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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 16, 2026

CERTIFIED MAIL
NO. 9589 0710 5270 1406 0038 69
RETURN RECEIPT REQUESTED

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

Re: Lough Duff Rest Inc-Corporate Change Application

Dear Mr.Brightbill:

Please be advised that I am the attorney for Lough Duff Rest Inc that is applying for a Corporate Change application for its On-Premise Liquor license for the premise located at 1583 2nd Avenue, New York, NY 10028. 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

Terrence R. Flynn, Jr

TRF/mh
Enclosure

NEW YORK State Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

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

1. Date Notice Sent: 11/16/26 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~~

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: Community Board 8

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): 1028607 Expiration Date (if applicable): 2/28/27

5. Applicant or Licensee Name: Lough Ouff Rest. Inc.

6. Trade Name (if any): BRADY'S

7. Street Address of Establishment: 1583 2nd Ave

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

9. Business Telephone Number of applicant/ Licensee: 212 861 6070

10. Business E-mail of Applicant/Licensee: bradysbar-82@live.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: TAVERN

14. 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): _____

15. Licensed Outdoor Area (check all that apply) ☐ None ☒ Sidewalk Cafe ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☒ Freestanding Covered Structure ☐ Other (specify): _____

OFFICE USE ONLY
○ Original ○ Amended Date _____

16. List the floor(s) of the building that the establishment is located on: Basement + 1st Floor

17. List the room number(s) the establishment is located in within the building, if appropriate: 1

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: Torkian Group

23. Building Owner's Street Address: 1650 Broadway #910

24. City, Town or Village: NY. State: NY. Zip Code: 10019

25. Business Telephone Number of Building Owner: 212 944 8414

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: Dan Brady Title: President

Principal Signature: _____