

## Notification to Municipality OCM-06009

RE:	Notification of adult-use retail dispensary license application
License Type:	New Establishment
Previous DBA:	- War Scarry 3, Man
License Number (	(if applicable): OCM PETL -2023 - 002152 Rec'd By Community Board 3, Man
Applicant Name:	Canniesta Inc MAY 3 0 ZUZA
Phone Number:	916-806-4318  MAY 3 0 Zuz4  Good By Community Board 3, Mar
Email Address:	CanniestaNY@outlook.com MAY 3 0 2024
Dear Municipal	Clerk/NYC Community Board:
This serves as n	notification that I (name) Darlene Azimi
of (dba) Cannie	esta Inc
intend to, or hav	re, file(d) an application for licensure with the Office of Cannabis Management
to open a(n):	
	tail dispensary premises (new or additional) registered organization with dispensing (or ROD) icrobusiness
in (county name)	New York County . This business, once the license is approved, shall be located
at:	
Address Line 1:	212 East 14th Street
Address Line 2:	
City	New York
Zip code:	10003
The mailing addr	ess is (if different from business location):
Address Line 1:	8 The Green Ste A
Address Line 2:	
City/Town/Village	Dover
State: DE	Zip code: 19901

(As applicable, name retained the legal se	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 code:			
If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to <a href="mailto:municipalities@ocm.ny.gov">municipalities@ocm.ny.gov</a> . This expressed opinion must be on official municipality or community board letterhead.			
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 <a href="municipalities@ocm.ny.gov">municipalities@ocm.ny.gov</a> 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 Az		Today's date: <u>4/15/24</u>	
Print Darlene Az	zimi		