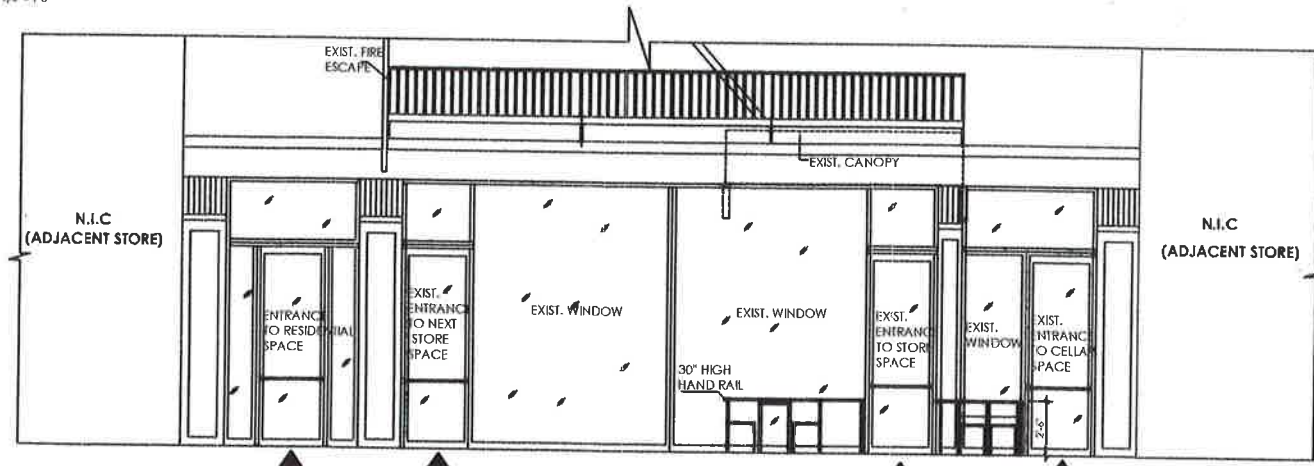




SIDEWALK RESTAURANT PLAN

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

2nd AVE.



FRONT ELEVATION

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

SECTION

