



THE CITY OF NEW YORK
COMMUNITY BOARD NO. 16

E-mail: bk16@cb.nyc.gov
Website: www.nyc.gov/brooklyn16
Tel: (718) 385-0323/0324



ANTONIO REYNOSO
Borough President

SYDONE THOMPSON
District Manager

MARGARET BREWER
Chairperson

APPLICATION INSTRUCTIONS

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

Letters and petitions 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 worship, and tenants in the vicinity. Petitions should originate from residents, merchants, block associations, houses of worship, and other local organizations in the vicinity.

The Board office will contact you with meeting details. Please attend the meeting and provide a presentation. The 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. 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) 385-0323/0324 and leave a message for the Legislative Committee Chair.

| CB16 Office Notified | CB16 Application Submission Deadline | CB16 Committee Meeting |
|----------------------|--------------------------------------|------------------------|
| | | |

CB#16 ADULT-USE RETAIL DISPENSARY & MICROBUSINESS

- ☐ CAURD Justice-Involved Applicant
<https://cannabis.ny.gov/caurd-info>
☐ Brooklyn Resident
- ☐ Commercial Corridor Applicant

☐ CB16 Resident

Principal Applicant’s Name:
Address:
Phone:
Email:
Business/Corporate Name:

Check the applicable box for the type of license you would like to be considered for:

- ☐ ADULT-USE CULTIVATOR LICENSE
- ☐ ADULT-USE PROCESSOR LICENSE
- ☐ ADULT-USE DISTRIBUTOR LICENSE
- ☐ ADULT-USE RETAIL DISPENSARY LICENSE
- ☐ ADULT-USE MICROBUSINESS LICENSE

Proposed Hours of Operation:

| | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
|-------|-----|-----|-----|-------|-----|-----|-----|
| Open | | | | | | | |
| Close | | | | | | | |

Proposed Retail Location Address:

Is the applicant the business owner? Yes ☐ No ☐

If renting, please provide the owner's Contact information:

Lease Term? _____ Years

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

If yes, type of renovation:

Proposed length of renovation: _____ Years _____ Months

Local business Contracting? Yes ☐ No ☐

Is the proposed establishment tenant occupied? Yes ☐ No ☐

If yes, how many units are associated with this establishment? _____

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

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 the applicable box for the type of identification provided:

Driver’s License ☐ Non-Driver’s License ☐ Passport ☐

Prior Business Operating Experience: Do you have experience running any other businesses? Yes ☐ No ☐

If yes, please explain the business type and model.

Marketing Strategies:

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

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 details on the 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?

Who will be the contact person 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 details. Yes ☐ No ☐

Do you plan to offer delivery? If yes, please provide details. 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.

| Printed Name | Signature | Date |
|--------------|-----------|------|
| | | |



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CANNABIS DISPENSARY APPLICATION

****NOTICE TO CB16 BROOKLYN RESIDENTS****

| |
|-------------------|
| Legal Name & DBA: |
| Business Address: |
| Email: |
| Tele: |

The business noted above is applying for licensure from the New York State Office of Cannabis Management (“OCM”) to operate an adult-use retail cannabis dispensary. All information provided by the applicant will be submitted with the Board’s letter of support or letter of opposition to the OCM.

PUBLIC MEETING & REVIEW

All impacted residents & stakeholders are encouraged to attend the Equity Planning Workgroup on the second Tuesday of each month and the Public Board meeting on the fourth Tuesday of each month to provide public comments on the application. The applicant is required to email the completed application, along with public responses from residents and entities in the vicinity of the proposed dispensary, to the board office at BK16-1@cb.nyc.gov at least one week prior to the Equity Planning Workgroup meeting.

BUSINESS PRACTICES

1. How many total employees will be employed at this business location?
2. How many residential units are above and below the premises?
3. How many residential units are directly adjacent to the premises?
4. How many residential units are behind the premises on the same street?

APPLICANT’S OWNERSHIP & MANAGEMENT EXPERIENCE

The three most recent businesses, addresses, and years of operation

Is this your first business enterprise? Yes ☐ No ☐ (Explain below)

| BUSINESS NAME | ADDRESS | YEARS IN OPERATION |
|---------------|---------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |

PROPOSED HOURS OF OPERATION:

| | | | | | | | |
|---|-----|-----|-----|-------|-----|-----|-----|
| | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| Open | | | | | | | |
| Close | | | | | | | |
| OPERATING NOTES: (i.e., “Closed Mondays” etc.) | | | | | | | |

POST-HEARING BOARD ACTION

After appearing at the Public Hearing, the District Manager will email the letter of support or opposition to the email address provided by the applicant and OCM. Please contact the Board office with any inquiries at (718) 385-0323/0324 or BK16-1@cb.nyc.gov.