



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: Cream Luxuries Astoria Inc.

License Number (if applicable): OCMRETL-2023-002207

Applicant Name: Chun (Jessica) Wai

Phone Number: [REDACTED]

Email Address: [REDACTED]

Received  
MAY 23 2025  
by Community Board 3, Man.

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Jessica Wai  
of (dba) Cream Inc.

intend to, or have, file(d) an application for licensure with the Office of Cannabis Management  
to open a(n):

- ☒ retail dispensary premises (new or additional) ☐ registered organization with  
dispensing (or ROD)
- ☐ microbusiness

in (county name) New York County. This business, once the license is approved, shall be located  
at:

Address Line 1: 5 Division Street

Address Line 2: \_\_\_\_\_

City: New York

Zip code: 10002

The mailing address is (if different from business location):

Address Line 1: Same as business

Address Line 2: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_