



THE CITY OF NEW YORK
COMMUNITY BOARD 4

1420 Bushwick Avenue, Rm. 370, Brooklyn, NY 11207
bk04@cb.nyc.gov | (718) 628-8400 | www.nyc.gov/brooklyn4

Hon. Antonio Reynoso

Robert Camacho

Celestina León

Borough President

Chairperson

District Manager

CANNABIS RETAIL LICENSE APPLICATION QUESTIONNAIRE

The Brooklyn Community Board 4 office is in receipt of your notification to apply to the New York State Office of Cannabis Management for a Cannabis Retail License. A review of this application has been tentatively scheduled before our Permits and Licenses Committee.

In order to appear on our agenda:

- You must submit this **COMPLETED** Cannabis Retail Application Questionnaire **before close of business at least one week (5 business days) prior to the committee meeting.** We prefer an electronic submission sent to bk04@cb.nyc.gov.
- **Photos of your public postings** must accompany your completed form.
- **You must bring 3 hard copies** of this completed questionnaire with attachments and photos of your public posting to the committee meeting.

1) APPLICANT CONTACT INFORMATION

Applicant Name:

Email:

Trade name under which applicant will do business:

Phone:

Premises street address:

Cross street 1:

Cross street 2:

Block:

Lot:

Please include a map of area (i.e. Google map, OASIS NYC) that displays a 5-block radius around the establishment. Indicate schools, churches, and other licensed establishments as per 200 ft & 500 ft rules.

2) OTHER CONTACT INFORMATION

Contact information for officers, directors, LLC managers and owners of more than 10% of the entity:

Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>
Address :	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>

3) INFORMATION OF OTHER PREMISES

Name, address and trade name of any premises in which the persons in #2 have, or had, any interest:

Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		
Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		
Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		
Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		

4) PROPOSED HOURS OF OPERATION

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Operation							
Do you intend to have amplified music?	Yes (if yes, indicate hours below) No						
Music							
Do you intend to host events and/or other programming?	Yes (if yes, indicate hours below) No						
Events and/or Programming							

5) DESCRIPTION OF PROPOSED PREMISES

What was the prior use/occupant of the space?

Square Footage: <input style="width: 80px; height: 25px;" type="text"/>	Do you own the property? <input style="width: 80px; height: 25px;" type="text"/>
Occupancy: <input style="width: 80px; height: 25px;" type="text"/>	Do you have a signed lease for the location? <input style="width: 80px; height: 25px;" type="text"/>
Frontage (width): <input style="width: 80px; height: 50px;" type="text"/>	If yes to the above, indicate the duration of the lease. <input style="width: 80px; height: 50px;" type="text"/>

**Attach a floor plan, including outdoor space to be used or not.
Floor plan should be no larger than 8 1/2"x 14". Plan does not need to be prepared by an architect.**

Attach copy of Department of Buildings' Certificate of Occupancy or Letter of No Objection.

6) SUPPLEMENTAL APPROVALS

Have you contacted the applicable block association and/or neighbors about your application?	Yes	No
Have you initiated outreach to the 83 rd Precinct Community Affairs Unit?	Yes	No

Please provide us with any information that you feel would help us in determining whether it is in the public interest that your license be issued. Include why you applied for a license within Bushwick. You may attach a separate document.

ATTACHMENT CHECKLIST

Remember to include the following attachments:

- 5-block radius map of area
- Product type list
- Floor plan
- Department of Buildings' Certificate of Occupancy or Letter of No Objection
- A copy of proof of ownership and/or a signed lease agreement
- Any other information to help us determine whether it is in the public interest that the license be issued.

NAME OF PERSON WHO FILLED OUT THIS FORM

Name:

Date:



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ATTENTION RESIDENTS & NEIGHBORS:

_____ **AT** _____
(INSERT BUSINESS NAME) (INSERT ADDRESS)

HAS APPLIED FOR:

- A Conditional Adult-Use Retail Dispensary (CAURD) license**
- An adult-use microbusiness license**
- An adult-use retail dispensary license**
- Other – specify license type (e.g. adult-use cultivator, processor, distributor, etc.) _____**

THERE WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT AT BROOKLYN COMMUNITY BOARD 4’S PERMITS AND LICENSES COMMITTEE MEETING ON:

_____ **AT 6:00PM**
(INSERT DATE OF MEETING)

MEETING LOCATION:

(INSERT LOCATION OF MEETING)

APPLICANT CONTACT INFORMATION



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**Brooklyn Community Board 4
Cannabis Retail License Application
Notification Certification**

Please submit this completed form to the Brooklyn Community Board 4 Permits and Licenses Committee via the board's district office before your application is scheduled for review.

I, _____ (print name)
acting on behalf of _____ (business name)
doing business at _____ (business address),

do hereby demonstrate that I have read and complied with the Brooklyn
Community Board 4 Public Notification Rules to the best of my ability.

Signature: _____

Date: _____