



**Consumer  
Affairs**

March 30, 2016

Julie Menin  
Commissioner  
  
42 Broadway  
New York, NY 10004

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

Dial 311  
(212-NEW-YORK)

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

**UNENCLOSED SIDEWALK CAFÉ REQUEST FOR RECOMMENDATION**

**TO:**  
The Honorable Melissa Mark-Viverito  
Council Member Rosie Mendez  
The Honorable Gale Brewer  
Susan Stetzer, Com Board #103

**FROM:**

<b>ENTITY NAME: BAB ELKADRA LLC</b>
<b>D/B/A NAME: ATLAS CAFE</b>
<b>ADDRESS: 73 2ND AVE NEW YORK, NY 10003-8639</b>
<b>BOROUGH/STATE/ZIP: Manhattan/NY/10003-8639</b>
<b>LICENSE/APPLICATION #: 3820-2016-ASWC</b>

Enclosed please find Application for a new Sidewalk Cafe for an **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 May 14, 2016

**Title 6 of the Rules of the City of New York Section §2-44(a) explains 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.



\*3820-2016-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



\*3820-2016-ASWC\*

## Sidewalk Café Recommendation Form

**TO:** NYC Department of Consumer Affairs

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

**Re:** License/Application #: 3820-2016-ASWC  
Business Name: BAB ELKADRA LLC  
Business Address: 73 2ND AVE NEW YORK, NY 10003-8639

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



\*3820-2016-ASWC\*



**Department of  
Consumer Affairs**

## 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> <small>(The Business Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small> Bab Elkadra LLC				
<b>Doing-Business-As (DBA)/Trade Name</b> <small>(The DBA/Trade Name that you provide must be exactly as filed with the New York State Secretary of State or County Clerk.)</small> ATLAS CAFE				
<b>Premises Address</b> <small>(Building Number, Street Name, Apartment/Suite/Other)</small> 73 2ND AVE				
<b>City</b> New York	<b>State</b> NY	<b>ZIP Code</b> 10003	<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> <small>(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.)</small> KELLYMLK@aol.com				
<b>Phone 1 (Primary)</b> 212 539 0966	<b>Phone 2 (Alternate)</b> ( )	<b>Text Telephone (TTY Phone)</b>	<b>Fax</b> (914) 632-6034	
<b>Employer Identification Number (EIN)</b> <small>(Required for sole proprietorships with paid employees, corporations, and partnerships)</small> 46-5662600			<b>New York State Sales Tax Identification Number or Certificate of Authority Application Confirmation Number</b> <small>(You must complete this section if "Sales Tax Identification Number" is a requirement on your license application checklist.)</small>  <small>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.</small>  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] - [ ] 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 Michael	Middle Name (optional)	Last Name Kelly	
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.)	Authorized Representative
Mailing Address (Building Number, Street Name, Apartment/Suite/Other) 136 Waverly Rd			
City Scarsdale	State NY	ZIP Code 10583	Country/Region

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 (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □			
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.

ADJACENT  
PROPERTY

ADJACENT  
PROPERTY

ADJACENT  
WALK UP

FIXED CANOPY

ATM

NOTE: ITEM ON GROUND  
IN PHOTOS IS FLOOR MAT

3'-0"

24" x 24" TABLES  
5 PLACES

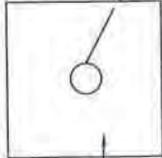
8'-1"

10'-1"

2'-4"

11'-5"

8'-0" CLEAR



TREE IN PIT FILLED  
W/ FLUSH PAVERS



2 PLAN 2nd Ave  
1/4"x1"



Bab Elkandra LLC  
73 2nd Ave  
NY 10003

