



May 04, 2016

Julie Menin
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

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.

BUSINESS NAME: CIEN FUEGOS LLC
D/B/A NAME: CIENFUEGOS; AMOR Y AMARGO; MOTHER OF PEARL ROOM
ADDRESS: 95 AVENUE A NEW YORK, NY 10009-6107
BOROUGH/STATE/ZIP: Manhattan/NY/10009-6107
APPLICATION #: 4905-2016-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 21
MAXIMUM # OF CHAIRS: 42
BUSINESS CONTACT:
PHONE NUMBER: 212-777-7077
EMAIL: deane@derossiglobal.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 June 18, 2016.** You may use the enclosed Recommendation Form to submit your recommendation.



4905-2016-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 4905-2016-ASWC
Business Name: CIEN FUEGOS LLC
Business Address: 95 AVENUE A NEW YORK, NY 10009-6107

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



4905-2016-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



4905-2016-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, 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.) CIEN FUEGOS LLC				
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.) CIENFUEGOS ; AMOR Y AMARGO, MOTHER OF PEARL ROOM				
Premises Address (Building Number, Street Name, Apartment/Suite/Other) 95 AVENUE A				
City NEW YORK	State NY	ZIP Code 10009	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.) DEANE@DEROSSIGLOBAL.COM				
Phone 1 (Primary) (212) 777-2017	Phone 2 (Alternate) ()	Text Telephone (TTY Phone)	Fax ()	
Employer Identification Number (EIN) (Required for sole proprietorships with paid employees, corporations, and partnerships) 27-0951622			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. 270951622- - 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 RAVI		Middle Name (optional)	Last Name LALCHANDANI	
Title/Position (Check one box only.)		<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 (Please specify.) MEMBER
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 514 EAST 6th STREET STORE WEST				
City NEW YORK		State NY	ZIP Code 10009	Country/Region MANHATTAN , USA

Providing Social Security Number or Individual Taxpayer Identification Number 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 Proprietorship

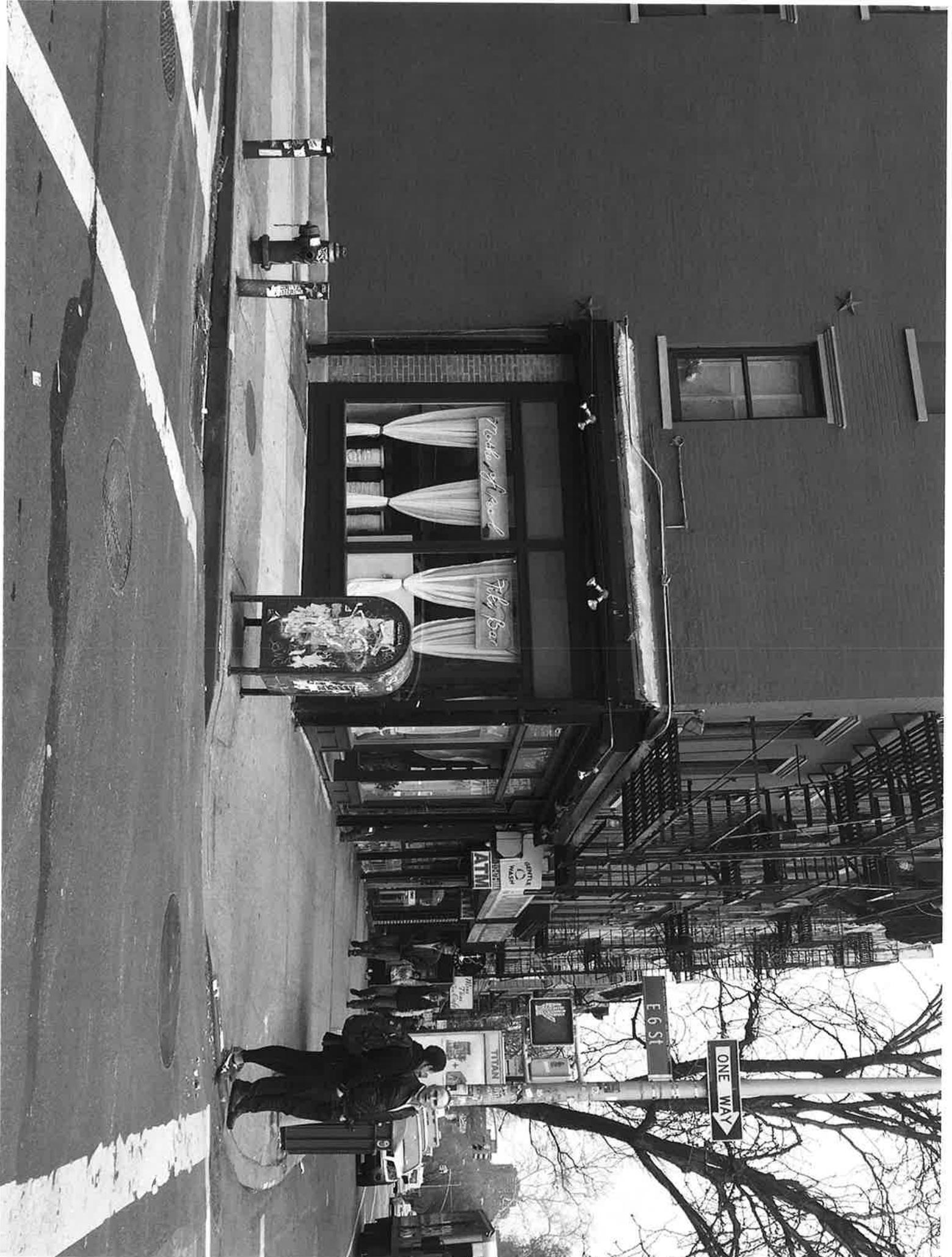
Last Name		Suffix (<i>Jr., Sr., Esq.</i>) (optional)		First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Home Address (Building Number, Street Name, Apartment/Suite/Other)					
City	State	ZIP Code	Country/Region		

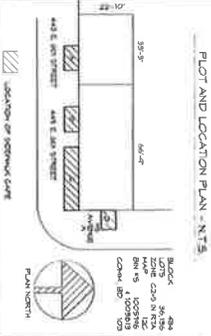
Section 3 - General Partners, Corporate Officers, Shareholders, and Members

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

Important: If the partner or shareholder is a business (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 website.

See page 3.

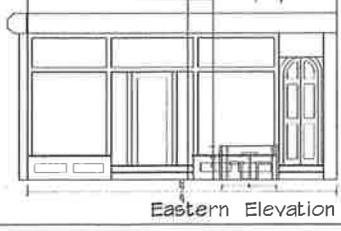
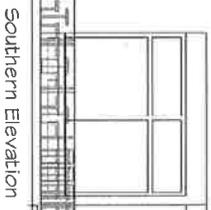
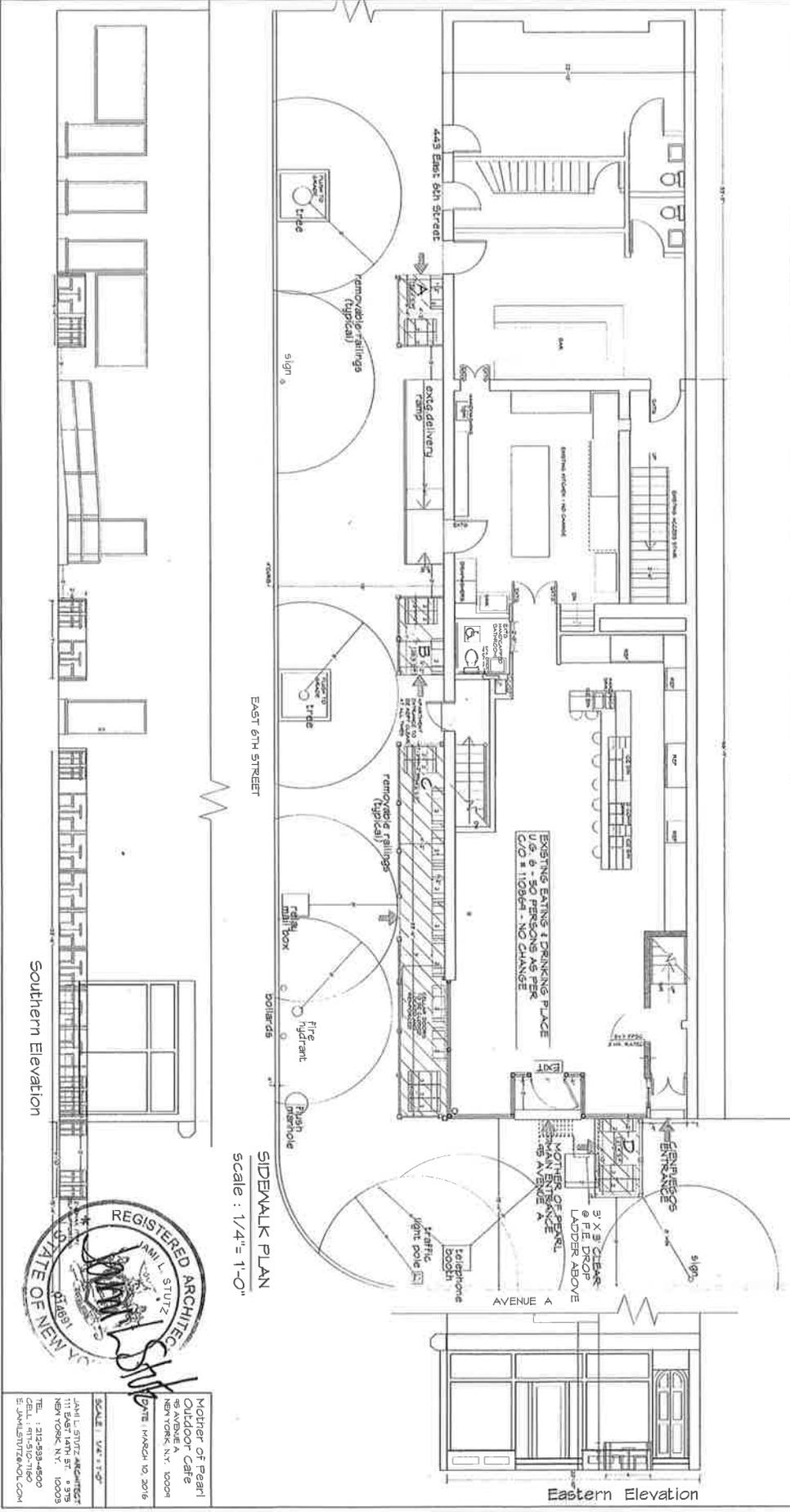




OUTDOOR UNENCLOSED CAFE SQUARE FOOTAGE CALCULATIONS

A	6'-4" X 4'-2"	= 26.4 S.F.	- 3 TABLES X 2	= 6 PERSONS
B	7'-0" X 4'-2"	= 29.2 S.F.	- 3 TABLES X 2	= 6 PERSONS
C	33'-6" X 4'-2"	= 139.6 S.F.	- 12 TABLES X 2	= 24 PERSONS
D	6'-10" X 4'-0"	= 27.4 S.F.	- 3 TABLES X 2	= 6 PERSONS
TOTALS		222.6 S.F.	21 TABLES	42 PERSONS

ALL TABLES ARE 14" WIDE TO ALLOW FOR 9" WIDE AISLES THROUGHOUT



SIDEWALK PLAN
scale : 1/4" = 1'-0"



Mother of Pearl
Outdoor Cafe
95 AVENUE A
NEW YORK, N.Y. 10008
DATE: MARCH 10, 2016

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

JAMI L. STUTZ
175 WEST 57TH STREET
NEW YORK, N.Y. 10019
TEL: 212-553-4150
CEL: 212-553-4150
E: JAMI@STUTZANDOL.COM