



CB11M

EAST HARLEM

Xavier A. Santiago
Chair

Angel D. Mescain
District Manager

Cannabis Retail Dispensary License Stipulations (adopted 11-1-23)

I, _____, as a qualified representative of _____,

located at _____, New York, New York, agree to the

following stipulations for the applicant's Method of Operation:

1. Retail Dispensary
 Microbusiness
 Registered Business with Dispensing (or ROD)
2. My hours of operation will be:

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

3. I understand this to mean that all patrons will be cleared from the premises at the specified closing hour.
4. I will not operate outside of the hours of 8:00 AM to 12:00 AM seven days a week.
5. I will employ security personnel on the following days: _____.
6. I will assign staff responsible for ensuring no loitering, noise, or crowds outside the premises and to check IDs to ensure that no one under the age of 21 enters the premises.
7. I will play ambient recorded background music only.
8. I will install soundproofing.
9. I will close any front or rear façade doors and windows at 10:00 PM every night or when amplified sound is playing.
10. I will not have DJs, live music, and scheduled performances.

- 11. I will not have more than this number of _____ **Promoted events.**
- 12. I will not apply for an alteration to the method of operation, any physical alterations to the premises, or seek a change in class to my license without providing advance notification to CB11.
- 13. I will conspicuously post this stipulation form beside my cannabis license inside of my business.
- 14. I will commit to employing 50% of the staff from East Harlem.
- 15. I will commit to offering a work development program to East Harlem residents. To provide them with the skills necessary to find employment in the retail Cannabis industry.
- 16. I will return within 12 months with an update and to answer any questions that the committee and public may have regarding my business. Subsequently, I will return every two years for the same purpose.
- 17. (additionally):

- 18. Residents may contact the manager/owner at the number below. Complaints will be addressed immediately, and I will revisit the above-stated method of operation, if necessary, to minimize my establishment's impact on its neighbors.

Name: _____

Phone Number: _____

The Applicant agrees to the above stipulations as the basis for the community board's support of this application and acknowledges that all these stipulations are essential prerequisites to the board's recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its cannabis license. The stipulations in this application constitute the entire agreement between the board and the applicant and may only be altered in writing by CB11M and the applicant. These stipulations supersede any oral statements or representations in connection with this application.

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

Signed _____ Date _____