



**THE CITY OF NEW YORK  
COMMUNITY BOARD NO. 16**

Email: [BK16@CB.NYC.GOV](mailto:BK16@CB.NYC.GOV)

<https://www.nyc.gov/site/brooklyncb16/index.page>



**ANTONIO REYNOSO**  
**Borough President**

**SYDONE THOMPSON**  
**District Manager**

**GENESE MORGAN**  
**Chairperson**

**INSTRUCTIONS TO APPLICANT**

Cover Sheet for Conditional Adult-Use Retail Dispensary (“CAURD”) & Applicants seeking a license from the Cannabis Control Board to operate an adult-use retail dispensary or microbusiness within Brooklyn Community District 16 must request a public review hearing with the CB16 Legislative Committee on CAURD Microbusiness Licensing from the Community Board No. 16 office in advance.

**Microbusiness Licenses from the Cannabis Control Board Review Hearing Request Procedure**

Please follow the steps below to be placed on the agenda for a committee meeting.

- 1) Notify the Board via email at [bk16@cb.nyc.gov](mailto:bk16@cb.nyc.gov) your intention to seek a license. Upon Receipt of a request for a review hearing by completing a CB16 Cannabis Application.  
***All requests must be received prior to the submission deadline.***
- 2) Prepare a package of the following information and email to [bk16@cb.nyc.gov](mailto:bk16@cb.nyc.gov) by the submission deadline
- 3) Provide a brief narrative or personal statement with respect to your desire to open an adult use retail dispensary or microbusiness. Be sure to discuss:
  - Relevant personal history.
  - Vision for the business and how you will be a responsible business owner.
  - Specific ways residents of Community District 16 will benefit from your business.
- 4) A copy of your Cannabis Application submitted to the NYS Cannabis Board.
- 5) Photos of the current storefront and interior.
- 6) Intended renovations to increase community aesthetics.
- 7) Any Letters of support and/or a petition in support of your business.

*Letters and petition must contain a printed and signed name, address, and telephone number/email address. Letters cannot come from a person with an interest in the venture, but they can indeed come from other merchants, block associations, houses of worships, and tenants in the vicinity. Petitions should come from residents, merchants, block associations, houses of worship, etc. in the vicinity.*

The Board office will contact you with meeting details. Please attend the meeting and provide a presentation. Time frame to present is usually 15 to 20 minutes (including Q&A).

Once your presentation is confirmed, post the “Dear Neighbor signage” at the property, and share additional copies with the adjoining properties and the block association. A photograph of the posted sign should be emailed to [bk16@cb.nyc.gov](mailto:bk16@cb.nyc.gov). A link for the “Dear Neighbor signage” is on the CB16 website.

Thank you for your help and cooperation. If there are any questions, please call the office at (718) 802-2772 and leave a message for the Legislative Committee Chair.

Name of Applicant	CB16 Office Notified	CB16 Application Submission Deadline	CB16 Legislative Committee Meeting

# CB16 Legislative Committee on CAURD & Microbusiness Licensing

## **CB#16 ADULT-USE RETAIL DISPENSARY & MICROBUSINESS**

**CAURD Justice-Involved Applicant** ☐  
**<https://cannabis.ny.gov/caurd-info>**

**Commercial Corridor Applicant** ☐

**Brooklyn Resident** ☐

**CB16 Applicant** ☐

Principal Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Information: Corporate Name: \_\_\_\_\_

Trade/DBA (if applicable): \_\_\_\_\_

Please check applicable box for type of license you would like to be considered for:

ADULT-USE CULTIVATOR LICENSE ☐  
ADULT-USE DISTRIBUTOR LICENSE ☐  
ADULT-USE MICROBUSINESS LICENSE ☐

ADULT-USE PROCESSOR LICENSE ☐  
ADULT-USE RETAIL DISPENSARY LICENSE ☐

Proposed Hours of Operation:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Open							
Close							

Proposed Retail Location Address: \_\_\_\_\_

Is applicant the business owner? Yes ☐ No ☐

If renting, please provide Owner Contact information: \_\_\_\_\_

Lease Term? \_\_\_\_\_ Years

Are any renovations required for this establishment to accommodate the business? Yes ☐ No ☐

If yes, type of renovations \_\_\_\_\_

Proposed length of renovation \_\_\_\_\_ Years \_\_\_\_\_ Months

Local business Contracting? Yes ☐ No ☐

Is proposed establishment tenant occupied? Yes ☐ No ☐ If yes, how many units are attached to this establishment? \_\_\_\_\_

Have you received letters of support from the tenants of the building? Yes ☐ No ☐

# CB16 Legislative Committee on CAURD & Microbusiness Licensing

Is your establishment within 200 feet of the vicinity of a building that is used exclusively as a school, church, synagogue or other place of worship? Yes ☐ No ☐ If so, how many feet \_\_\_\_\_

What are the skills and qualifications of the business owner to operate this type of establishment?

---

---

**Identification:** Please check applicable box for type of identification provided:

Driver's License ☐

Non-Driver's License ☐

Passport ☐

**Prior Business Operating Experience:**

Do you have experience operating any other business? \_\_\_ Yes \_\_\_ No

If yes, please explain the business type and model. \_\_\_\_\_

---

**Marketing Strategies:**

How do you plan on marketing the business? What strategies will you use?

---

---

**Staffing**

Number of Employees: \_\_\_\_\_ Please describe the roles and number of staff in each role (or to be hired):

---

---

---

What is your plan to hire locally?

---

---

---

What type of staff training is required to work in this establishment?

---

---

---

**Security Planning**

Number of Security Personnel: \_\_\_\_\_ Staff or Outsourced? \_\_\_\_\_

Please provide detail on security plan (including crowd control measures, whether personnel will be armed, number of cameras, etc.).

---

---

---

**Community Benefit**

How do you plan to integrate your business into the community? Have you submitted a Statement of Interest / Memo of Understanding to CB16?

---

## CB16 Legislative Committee on CAURD & Microbusiness Licensing

---

---

Who will the contact person be in the community partnership? What is their contact information?

---

---

---

### **Online Sales and/or Delivery**

Do you plan to sell products online? If yes, please provide detail. Yes \_\_\_\_\_ No \_\_\_\_\_

---

---

---

Do you plan to offer delivery? If yes, please provide detail. Yes \_\_\_\_\_ No \_\_\_\_\_

---

---

---

### **CERTIFICATION**

I hereby certify that all information provided on this form and in other materials submitted to Community Board 16 is correct and accurate. I agree that any of the information I have provided may be incorporated into the license that may be issued to me by the State of New York at the request of Community Board 16.

Principal name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_