

Notification to Municipality OCM-06009

RE:	Notification of adult-use retail dispensary license application
License Type:	New Establishment
Previous DBA:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
License Number	(if applicable): CMCAUSD-2022-CCO787 FEB 07 2024
Applicant Name:	
Phone Number:	3472809866
Email Address:	Luis Contillo 86@ gmouil.com
	0
Dear Municipal	Clerk/NYC Community Board:
	notification that I (name) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
of (dba)	Ct wonder Externises UC
intend to, or ha	ve, file(d) an application for licensure with the Office of Cannabis Management
to open a(n):	
W	registered organization with dispensing (or ROD)
	microbusiness
in (county nam	e) Divided is approved, shall be located
at:	
Address Line 1	: 150 Bovery
Address Line 2	2:
City	New York
Zip code:	10012
The mailing at Address Line	ddress is (if different from business location):
Address Line	0 0 0
City/Town/Vill	Zip code: 11207
State: 1	

(As applicable, nan retained the legal s	ne of business if different from above) has ervices of (attorney or representative)			
Name:				
Address Line 1:				
Address Line 2:				
City/Town/Village:				
State:	Zip code:			
Telephone with area	a code:			
may make a copolity a	r community board would like to express an op to this notification within 30 days by emailing a n.ny.gov. This expressed opinion must be on o	n aninian ta		
If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at municipalities@ocm.ny.gov with "Notification to Municipalities Municipality Opinion 30 Day Extension Request — [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they 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	To	oday's date: 2/5/2024		
Print _ WIS	FCantille			
0				