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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.

TRF/vc
Enclosure

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**
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: **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**

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: **Kenneth Bowen** Title: **Owner**

Principal Signature: _____

