



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

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Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Cannabis Questionnaire

A. Applicant Information

1. Name of nonprofit applicant (corporation name and dba) _____

2. Address, email, telephone number _____

3. Type of License, License number, OCM Application Number _____

4. All partners with percentage of partnership _____

5. Historical relationship to social and economic inequity for each partner _____

6. Responsibilities of each partner to the business _____

7. Name and Contact of Applicant's Representative _____

B. Information for Proposed Location

1. Proposed location address _____

2. Zoning for location _____

3. Certificate of Occupancy and number of people allowed _____

4. Describe residences and businesses above and both sides of proposed location _____

5. Landlord: name, address, phone number _____

6. Relationship of nonprofit and/or partners to landlord _____

C. Method of Operation

1. What are your proposed hours of operation? _____

2. How will you manage the sidewalk, vehicular traffic? _____

3. Do you plan to use velvet ropes? Yes No Façade: open or closed

Windows that open? Yes No

4. 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? _____

5. Will you have any events, entertainment, parties, music, amplified sound of any type? Yes No

6. If so, number per month, hours, sidewalk management plans for events? _____

7. Will you agree to have all doors and windows closed when there is amplified sound within business so that neighbors will not be impacted? Yes No

8. Describe planned security for inside and outside _____

9. Will you be willing to meet with LESEN, the Lower East Side workforce development network to help identify local residents who meet criteria for staffing the business? Yes No