



**Department of
Consumer Affairs**

June 03, 2014

Julie Menin
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

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 Rosie Mendez

FROM:

ENTITY NAME: A & J FROZEN YOGURT CORP.
D/B/A NAME:
ADDRESS: 66 2ND AVE NEW YORK, NY 10003-8668
BOROUGH/STATE/ZIP: Manhattan/NY/10003-8668
LICENSE/APPLICATION #: 7580-2014-ASWC

Enclosed please find for an **Unenclosed** Sidewalk Café with **4** tables and **8** chairs.

The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than July 18, 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.



7580-2014-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer, Com Board #103

Re: License/Application #: 7580-2014-ASWC
Business Name: A & J FROZEN YOGURT CORP.
Business Address: 66 2ND AVE NEW YORK, NY 10003-8668

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



7580-2014-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 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, 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 (The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.) A & J FROZEN YOGURT 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.) N/A				
Premises Address (Building Number, Street Name, Apartment/Suite/Other) 66 2ND AVE				
City NEW YORK	State NY	ZIP Code 10003	Country/Region USA	Borough: <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
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.) YXLAMCO@GMAIL.COM				
Phone 1 (Primary) (646) 590-2584	Phone 2 (Alternate) (917) 355-0479	Text Telephone (TTY Phone) (917) 355-0479	Fax (212) 732-9145	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 4 6 - 1 1 0 3 5 9 1			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 successfully submitted the application for a Certificate of Authority. 4 6 1 1 0 3 5 9 1 - - or - - - - -	

