OFFICE USE ONLY
Original Amended Date ______

Authority

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

1. Date Notice Sent: 04/30/2024 1a. Delivered by: USPS Priority Mail
 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:
O New Application O New Application and Temporary Retail Permit O Renewal O Alteration O Removal O Class Change O Method of Operation O 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: Manhattan Community Board 3
Applicant/Licensee Information:
4. Licensee Serial Number (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee Name: Partea NYC US LLC
6. Trade Name (if any):
7. Street Address of Establishment: 220 E 14th Street
8. City, Town or Village: New York , NY Zip Code: 10003
9. Business Telephone Number of applicant/ Licensee: 646-386-7678
10. Business E-mail of Applicant/Licensee: hello@partea-nyc.com
11. Type(s) of alcohol sold or to be sold:
12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area required
13. Type of Establishment: Restaurant (full kitchen and full menu required)
Seasonal Establishment
Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
■ Video/Arcade Games
Other (specify):
15. Licensed Outdoor Area None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewalk Cafe

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Original Amended	Date	49			
16 List the fleey's of the building that he are 111.					
16. List the floor(s) of the building that the establishment is located on: 1st Floor and Basement					
17. List the room number(s) the establishment is located in within the building, if appropriate: 220					
18. Is the premises located within 500 feet of three or more on-premises liquor establishments?					
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 Nu	reals a v			
21. Does the applicant or licensee own the building in which the establishm		o No			
	- 105 (II 165, 5KII 25-20)	9 140			
Owner of the Parit Frank Market					
	he Licensed Establishment is Located				
22. Building Owner's Full Name: John Paravalos					
23. Building Owner's Street Address: 105 Clay Street					
24. City, Town or Village: Brooklyn	State: NY	Zip Code: 11222			
25. Business Telephone Number of Building Owner: 718-389-6670					
1.10 000 0010					
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					
	of at the Establishment identified in this	Notice			
26. Representative/Attorney's Full Name: Terry Sun					
27. Representative/Attorney's Street Address: 131-03 40th Rd, Apt 1	OF	27. Representative/Attorney's Street Address: 131-03 40th Rd, Apt 10F			
28. City, Town or Village: Flushing					
	State: NY	Zip Code: 11354			
29. Business Telephone Number of Representative/Attorney: 718-902-		Zip Code: 11354			
	7168	Zip Code: 11354			
29. Business Telephone Number of Representative/Attorney: 718-902-30. Business E-mail Address of Representative/Attorney: terry@partea-	7168	Zip Code: 11354			
30. Business E-mail Address of Representative/Attorney: terry@partea-	nyc.com	for the license.			
30. Business E-mail Address of Representative/Attorney: terry@partea- I am the applicant or licensee holder or a principal of Representations in this form are in conformity with rep	nyc.com the legal entity that holds or is applying resentations made in submitted docume	for the license.			
30. Business E-mail Address of Representative/Attorney: terry@partea-	nyc.com the legal entity that holds or is applying resentations made in submitted docume that representations made in this form y	for the license. nts relied upon by will also be relied			
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