

## Notification to Municipality OCM-06009

RE:	Notification of adult-use retail dispensary license application
License Type:	lew Establishment
Previous DBA:	Received
License Number (if	applicable): OCM-RETL-24-000242  Matthewall applicable and the second se
Applicant Name:	Matthew Hennessy  917 648 7315
Phone Number:	917-648-7315
Email Address:	Matthewhennessy23@gma 9 mail. com
Dear Municipal Cl	erk/NYC Community Board:
This serves as not	tification that I (name) Matthew Hennessy
of (dba) BlissBar	LLC - DBA: Bellanova
intend to, or have,	file(d) an application for licensure with the Office of Cannabis Management
to open a(n):	
	il dispensary premises (new or additional) registered organization with dispensing (or ROD) robusiness
in (county name)	. This business, once the license is approved, shall be located
at:	
Address Line 1:	331 EAST 9TH STREET
Address Line 2:	
City	New York
Zip code:	10003
The mailing address Address Line 1:	ss is (if different from business location):
	520 2nd Ave #23C
Address Line 2:	New York NIV
City/Town/Village:	
State:	Zip code: <u>10016</u>

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