



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: \_\_\_\_\_

License Number: \_\_\_\_\_

Applicant Name: Abobaker Alamrani

Phone Number: 702-773-7777

Email Address: joetvusa@gmail.com

Rec'd By Community Board 5, mail  
NOV 21 2023

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Abobaker Alamrani  
of (dba) Herbal Oasis Shops Corp

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) New York County. This business, once the license is approved, shall be located at:

Address Line 1: 231 1st ave

Address Line 2: \_\_\_\_\_

City  New York

Zip code: 10003

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

Address Line 1: 234 8th ave

Address Line 2: \_\_\_\_\_

City/Town/Village: New York

State: NY Zip code: 10011

(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](mailto: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](mailto: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 BAHR

Today's date: 11/16/2023

Print Abobaker Alamrani