

State Liquor
Authority

OFFICE USE ONLY

☐ Original☐ Amended

Date _____

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

1. Date Notice Sent:

3/3/2023

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:

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 dateFor **Renewal** applicants, answer all questionsFor **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 principalsFor **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocationFor **Class Change** applicants, attach a statement detailing your current license type and your proposed license typeFor **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):

1340567

Expiration Date (if applicable):

5/31/2024

5. Applicant or Licensee Name:

KSSWINE LLC

6. Trade Name (if any):

Parcelle

7. Street Address of Establishment:

135 Division Street - Store C

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/cook

☒

Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Wine Bar

☐

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:

(check all that apply)

☐

None

☐

Patio or Deck

☐

Rooftop

☐

Garden/Grounds

☐

Freestanding Covered Structure

☐

Sidewalk Cafe

☒

Other (specify):

DOT Temporary Open Restaurants Seating Program

| | | |
|--------------------------------|-------------------------------|------------|
| 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: Ground Floor
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: Division Street Tower Development Corp/Philip Chong
23. Building Owner's Street Address: 21 Howard Street, Suite #203
24. City, Town or Village: New York State: NY Zip Code: 10013
25. Business Telephone Number of Building Owner: 646-613-0622

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

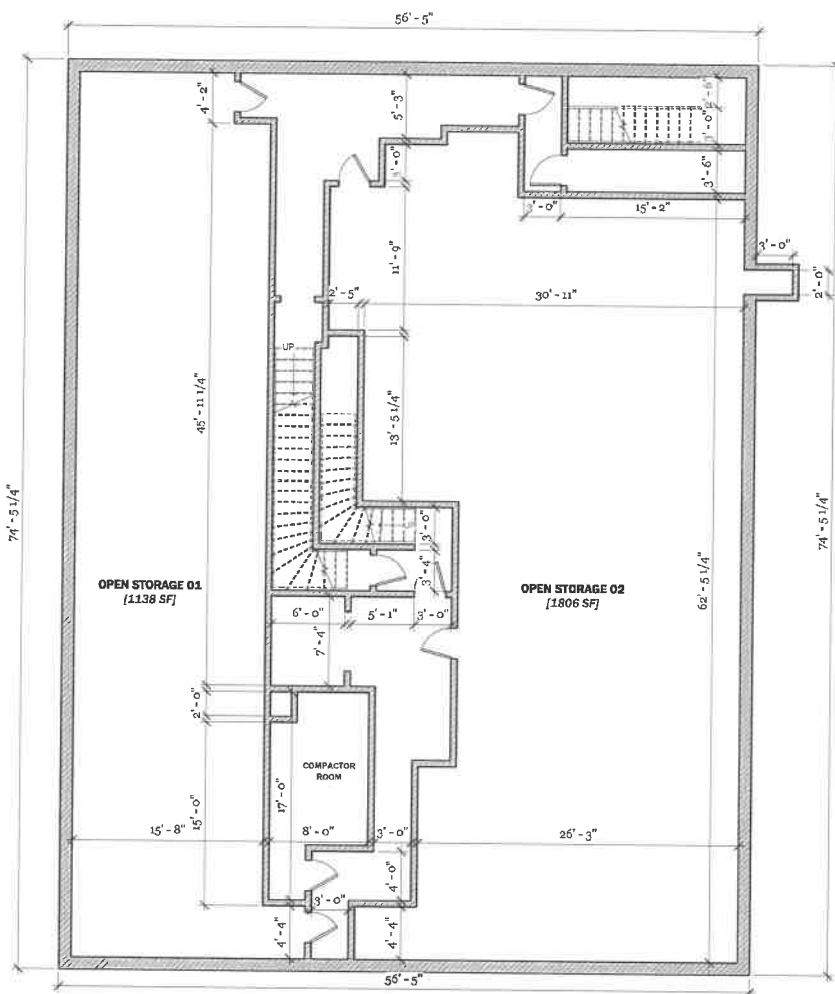
26. Representative/Attorney's Full Name: Max Bookman, Esq. - Pesetsky and Bookman, P.C.
27. Representative/Attorney's Street Address: 325 Broadway - Suite 501
28. City, Town or Village: New York State: NY Zip Code: 10007
29. Business Telephone Number of Representative/Attorney: 212-513-1988
30. Business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

Principal Signature: 



1

CELLAR PLAN

SCALE: 3/16" = 1'-0"

CELLAR PLAN

ARCH C

06/08/2021 23:07:40

FLOOR PLANS

Enter address here

Project Status



Pesetsky & Bookman, PC

Attorneys at Law

325 Broadway, Suite 501
New York, NY 10007

(212) 513-1988 | www.PB.law

Max Bookman | Partner | max@pb.law

March 3, 2023

Via FedEx Express

Manhattan Community Board No. 3

Attn: Edwin Chan, Sr.

59 East 4th Street

New York, NY 10003

Re: **KSSWINE LLC**
d/b/a Parcelle
135 Division Street – Store C
New York, NY 10002

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as notification of the above referenced licensee's intent to apply to the State Liquor Authority for an alteration application to add a cellar space.

Please refer to the attached diagram reflecting the expanded licensed area. There will be no changes to the method of operation.

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.