



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: _____

License Number: _____

Applicant Name: _____

Phone Number: _____

Email Address: _____

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) _____

of (dba) _____

have obtained a provisional license from the Cannabis Control Board and intend to file an application for full licensure with the Office of Cannabis Management to open a

retail dispensary

on-site consumption business

in (county name) [_____] . This business, once the license is approved, shall be located at:

Address Line 1: _____

Address Line 2: _____

City: _____

Zip code: _____

The mailing address is (if different from business location):

Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: [_____] Zip code: _____

(As applicable, name of business if different from above) has _____
retained the legal services of (attorney or representative)

Name: _____

Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: Zip code: _____

Telephone with area code: _____

If you would like to express an opinion to the Cannabis Control Board please respond to this notification within 30 days by emailing an attached opinion to municipalities@ocm.ny.gov. This expressed opinion must be on official municipality or community board letterhead.

If you would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if you have any comments, concerns, or questions, please reach out to the Office at municipalities@ocm.ny.gov with "Notification to Municipalities Municipality Opinion 30 Extension Request – [Insert your municipality name here]" in the subject line. Please be sure to provide proof of the date of receipt of the Notification to Municipalities that you wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed _____

Today's date: _____

Print _____