

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

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

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April 11, 2018

CERTIFIED MAIL  
NO. 7017 2400 0000 0333 5825  
RETURN RECEIPT REQUESTED

Ms. Marcia Markowitz  
City Clerk of Long Beach  
One West Chester Street  
Long Beach, New York 11561

Re: Blacksmiths BP LLC – Restaurant Wine License Application

RECEIVED  
CITY CLERK'S OFFICE  
2018 APR 16 AM 10:48  
CITY OF LONG BEACH  
NEW YORK

Dear Ms. Markowitz:

Please be advised that the Blacksmiths BP LLC is applying for a Restaurant Wine License Application for the Premises located at 870 W Beech Street, Long Beach, NY 11561. 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.

Sincerely yours,

  
Terrence R. Flynn, Jr.

TRFJ/vc

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



**State Liquor Authority**

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

(Page 1 of 2 of Form)

1. Date Notice Was Sent: 4/10/18 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

- New Application  Renewal  Alteration  Corporate Change  Removal  Class Change

For **New** applicants, answer each question below using all information known to date.  
 For **Renewal** applicants, set forth your approved Method of Operation only.  
 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.

**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: City of Long Beach

**Applicant/Licensee Information**

4. License Serial Number, if Applicable: \_\_\_\_\_ Expiration Date, if Applicable: \_\_\_\_\_

5. Applicant or Licensee Name: Blacksmiths B PLLC

6. Trade Name (if any): \_\_\_\_\_

7. Street Address of Establishment: 870 W Beech Street

8. City, Town or Village: Long Beach, NY Zip Code: 11561

9. Business Telephone Number of Applicant/Licensee: 516-698-6277

10. Business Fax Number of Applicant/Licensee: \_\_\_\_\_

11. Business E-mail of Applicant/Licensee: shaneh9784@gmail.com

12. Type(s) of Alcohol sold or to be sold:  Beer & Cider  Wine, Beer & Cider  Liquor, Wine, Beer & Cider

13. Extent of Food Service:  Full food menu; Full Kitchen run by a chef or cook  Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment: Cafe

15. Method of Operation: (Check all that apply)

Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke

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): \_\_\_\_\_

16. Licensed Outdoor Area: (Check all that apply)

None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure

Sidewalk Cafe  Other (specify): \_\_\_\_\_

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



**State Liquor Authority**

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

(Page 2 of 2 of Form)

17. List the floor(s) of the building that the establishment is located on: Ground

18. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_

19. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No

20. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No

21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.  
\_\_\_\_\_

22. 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**

23. Building Owner's Full Name: Neptune Associates

24. Building Owner's Street Address: 2681 E. 14th Street

25. City, Town or Village: Brooklyn State: New York Zip Code: 11235

26. Business Telephone Number of Building Owner: \_\_\_\_\_

**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**

27. Representative/Attorney's Full Name: Flynn & Flynn, P.L.L.C.

28. Street Address: 198 Beach 102nd Street, 2nd Floor

29. City, Town or Village: Rockaway Park State: NY Zip Code: 11694

30. Business Telephone Number of Representative/Attorney: 1-718-945-1000

31. Business Email Address: trflynnjr@gmail.com

I am the applicant or hold the license or am 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.

32. Printed Name: Shane Herbert Title: Vice President

Signature: X [Handwritten Signature]