



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