

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



1. Date Notice was Sent: 09/21/2021 1a. Delivered by: Overnight Mail with Tracking Number

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
New Application Renewal Alteration Corporate Change Removal Class Change Method of Operation Change

Rec'd By Community Board 3, Man SEP 23 2021

For New 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 No. 3

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: KSSWINE LLC

6. Trade Name (if any): Parcelle

7. Street Address of Establishment: 135 Division Street - STORC

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

9. Business Telephone Number of Applicant/Licensee: (518) 338-6716

10. Business E-mail of Applicant/Licensee: grant@parcellewine.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 or cook Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment: Wine Bar

14. Method of Operation: (check all that apply)
Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
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: (check all that apply)
None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
Sidewalk Cafe Other (specify): DOT Temporary Open Restaurants Seating

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

16. List the floor(s) of the building that the establishment is located on:

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 serial number of the licensee:

Name

Serial 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:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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: Title:

Principal Signature:



Pesetsky & Bookman, PC

Attorneys at Law

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New York, NY 10007

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Max Bookman | Partner | max@pb.law

September 21, 2021

Via FedEx/RRR

Manhattan Community Board No. 3
59 East 4th Street
New York, NY 10003

Re: **KSSWINE LLC d/b/a Parcelle**
135 Division Street - STORC
New York, NY 10002

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as re-notification of the above-referenced applicant's intent to apply to the State Liquor Authority for an on-premises beer and wine license at the above referenced premises.

The 30-Day notice has been amended to change the class of license from a full liquor license to a tavern beer & wine license. Also, the trade name is being changed from Wine Night to Parcelle and the applicant will be applying for outdoor seating through the temporary DOT Open Restaurants program.

Thank you for your attention to this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,

PESETSKY & BOOKMAN, P.C.

A handwritten signature in black ink, appearing to be 'M Bookman', written over a horizontal line.

By: Max Bookman, Esq.