Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

444 Beach 129th Street
Belle Harbor, New York 11694
TEL: 718-945-1000
FAX: 718-318-6162

November 3, 2025

CERTIFIED MAIL
NO. 9589 0710 5270 2462 6572 63
RETURN RECEIPT REQUESTED

RECEIVED
NOV 05 2025
BY COMMUNITY BOARD 8

Manhattan Community Board #8
Mr. Bill Brightbill, District Manager
505 Park Avenue Suite 620
New York, NY 10022

Re: 85 Wine Corp-Renewal Application

Dear Mt. Brightbill:

Please be advised that I am the attorney for 85 Wine Corp that is applying for the renewal of its On-Premise Liquor license for the premise located at 1505 Third Avenue. New York, NY 10028. This notification is given pursuant to Section 64 subdivision 2A of the Alcoholic Beverage Control Law.

I hereby request a waiver of the 30-day waiting period as the application is now late. Please email me a copy of the same.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,

Terrence R. Flynn, Jr

TRF/mh
Enclosure

rev12302021

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: 11/3/2025 1a. Delivered by: Certified Mail Return Receipt

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

RECEIVED

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: CB8

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1330668 Expiration Date (if applicable): 8/31/2025

5. Applicant or Licensee Name: 85 Wine Corp

6. Trade Name (if any):

7. Street Address of Establishment: 1605 3rd Ave.

8. City, Town or Village: New York , NY Zip Code: 10028

9. Business Telephone Number of applicant/ Licensee: 646-234-7752

10. Business E-mail of Applicant/Licensee: JACQUESJRG@GMAIL.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:

☐ 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. Interior & Outdoor Areas: (check all that apply) ☐ None ☐ Sidewalk Cafe ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure ☐ Other (specify):

sla-rev12302021

OFFICE USE ONLY
○ Original ○ Amended Date

16. List the floor(s) of the building that the establishment is located on: 1ST 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 22-25) ○ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: Billur Olgay - Akipek

23. Building Owner's Street Address: 200 East 85th Street

24. City, Town or Village: New York State: N-Y Zip Code: 10028

25. Business Telephone Number of Building Owner: 212-960-0020

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: Terrence R. Flynn, Jr

27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor

28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694

29. Business Telephone Number of Representative/Attorney: 718-945-1000

30. Business E-mail Address of Representative/Attorney: trflynnjr@gmail.com

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: Melissa A. Quari Title: President

Principal Signature: Melissa Quari

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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

New York, NY 10022

Certified Mail Fee	$4.40
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	$
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☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$7.72
Total Postage and Fees	$

Postmark Here

Sent To: Mr. Bill Bratton, Dist Mgr
Community Beats
Street and Apt. No., or PO Box No.: 545 Park Avenue, Suite 620
City, State, ZIP+4®: New York, NY 10022

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions