



July 05, 2016

Lorelei Salas
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: CJFM LLC
D/B/A NAME: LA CONTRADA
ADDRESS: 84 E 4TH ST NEW YORK, NY 10003-8903
BOROUGH/STATE/ZIP: Manhattan/NY/10003-8903
APPLICATION #: 8841-2016-ASWC
TYPE: UNENCLOSED
MAXIMUM # OF TABLES: 20
MAXIMUM # OF CHAIRS: 40
BUSINESS CONTACT: MICHAEL KELLY
PHONE NUMBER:
EMAIL:

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 August 19, 2016.** You may use the enclosed Recommendation Form to submit your recommendation.



8841-2016-ASWC

Sidewalk Café Recommendation Form

TO: NYC Department of Consumer Affairs

FROM: Susan Stetzer

Re: License/Application #: 8841-2016-ASWC
Business Name: CJFM LLC
Business Address: 84 E 4TH ST NEW YORK, NY 10003-8903

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



8841-2016-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



8841-2016-ASWC

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

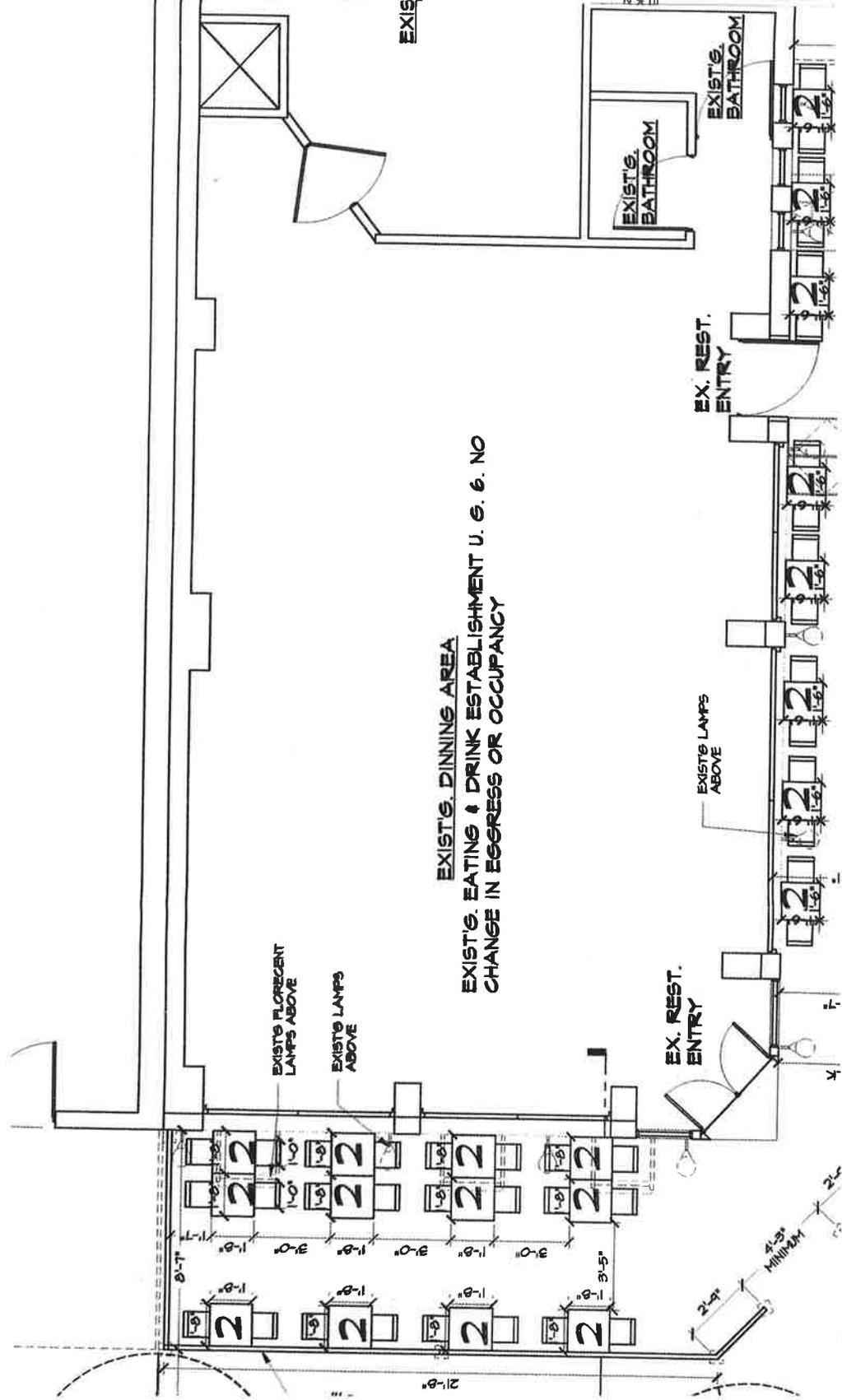
Last Name	Suffix (Jr., Sr., Esq.) (optional)	First Name	Middle Name (optional)
Social Security Number or Individual Taxpayer Identification Number □ □ □ - □ □ - □ □ □ □			
Home Address (Building Number, Street Name, Apartment/Suite/Other)			
City	State	ZIP Code	Country/Region

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.



EXIST'S. DINNING AREA
 EXIST'S. EATING & DRINK ESTABLISHMENT U. S. 6. NO
 CHANGE IN EGRESS OR OCCUPANCY

CSFM LLC 84 E 4th St NY NY 10003

