



# CB11M

## EAST HARLEM

Xavier A. Santiago  
Chair

Angel D. Mescaín  
District Manager

### Cannabis Retail Dispensary License Application Questionnaire (adopted 11-1-23)

*Please return the completed questionnaire to the board office no less than fourteen (14) days before the Licenses & Permits Committee meeting. Failure to return this form on time will result in a recommendation to deny the application due to noncompliance with board procedures.*

**Applicant / Licensee Name:** \_\_\_\_\_

If this corporation or any of its principals is/are currently or have previously been licensed, please attach a list of the establishments, including trade names and addresses.

**Trade Name (DBA), if any:** \_\_\_\_\_

**License Serial #, if applicable:** \_\_\_\_\_

**License type:**

- New Establishment\*\*
- Transfer of Existing Business
- License Renewal
- Alteration of Existing Business\*\*

**Type of Business:**

- Retail Dispensary
- Microbusiness
- Registered Business with Dispensing (or ROD)

\*\* Please attach:

- Schematics, floor plans, or architectural drawings of the premise
- A proposed menu of products

PREMISE INFORMATION

**Premise Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Building:** \_\_\_\_\_ **Prior Use of Premises:** \_\_\_\_\_

**# of Floors for this establishment:** \_\_\_\_\_ **# Years at Premise:** \_\_\_\_\_

**Will any business besides cannabis sales be conducted on the premises?**

- Yes Please explain: \_\_\_\_\_
- No

**In advance of CB11 scheduling a public hearing for your application, we are asking for one of the following to be provided to our board office to demonstrate control of the property.**

- An executed deed if you own the property
- An executed lease agreement if you are leasing the property
- An executed provisional lease agreement between you and the owner of the proposed location

**Does the building have a valid Certificate of Occupancy, including for any back/side yard or roof use?**

- Yes (submit a copy of the certificate)
- No. (attach a copy of the Letter of Objection)

**Does this premises have a Place of Assembly Certificate of Operation (PACO)?**

- Yes. (submit a copy of the certificate)
- No

**Is the premises Wheelchair Accessible?**

- Yes
- No

**What is the maximum # of persons that can legally occupy the premises:** \_\_\_\_\_

PROPOSED METHOD OF OPERATION

**Proposed days/hours of operation:**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
:	:	:	:	:	:	:
TO	TO	TO	TO	TO	TO	TO
:	:	:	:	:	:	:

**# of Employees (total):** \_\_\_\_\_

**# of Employees residing in East Harlem:** \_\_\_\_\_

**Will this premises employ Security Personnel?**

- Yes How many and when? \_\_\_\_\_
- No

AMPLIFIED SOUND / NOISE MITIGATION

**If the premises will have amplified music, please indicate the type(s):**

- Background music, low volume
- Streaming services/playlists, jukebox, Other \_\_\_\_\_
- None

**Is soundproofing installed on the premises?**

- Yes
- No If not, do you plan to install soundproofing?
  - Yes
  - No

**How do you plan to manage noise inside and outside your business so neighbors will not be affected?**

Please attach the noise mitigation plan.

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200 & 500 FOOT RULES

**Is your premise within 200 feet of any church or place of worship?**

- Yes  
 No

**Church Name:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

**Have you notified this Church/Place of Worship about your license application?**

- Yes  
 No

**Is your premise within 500 feet of any school?**

- Yes  
 No

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Have you notified this School about your license application?**

- Yes  
 No

**Is your premise within 1000 feet of any other cannabis retail dispensary?**

- Yes  
 No

**Establishment #1 Name and Address:** \_\_\_\_\_

**Establishment #2 Name and Address:** \_\_\_\_\_

REPRESENTATIVE INFORMATION / CERTIFICATION

**Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship:**

- Owner  
 Attorney  
 Other:

**I hereby certify that the information provided above is truthful and accurate based on my personal belief.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_