



**Department of  
Consumer Affairs**

February 24, 2015

Julie Menin  
Commissioner

The Honorable Susan Stetzer

42 Broadway  
New York, NY 10004

59 East 4th Street  
New York, Ny 10003

Dial 311  
(212-NEW-YORK)

nyc.gov/consumers

**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:**

<b>ENTITY NAME: EVIR CORP</b>
<b>D/B/A NAME: SAN MARZANO</b>
<b>ADDRESS: 117 2ND AVE NEW YORK, NY 10003-8355</b>
<b>BOROUGH/STATE/ZIP: Manhattan/NY/10003-8355</b>
<b>LICENSE/APPLICATION #: 1996-2015-ASWC</b>

Enclosed please find Application for a new Sidewalk Cafe for an **Unenclosed** Sidewalk Café with **12** tables and **28** chairs.

The Department of Consumer Affairs (DCA) must receive Community Board recommendations for the above no later than April 10, 2015

**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.



\*1996-2015-ASWC\*

# Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

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

**Re:** License/Application #: 1996-2015-ASWC  
Business Name: EVIR CORP  
Business Address: 117 2ND AVE NEW YORK, NY 10003-8355

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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	
Title	Date	Email



\*1996-2015-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 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.) EVIA Corp.				
<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.) San Marzano				
<b>Premises Address</b> (Building Number, Street Name, Apartment/Suite/Other) 117 2nd Avenue				
<b>City</b> NY	<b>State</b> NY	<b>ZIP Code</b> 10003	<b>Country/Region</b> USA	<b>Borough:</b> <input type="checkbox"/> Bronx <input checked="" type="checkbox"/> Brooklyn <input checked="" type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island <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> (212) 777-3600	<b>Phone 2 (Alternate)</b> ( )	<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) 45-0670512			<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. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] - [ ] or [ ] [ ] [ ] [ ] [ ] [ ]	

