

## Notification to Municipality OCM-06009

RE:	Notification of adult-use retail dispensary license a	pplication
License Type:	New Establishment	
Previous DBA:		<del></del>
License Number	(if applicable):	Poold Dy Comment of the latest
Applicant Name:	EAST SIDE CONVENIEN	Rec'd By Community Board 3, Wan
Phone Number:	559-470-1657	NOV 1 5 2023
Email Address:	josangurdip@gmail.com	
Dear Municipal	Clerk/NYC Community Board:	
This serves as r	notification that I (name) GURDIP JOSAN	
of (dba) EAST	SIDE CONVENIENCE STORE INC	
	re, file(d) an application for licensure with the	Office of Cannabis Management
to open a(n):		
	tail dispensary premises (new or additional) icrobusiness	registered organization with dispensing (or ROD)
in (county name)	New York County . This busin	ness, once the license is approved, shall be located
at:		
Address Line 1:	279 EAST HOUSTON ST	
Address Line 2:		
City	NEW YORK	
Zip code:	10002	
Address Line 1: Address Line 2:	ess is (if different from business location):	
	Zip code:	

(As applicable, nan retained the legal s	ne of business if different from above) has _ ervices of (attorney or representative)	
Name:	NEHAL TRIVEDI	
Address Line 1:	400 Jericho Turnpike, Suite 318	
Address Line 2:		
City/Town/Village:	JERICHO	
State: NY	Zip code: 11753	
Telephone with are	a code: 516-470-1379	
mey must respond	r community board would like to express an to this notification within 30 days by emailing n.ny.gov. This expressed opinion must be on	an opinion to
concerns, or questi Municipalities Muni name here]" in the date of receipt of th	I to provide their opinion, or if the municipali	nicipalities@ocm.ny.gov with "Notification to - [Insert municipality or community board ards should be sure to provide proof of the
Signed	- Ster Te	Today's date: _10/05/2023
Print G	iurdip Singh Josan	