



OFFICE USE ONLY

Original Amended Date **MAR 06 2026**

Received

By Community Board 3. Man.



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

20

1. Date Notice Sent: **March 4, 2025** 1a. Delivered by: **Certified Mail Return Receipt Requested**

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:

- New Application Removal Class Change

For premises in the City of New York:

- New Application New Application and Temporary Retail Permit Renewal Alteration Removal
 Class Change Method of Operation Corporate Change

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: **Community Board #3 - Manhattan**

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): **n/a** Expiration Date (if applicable): **n/a**

5. Applicant or Licensee Name: **Canal Cave Corp.**

6. Trade Name (if any):

7. Street Address of Establishment: **125 Canal Street, lower level**

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

9. Business Telephone Number of applicant/ Licensee: **212 390-8833**

10. Business E-mail of Applicant/Licensee: **canalcavecorp@outlook.com**

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: **Bar/Tavern**

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.):

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):

