



Received

SEP 08 2026

by Community Board 3, Man.

12



OFFICE USE ONLY		
☐ Original	☐ Amended	Date _____

49

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

1. Date Notice Sent: 09/04/2026 La. 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: (counties of Kings, New York, Bronx, Queens and Richmond):

☒ New Application ☐ New Application and Temporary Retail Permit ☐ Temporary Retail Permit ☐ Removal

☐ Class Change ☐ Method of Operation ☐ Corporate Change ☐ Renewal ☐ Alteration

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 Renewal 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 3

Applicant/Licensee Information:

4. Licensee License ID (if applicable): _____ Expiration Date (if applicable): _____

5. Applicant or Licensee Name: IRISH NORTHWEST LLC

6. Trade Name (if any): THE VOYAGE

7. Street Address of Establishment: 205 EAST FOURTH STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10009

9. Business Telephone Number of applicant/ Licensee: 347 538 1766

10. Business E-mail of Applicant/Licensee: NATHANWARD2013@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: IRISH PUB

☐ Seasonal Establishment ☐ Aisle 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): IRISH SOCIAL LOUNGE

15. Licensed Outdoor Area: ☐ None ☐ Patio or Deck ☐ Rooftop ☒ Garden/Grounds ☐ Freestanding Covered Structure

(check all that apply) ☐ Sidewalk Cafe ☐ Other (specify): _____

Scanned with CamScanner

OFFICE USE ONLY
☐ Original ☐ Amended Date _____

16. List the floor(s) of the building that the establishment is located on 5 STORIES
17. List the room number(s) the establishment is located within the building, if appropriate 8 UNITS
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 ID number of the licensee.
Name _____ License ID Number _____
21. Does the applicant or licensee own the building in which the establishment is located? ☐ Yes (if YES, SHIP 23-26) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: DORA STORE
23. Building Owner's Street Address: 144-45 76 AVE, FLUSHING
24. City, Town or Village: NEW YORK State: NY Zip Code: 11367
25. Business Telephone Number of Building Owner: (917) 951-2957

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 109th Street, and FT
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: _____ Title: _____
- ☐ By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Principal Signature:

Nathan Ward / Stephen Bentley / Louis Savage
09/09/2025

DSF
10/20/2025

Scanned with CamScanner