

Standardized NOTICE FORM for Providing Notice to a Local Municipality Mon. for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

1. Date Notice Was Sent:	04/15/2025	1a. Delivered by:	Federal Expi	ress Mail Services
2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space				
This Notice is Being Provided to the Clerk of the following Local Municipality				
3. Name of Municipality:	Manhattan Comr	munity Board No. 3		
Licensee Information				
4. License ID Number:	0370-24-107990			
6. License name:	Time Cafe LLC			
7. Trade Name (if any):	Time Cafe			
8. Street Address of Establishment: 105 Canal Street				
9. City, Town or Village:	New York			, NY Zip Code : 10002
10. Business Telephone Number of Applicant/Licensee: 212-671-0429				
11. Business E-mail of Applicant/Licensee: nicktpoe@gmail.com				
12. Describe municipal space to be added: Sidewalk Cafe				
12a. What date did you apply for a municipal permit? 07/20/2024				
Representative or Attorney representing the licensee				
13. Representative/Attorney's Full Name: Max Bookman, Esq Pesetsky and Bookman, Esq.				
14. Street Address: 325 Broadway, Suite 501				
15. City, Town or Village: New York State: NY Zip Code : 10007				
16. Business Telephone Number of Representative/Attorney: 212-513-1988				
17. Business Email Address : max@pb.law; melissa@pb.law				
I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.				
By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true. 18. Printed Name: NICHOLAS POE Title PARTNER				
18. Printed Name: [NIC]	HULAS PUE		Title PAI	KINEK
Signature: X				
The above captioned on-premises licensee is applying for an alteration to their existing license with the State				

Liquor Authority to sell alcoholic beverages on municipal space.

Please forward any concerns regarding the issuance of the alteration to the attention of The New York State Liquor Authority by e-mail community@sla.ny.gov