



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

www.cb3manhattan.org - mn03@cb.nyc.gov

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

April 29, 2025

New York State Liquor Authority
80 South Swan Street, Suite 900
Albany, New York 12210-8002

Re: Time Cafe LLC d/b/a Time Cafe Application for alteration to add municipal space with stipulations: Sidewalk Cafe
105 Canal Street
New York, NY 10002

Dear New York State Liquor Authority,

Community Board 3, Manhattan has no objection to the alteration of Time Cafe LLC d/b/a Time Cafe at 105 Canal Street, for adding municipal space as long as the agreed upon attached stipulations are added to the license.

1. Will close all outdoor seating by 10 pm.
2. All outdoor dining patrons will be seated at tables.
3. Will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and will remove all outdoor speakers.
4. For sidewalk seating, business will comply with DOT guidelines. Will have 14 tables and 28 chairs.
- ~~5. For roadbed seating, will comply with DOT guidelines. Will have tables and chairs.~~
6. Will have a staff person responsible for ensuring no loitering, noise or crowds outside.
7. Will conspicuously post this stipulation form beside liquor license inside of business.
8. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. Will revisit the above-stated method of operation if necessary in order to minimize establishment's impact on neighbors.

Sincerely,

Andrea Gordillo, Chair

Clint Smeltzer, Chair

Cc: Max Bookman, applicant's representative



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Community Board 3 Open Dining Stipulations for Administrative Approval

I, NICHOLAS POE, as a qualified representative of TIME CAFE LLC,
located at 105 CANAL ST., New York, NY agree to the following stipulations:

☒ Application for Sidewalk Café ☐ Application for Curbside Dining

1. I will close all outdoor seating by 10 pm.
2. All outdoor dining patrons will be seated at tables.
3. I will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and I will remove all outdoor speakers.
4. For sidewalk seating, I will comply with DOT guidelines. I will have 14 tables and 28 chairs.
5. For roadbed seating, I will comply with DOT guidelines. I will have tables and chairs.
6. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
7. I will conspicuously post this stipulation form beside my liquor license inside of my business.
8. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: POE OR REINSTEIN Phone Number: (917) 723-0101 OR (646) 491-2176

9. ☒ I will: STRICTLY FOLLOW GUIDELINES, WILL NOT HAVE OUTDOOR ACTIVITIES OTHER THAN DINING WITHIN SWC PERIMETERS. NO CONCERTS OR OTHER OUTDOOR ACTIVITIES

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Nicholas Poe 04/28/2025

Signed

Sworn to this 28th day of April 2025

M.P. Patel

Dated

MEHUL P PATEL

Notary Public

Commonwealth of Pennsylvania - Notary Seal
MEHUL P PATEL, Notary Public
Cumberland County
My commission expires July 30, 2028
Commission Number 1451243

APR 17 2025 30


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

1. Date Notice Was Sent: 1a. Delivered by:
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:

Licensee Information

4. License ID Number:
6. License name:
7. Trade Name (if any):
8. Street Address of Establishment:
9. City, Town or Village: ,NY Zip Code:
10. Business Telephone Number of Applicant/Licensee:
11. Business E-mail of Applicant/Licensee:
12. Describe municipal space to be added:
- 12a. What date did you apply for a municipal permit?

Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name:
14. Street Address:
15. City, Town or Village: State: Zip Code:
16. Business Telephone Number of Representative/Attorney:
17. Business Email Address:

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: Title

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**