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

RECEIVED

DEC 10 2025

BY COMMUNITY BOARD 8

December 8, 2025

CERTIFIED MAIL NO. 9589 0710 5270 2462 6574 85 RETURN RECEIPT REQUESTED

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

Re: Bowen Hospitality LLC-Renewal of On-Premise Liquor License

Dear Mr. Brightbill:

Please be advised that I am the attorney for Bowen Hospitality LLC that is applying for the renewal of its On-Premise Liquor License for the premise located at 1672 Third Avenue, New York, New York 10022. This notification is given pursuant to Section 64 subdivision 2A of the Alcoholic Beverage Control Law.

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.

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TRF/vc Enclosure

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	State Liquor Authority
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OFFICE USE ONLY					
Original	Amended	Date _			

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

1. Date Notice Sent: 12/8/25 1a. Delivered by: Corbbied Mail Redwin 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
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): 1337666 Expiration Date (if applicable): 12/31/25
5. Applicant or Licensee Name: Bowen Hospitality LLC
6. Trade Name (if any): East End Bar & Grill
7. Street Address of Establishment: 1672 Third Ave
8. City, Town or Village: New York , NY Zip Code: 10128
9. Business Telephone Number of applicant/ Licensee: 212-348-3783
10. Business E-mail of Applicant/Licensee: Info@eastendbar.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 require
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): None of the above.
15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure (check all that apply) Sidewalk Cafe Other (specify):

OFFICE USI Original Amended	E ONLY Date	
		4
16. List the floor(s) of the building that the establishment is located on:	nd	
17. List the room number(s) the establishment is located in within the building, it	f appropriate:	
18. Is the premises located within 500 feet of three or more on-premises liquor e	establishments?	
19. Will the license holder or a manager be physically present within the establis	hment during all hours of operation?	☑ Yes □ No
20. If this is a transfer application (an existing licensed business is being purchase	ed) provide the name and serial number of	of the licensee:
Name	Serial Nu	mber
21. Does the applicant or licensee own the building in which the establishment is		☑ No
Owner of the Building in Which the L	icensed Establishment is Located	
22. Building Owner's Full Name: Steve Pinchasick		
23. Building Owner's Street Address: 369 Willis Ave		
24. City, Town or Village: Mineola	State: NY	Zip Code: 11501
25. Business Telephone Number of Building Owner: +1 (516) 857-9774	1	
Panyacantativa or Attornov Panyacantina	r the Applicant in Connection with t	ha
Representative or Attorney Representing 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	et, 2nd Floor	
28. City, Town or Village: Belle Harbor	State: New York	Zip Code: 11694
29. Business Telephone Number of Representative/Attorney: 718-945-10	000	
30. Business E-mail Address of Representative/Attorney: trflynnjr@gmai	I.com	
I am the applicant or licensee holder or a principal of the Representations in this form are in conformity with represe		
the Authority when granting the license. I understand tha upon, and that false representations may result in disap		
By my signature, I affirm - under Penalty of Perjury - th	nat the representations made in this f	form are true.
	- 10 CEV (330)	
31. Printed Principal Name: Kenneth Bowen	Title: Owner	
11.12		
Principal Signature:		