

## Notification to Municipality OCM-06009

RE:	Notification of	lotification of adult-use retail dispensary license application					
License Type:	New Establi	lew Establishment					
Previous DBA:							
License Number (	if applicable):	666					
Applicant Name:		Miguel Bernard					
Phone Number:		917-523-0246					
Email Address:		miguelbernardphp@	gmail.com				
Dear Municipal	Clerk/NYC C	community Board:					
This serves as r	otification th	at I (name) Miguel I	Bernard				
of (dba) Blazin	Up LLC						
intend to, or hav	e, file(d) an	application for licens	ure with the C	of Cann	abis Manage	ment	
to open a(n):							
	tail dispensa	ary premises (new or	additional)	registered dispensing	organization g (or ROD)	with	
in (county name)	New York		. This busine	ss, once the	license is app	proved, shall be located	
at:							
Address Line 1:	183 Bow	ery					
Address Line 2:							
City	New York	New York					
Zip code:	10002						
The mailing add	ess is (if diff	erent from business	location):				
Address Line 1:	9220 104	Ith St					
Address Line 2:	-						
City/Town/Village	e: Richmon	d Hill					
State: NY		Zip code: 11418					

	e of business if different from above) has _ervices of (attorney or representative)	
Name:		
Address Line 1:		
Address Line 2:		
City/Town/Village:		
State:	Zip code:	
Telephone with area	a code:	
they must respond t	r community board would like to express a to this notification within 30 days by emailing n.ny.gov. This expressed opinion must be o	ng an opinion to
or community board concerns, or questi Municipalities Muniname here]" in the date of receipt of the submitting a municipal incomplete.	d to provide their opinion, or if the municipations, they must reach out to the Office at noticipality Opinion 30 Day Extension Request subject line. Municipalities or community be Notification to Municipalities that they will ipality opinion. Any request that does not in	nclude such information will be rejected as
Signed MGUEL	DENYLIV 8450	Today's date: 10/02/2023
Print Miguel Ber	nard	