



# THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

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Tareake Dorill, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Cannabis License Application Questionnaire

**NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.**

The following items package are due by date listed in your email invitation:

- Questionnaire (below)
- Executed lease for the proposed location
- Community Impact Plan (see page 5)

### GENERAL INFORMATION

1. Type of License:

- Adult-Use Retail Dispensary
- Micro-business (with retail)

2. Entity Name: HORNBILL INC

3. Trade Name ("Doing Business As"): \_\_\_\_\_

### LOCATION INFORMATION

4. Address (including the floor location or room number, if applicable):

2 SAINT MARKS PL

NEW YORK, 10003 NEW YORK

Cross streets: 2nd Ave & 3rd Ave

5. Does the business, or has the business, ever sold cannabis products at this location?

- Yes
- No

6. Are there any buildings with the primary functions of a church, synagogue, or other places of worship on the same road and within 200-feet of this location?

- Yes
- No

7. Are there grounds occupied exclusively by a **school** on the same road and within 500-feet of this location?

- Yes
- No

8. Are there any **other retail dispensary or microbusiness retail** locations within 1,000 ft of this location?

- Yes
- No

9. If the establishment is a **transfer or previously licensed premises**, what is the name of the old establishment, and what is its registration or license number?

Name: N/A

Registration or License Number: \_\_\_\_\_

**PROPOSED BUSINESS**

10. Please provide a brief description of the types of products/services (to be) provided at the physical location, including which products will be sold onsite and which will be available for delivery, if applicable.

HEMP PRODUCTS / CANNABIS PRODUCTS

11. What measures will be taken to ensure that customers do not smoke outside in areas that would cause smoke to enter apartments or businesses above and nearby?

WE WILL PUT THE SIGN IN FRONT

12. How many **cannabis events** will you be hosting per year? NONE YET

13. Would you commit to playing music at background levels only?

- Yes
- No

14. Would you be willing to meet with the Lower East Side Employment Network (LESEN) to help identify local residents who meet your criteria for staffing the proposed business?

- Yes
- No

15. What are the total hours you will be open each week? 48/56

16. What are your proposed hours?

- Sundays: 11am - 8pm
- Mondays: 10:30 am - 8:00pm
- Tuesdays: 10:30 am - 8:00 pm
- Wednesdays: 10:30 am - 8:00 pm
- Thursdays: 10:30am - 8:00pm
- Fridays: 11:30am - 8:00 pm
- Saturdays: 10:30 am - 8:00 pm

**APPLICANT/LICENSEE REPRESENTATIVE INFORMATION**

17. Applicant Full Name: BELAY ET HOSSAIN

18. Attorney/Representative Full Name: \_\_\_\_\_

19. Attorney/Representative Address: \_\_\_\_\_

20. Attorney/Representative Address Phone Number: \_\_\_\_\_

21. How many cannabis licenses does the applicant currently hold? NONE

22. Has the applicant completed any workforce or training programs offered by OCM? If yes, which ones?

NONE

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23. If the applicant has an existing business at this location, have they ever received a violation at this location?

- Yes
- No

24. Has the applicant received a violation for selling unlicensed cannabis in last 3 years?

- Yes
- No

## REQUIRED ATTACHMENT GUIDANCE

**Community Impact Plan:** Please share your community impact plan, including the applicant's proposed strategy for community engagement, as an attachment. You should address the following points:

- Identify the community or communities and individuals disproportionately impacted that the applicant or licensee plans to benefit
- Include a description of:
  - the benefits that the applicant or licensee will provide to the community or individuals disproportionately impacted, including, but not limited to, workforce opportunities, community resources, education, and other community building programs
  - the scale or size of the disproportionately impacted target beneficiaries; and
  - the plan for implementation, including, but not limited to, actions, activities and engagements that will be performed by the applicant or licensee and frequency of engagement with the community or individuals disproportionately impacted
- Detail a demonstrated need of the proposed benefit to the community and individuals disproportionately impacted, including, but not limited to, economic and social impact
- Include identifiable resources the applicant or licensee will use to execute the community impact plan, including, but not limited to:
  - by written agreement, a demonstrable partnership or relationship with a community-based organization or other association
  - estimated expenses, if any, the applicant or licensee will incur to execute the community impact plan and its activities
  - the applicant's or licensee's demonstrated ability, knowledge, expertise or experience
  - any other information or documentation evidencing community engagement.
- Include a description of the applicant's or licensee's strategy to measure, track, and record the performance and execution of the community impact plan that identifies qualitative and quantitative metrics, and includes frequency of tracking such metrics

