



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

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1. Date Notice Sent: November 13, 2025      1a. Delivered by: Overnight Mail, Tracking Number and Pr

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:  
For premises outside the City of New York:

Received

NOV 14 2025

by Community Board 3, Man

☒ New Application   ☐ Removal   ☐ Class Change

For premises in the City of New York: (counties of Kings, New York, Bronx, Queens and Richmond):

☐ New Application   ☒ New Application and Temporary Retail Permit   ☐ Temporary Retail Permit   ☐ Removal

☐ Class Change   ☐ Method of Operation   ☐ Corporate Change   ☐ Renewal   ☐ Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date  
For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:**

3. Name of Municipality or Community Board: Manhattan Community Board 3

### Applicant/Licensee Information:

4. Licensee License ID (if applicable):       Expiration Date (if applicable):

5. Applicant or Licensee Name: Canyon NY Foundation Inc.

6. Trade Name (if any): TBD

7. Street Address of Establishment: 200 Broome Street

8. City, Town or Village: New York, NY      Zip Code: 10002

9. Business Telephone Number of applicant/ Licensee: 413-446-0403

10. Business E-mail of Applicant/Licensee: joe@canyon.org

11. Type(s) of alcohol sold or to be sold:   ☐ Beer & cider   ☐ Wine, Beer & Cider   ☒ Liquor, Wine, Beer & Cider

12. Extent of Food Service:   ☒ Full Food menu; full kitchen run by a chef/cook   ☐ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Museum with Restaurant (full kitchen and full menu required)

☐ Seasonal Establishment   ☐ Juke Box   ☒ Disc Jockey   ☒ Recorded Music   ☐ Karaoke

14. Method of Operation: (check all that apply)   ☒ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): all types, occasional

☒ Patron Dancing   ☐ Employee Dancing   ☐ Exotic Dancing   ☐ Topless Entertainment

☐ Video/Arcade Games   ☐ Third Party Promoters   ☒ Security Personnel

☐ Other (specify):

15. Licensed Outdoor Area:   ☒ None   ☐ Patio or Deck   ☐ Rooftop   ☐ Garden/Grounds   ☐ Freestanding Covered Structure  
(check all that apply)   ☐ Sidewalk Cafe   ☐ Other (specify):

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16. List the floor(s) of the building that the establishment is located on: entire building
17. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:
- |       |                   |
|-------|-------------------|
| _____ | _____             |
| Name  | License ID Number |
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SKIP 23-26) ☒ No

### Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: Rosenkranz Foundation
23. Building Owner's Street Address: 590 Madison Avenue
24. City, Town or Village: New York State: NY Zip Code: 10022
25. Business Telephone Number of Building Owner: 212-303-4300

### Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: Max Bookman, Esq.
27. Representative/Attorney's Street Address: Pesetsky and Bookman, P.C., 325 Broadway, Suite 501
28. City, Town or Village: New York State: NY Zip Code: 10007
29. Business Telephone Number of Representative/Attorney: 212-513-1988
30. Business E-mail Address of Representative/Attorney: max@pb.law; janelle@pb.law

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Joe Thompson Title: Director

Principal Signature: \_\_\_\_\_

Date: 11/13/25