

ON LETTER HEAD

DATE

New York State Office of Cannabis Management
1220 Washington Ave.
Harriman Campus, Building 9, 4th Fl
Albany, NY 12226

Dear Office of Cannabis Management,

Please accept this letter as proof of municipal approval from the (INSERT MUNICIPALITY AND MUNICIPALITY AGENCY HERE) for the following proposed Cannabis Growers Showcase, as required pursuant to the Cannabis Growers Showcase Guidance:

- Cannabis Growers Showcase Organizer License Name:
- Cannabis Growers Showcase Organizer OCM-issued License Number:
- Name of Cannabis Growers Showcase Event (if available):
- Date of CGS:
- Time of CGS:
- Location of CGS:
- For approved recurring CGS, frequency of recurring CGS:
- Associated Event, if applicable:

This letter serves as final municipal approval and serves as evidence that all other necessary and applicable municipal agencies have provided their approvals and there will be no objections from the municipality or any municipal sister agency regarding [INSERT NAME OF THE CANNABIS GROWERS SHOWCASE EVENT].

We look forward to being partners in ensuring a safe and successful Cannabis Growers Showcase. Please contact (INSERT MUNICIPALITY AGENCY CONTACT NAME) at (INSERT MUNICIPALITY AGENCY CONTACT EMAIL) or (INSERT MUNICIPALITY AGENCY DIRECT PHONE NUMBER) for assistance with any questions you might have.

Sincerely,

SIGNATURE

(INSERT NAME)

(INSERT TITLE/POSITION OF AUTHORIZED MUNICIPALITY OFFICIAL)

(INSERT MUNICIPALITY AND MUNICIPALITY AGENCY PROVIDING APPROVAL)