

## Notification to Municipality OCM-06009

RE:	Notification of adult-use retail dispensary license	application
License Type:	New Establishment	
Previous DBA:		
License Number (	f applicable):	Rec'd By Community Board 3, Mar
Applicant Name:	Hazm Aliessa	
Phone Number:	(917) 514-1006	OCT 11 2023
Email Address:	haliessa212@gmail.com	
* £.		b .
Dear Municipal (	Clerk/NYC Community Board:	
- +	otification that I (name) Hazm Aliessa	
of (dba) Authen		
	e, file(d) an application for licensure with the	Office of Cannabis Management
mi	ail dispensary premises (new or additional) crobusiness  New York County  . This busi	registered organization with dispensing (or ROD)  ness, once the license is approved, shall be located
at:		
Address Line 1:	243 Bowery	
Address Line 2:		
City	New York	
Zip code:	10002	
The mailing addre	ess is (if different from business location):	
Address Line 1:	200 East 10th Street #169	
Address Line 2:		
City/Town/Village	: New York	
State: NY	Zip code: 10003	

	e of business if different from above) haservices of (attorney or representative)	
Name:		
Address Line 1:		
Address Line 2:		
City/Town/Village:		<u> </u>
State:	Zip code:	
Telephone with area	a code:	
they must respond t	r community board would like to express an or this notification within 30 days by emailing n.ny.gov. This expressed opinion must be on	an opinion to
or community board concerns, or questi Municipalities Muni name here]" in the date of receipt of the	d to provide their opinion, or if the municipalit	nicipalities@ocm.ny.gov with "Notification to - [Insert municipality or community board ards should be sure to provide proof of the to request an extension of time for
Signed Hazmaliessa Oct 4, 20	223 09:49 EDT)	Today's date: 10/3/23
Print Hazm Alie	ssa	