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Cannabis Management, Office of

Adult-Use Microbusiness License

Adult-Use Microbusiness License

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Adult-Use Microbusiness License

Adult-Use Microbusiness License

Overview

An Adult-Use Microbusiness must engage in cannabis cultivation and additionally at least one of the following additional activities authorized by the Cannabis Law for a microbusiness: processing, distribution, or retail sales. If authorized through the application process, an Adult-Use Microbusiness may sell cannabis to a processor; sell cannabis products to a distributor; distribute cannabis products to other retail dispensary licensees, including ROD and on-site consumption licensees; sell cannabis products it has cultivated or processed to consumers via a retail establishment; obtain approval to operate a limited retail consumption facility; sell cannabis products via delivery to consumers; and send cannabis or cannabis products to a processor for processing without relinquishing ownership of that cannabis or cannabis product.

An Adult-Use Microbusiness may choose one of the following types of cannabis cultivation:

- Outdoor – canopy not to exceed 10,000 square feet
- Mixed-Light* – canopy not to exceed 5,000 square feet
- Indoor – canopy not to exceed 3,500 square feet

* Mixed light is cultivation of mature cannabis in a greenhouse, hoop-house with cannabis cultivation lights, glasshouse, conservatory, hothouse, or similar structure, using a combination of sunlight and lighting with all lighting requirements meeting the photosynthetic photon efficacy standards for the mixed-light tier set out in section 125.1 of the revised adult-use regulations.

Adult-Use Microbusinesses must meet and comply with all laws, rules, regulations, and guidance of the Adult-Use Microbusiness license. Failure to comply with any current or future laws, rules, regulations, or guidance issued by the Office of Cannabis Management may result in disciplinary action, including but not limited to, revocation of the license. Before applying, all applicants are encouraged to read the Frequently Asked Questions linked to the bottom of this page.

If you have any questions about the Adult-Use Microbusiness license or have issues applying, please call 1-888-OCM-5151 (1-888-626-5151) or reach out to AUlicensing@ocm.ny.gov for assistance.

Program Contact Information:
 Telephone: 1-888-OCM-5151 (1-888-626-5151)
 E-Mail: AUlicensing@ocm.ny.gov
 Website: <https://cannabis.ny.gov/>

Requirements



Website: <https://cannabis.ny.gov/>

Requirements

1. The applicant and anyone in the ownership structure must be 21 years of age or over.
2. The applicant must be a United States citizen, or a person lawfully admitted for permanent residence in the United States.
3. Privately Held Business - Each of the principal officers and directors must be a citizen of the United States or persons lawfully admitted for permanent residence.
4. Publicly Traded Business - Each of the principal officers and over one-half of directors must be citizens of the United States or persons lawfully admitted for permanent residence in the United States.
5. The applicant must provide the FEIN of the applicant's business, or if operating as a sole proprietor with no employees, an SSN may be used. (FEIN is highly recommended, even if operating as a sole proprietor. [How do I get a FEIN?](#))
6. A business/operating location is not required at the time of submitting your license application. If provisionally approved, you must determine the operating location prior to your final license being issued.
7. Name and contact information for all True Parties of Interest. [What is a True Party of Interest?](#)
8. Ownership, management, and financial information including organizational structure/ charts, capitalization tables/ ownership structures, and any proposed or existing sources of capital.
9. Payment of non-refundable Application Fee.

How to Apply

1. All applications must be submitted online through New York Business Express (NYBE).
2. Sign in or create a NY.gov account.
3. Your application has a save and resume feature. You do not need to complete it within one sitting.
4. After you submit your application, you can log in to NYBE at any time to check your application status.

Apply Online

Fee Information





Fee Information

Required Fees

TYPE	REFUNDABLE	AMOUNT	COMMENTS
Adult-Use Microbusiness Application Fee	No	\$1,000.00	An application fee is required to be paid online in order to submit an application.
Adult-Use Microbusiness License Fee	No	\$4,500.00	A license fee is required to be paid online once the license is approved in order for the final license to be issued.

Payment Options:

Credit card transactions accept up to a limit of \$5,000.00. For all transactions exceeding \$5,000.00, ACH will be the only accepted method of payment.

Fee Details:

Application and license fees are reduced by 50% for qualified Social and Economic Equity (SEE) applicants.

Additional Info

- [Frequently Asked Questions](#)
- [Relevant Legislation S.854-A \(Marihuana Regulation and Taxation Act\)](#)
- [Adult-Use Cannabis Regulations S.123.11](#)

For additional information/Sponsor Agency:

Cannabis Management, Office of

Find Assistance

Check out our [FAQs](#), [Helpful Links](#) or visit our [Contact Us](#) page.






Select the business you are applying for

Please select the business you are applying for from the options listed below. When selecting an existing business, we will use your previously entered Business Profile information to streamline your application process. Updates can be made to the existing profile upon selection. Select "My Business is not listed" if the business for which you are applying is not displayed in the list. For more information on Business Profiles, [click here](#).

Your Businesses (Displaying 16 of 16)

Business Name	Entity Type	ID #	
Cannabis LLC	Limited Liability Company Member Managed LLC	(FEIN: 12-8794563)	 Selected

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Additional Physical Location(s)

Mailing Address(es)

Introduction

New York Business Express is an online portal developed to easily guide and help you start and grow a business in New York State. Through the portal you can apply on-line for selected licenses, permits, and certificates.

First you will answer some basic questions about your business such as: your legal structure, legal name, locations, mailing addresses and contact information. To save you time and effort, this information will be used to create a profile for your business. This Business Profile will be reused for future license, permit, or certificate applications.

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Entity Type

Stop: Before you continue, please confirm the Business entity type you selected. If you select an incorrect entity type in error, or need to change your entity type later, you will have to start a new application. To learn more about business entities see [Legal Structure FAQ](#).

Note: Throughout the application a Red Asterisk * is used to show which fields are required.

Type of entity or organization:*
Limited Liability Company

Sub Type for LLC*

Member Managed LLC

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Legal Name *

Cannabis LLC

DBA or trade name (if different from legal name above)

Federal Employer Identification Number (EIN)

12-8794563

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Business Addresses

Next we will be collecting three basic types of addresses for your business. These addresses will be available for use on all future applications. Please include all of your business locations and mailing addresses. If you would like to have mail sent to any physical addresses you are entering, please click the checkbox, "This is also a mailing address". The three types of addresses are:

Business Physical Address(es): This is the primary location for business operations.

Additional Physical Location(s): Enter any physical location(s) where the business operates.

Mailing Address(es): Enter any established address where the business can receive its mail.

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Adult-Use Microbusiness

Ready to Submit

Business Physical Address

Enter the primary location for business operations.

Please note if you do not have a permanent place of business, for example; a show vendor or operate a portable stand or pushcart, you must enter the home address of the owner or one of the partners, members, or officers of the business.

ATTN (C/O)

Enter the actual street address of your business. Do not enter a PO Box number.

Address Line 1*

12 3rd St

Address Line 2

City*

Albany

Country*

United States

State / Province*

New York

Zip Code*

12210

ZIP + 4

2527

County*

Albany

Validate Address

☒ This is also the mailing address

Please be aware all correspondence, including your license/permit, will be sent to the physical address listed. If your business and/or mail box is not established, the United States Postal Service may deem your correspondence as undeliverable.

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Ready to Submit

Additional Physical Location(s)

If you have additional physical locations to enter, please use the "Add Another Location" button for each location you would like to enter. Each time you select "Add Another Location" the new set of fields will appear below the previously entered locations, at the bottom of the screen.

Total Records: 0

ADDRESS	EDIT	DELETE
There are no rows to display.		
+ Add Another Location		

PRIMARY PHYSICAL LOCATION

DBA:
Address: 12 3rd St
Albany, NY 12210-2527
Albany County
United States (US)

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Adult-Use Microbusiness

Ready to Submit

Mailing Address(es)

Please be aware all correspondence, including your license/permit, will be sent to the physical address listed. If your business and/or mail box is not established, the United States Postal Service may deem your correspondence as undeliverable.

Enter all of your business mailing addresses in this section.

If you have multiple Mailing Addresses to enter, please use the "Add Another Address" button for each address you would like to enter. Each time you select "Add Another Address" the new set of fields will appear below the previously entered addresses, at the bottom of the screen.

Total Records: 0

ADDRESS	EDIT	DELETE
There are no rows to display.		
+ ADD ANOTHER ADDRESS		

PHYSICAL LOCATIONS THAT ARE ALSO A MAILING ADDRESS

DBA:
Address: 12 3rd St
Albany, NY 12210-2527
Albany County
United States (US)

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Adult-Use Microbusiness

Ready to Submit

Contact Information

Telephone Number *

518-479-5623

Remove

Add Another Telephone Number

Mobile Phone Number

#####

Fax Number

#####

E-mail Address *

test@email.com

Remove

Add Another Email Address

Business Website

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Adult-Use Microbusiness

Ready to Submit

Industry Classification

NAICS Code Selection

Enter a NAICS Code or description of your business in the Primary NAICS Code box below to identify the correct NAICS for your business. You will see a list of possible NAICS Codes and descriptions below as you type. Select and click the correct NAICS code from the list. Both the code and the description will then appear in the Primary NAICS Code field.

If you do not see your NAICS Code when typing into the Primary NAICS Code box below, use the Filter by Category link located below the Primary NAICS Code field. This will allow you to filter through the NAICS categories. Select the Industry Sector, followed by the Sub Sector, Industry, and finally the Industry Classification. Once the correct NAICS code and description is displayed, click the Select button to choose your NAICS code. The Reset button will clear the fields.

If you are still unable to find your NAICS Code, click [here](#) and use the 2017 NAICS Search in the upper left-hand corner of the page.

Primary NAICS Code

Enter NAICS to Search*

OR [Filter by Category](#)

Do you have a secondary NAICS Code?*

Can't find your NAICS Code? Click [here](#) for help.

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Ready to Submit

Owner/Business Principal

We are almost done building your Business Profile that will be available for all future transactions for this business!

In this section you will be asked to provide the following details regarding the owner(s), principal(s), or other responsible persons associated to the business: name, title, address, phone number, date of birth, social security number or federal employer identification number, ownership percentage, and profit distribution percentages.

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Adult-Use Microbusiness

Ready to Submit

Member Information

Please enter your member/managing member information.

If you have additional members/managing members to enter, please use the "Add A Member" button for each member/managing member you would like to enter.

Total Records: 5

TITLE	NAME	SSN	OWNERSHIP PERCENTAGE	ADDRESS	EDIT	DELETE
Managing Member	First Member	***-**-7844	33	12 3rd St Albany, NY 12210-2527 Albany County United States		
Member	Second Member	***-**-5647	12.6	12 3rd St Albany, NY 12210-2527 Albany County United States		
Member	Third Member	***-**-4567	10	12 4th Ave Albany, NY 12202-1035 Albany County United States		
Member	Fourth J Member SR	***-**-1263	10	89 2nd Ave Albany, NY 12202-1216 Albany County United States		
Member	First Business	12-8745963	34.4	12 3rd St Albany, NY 12210-2527 Albany County United States		
+ ADD A MEMBER						

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Owner/Business Principal

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Profile Summary

Adult-Use Microbusiness

Ready to Submit

Profile Summary

Entity Type

Entity Type:	Limited Liability Company
Sub Type for LLC:	Member Managed LLC

Business Identification

Legal Name:	Cannabis LLC
DBA or trade name:	
Federal Employer Identification Number (EIN):	12-8794563

Business Addresses

Primary Addresses

12 3rd St
Albany, New York 12210-2527
Albany County
United States

This is also the mailing address: Yes

Physical Locations

Mailing Address

Contact Information

Phone Number

Telephone Number:	518-479-5623
-------------------	--------------

Mobile Phone Number:

Fax Number:

EditEditEdit

anyone in the ownership structure of the applicant under the age of twenty-one years?*

anyone of age can traffic cannabis in New York State.

anyone in the ownership structure of the applicant been convicted of a felony within the past five years involving fraud, money laundering, or operating a business?*

anyone in the ownership structure of the applicant explaining the circumstances of the conviction.*

anyone in the ownership structure of the applicant been convicted of a felony within the past five years for hiring, employing, or trafficking for sale, or peddling, any controlled substance to a minor; or selling, offering to sell, furnishing, offering to furnish, administering, or offering to administer any controlled substance to a minor?*

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Requirement

Ready to Submit

☐ Retail sales

License Fee - \$4,500

Has the applicant completed any workforce or training programs offered by the Office?*

Yes

No

Please identify the program that you have completed:

☒ Cannabis compliance training and mentorship program

Please upload a copy of the certification of completion*

Choose a File

Browse

Is the applicant licensed as an Adult-Use Conditional Cultivator?*

Yes

No

Enter the Adult-Use Conditional Cultivator license number:*

OCM-AUCC-XX-XXXXXX

The Adult-Use Conditional Cultivator license number must be entered identically as supplied by the Office of Cannabis Management in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces.

Did the applicant apply for a Conditional Adult-Use Retail Dispensary (CAURD) license?*

Yes

No

Enter the CAURD application number:*

OCM-CAURD-XXXX-XXXXXX

The CAURD application number must be entered identically as supplied by the Office of Cannabis Management in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces.

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General Adult-Use Eligibility

License-Specific Eligibility (Distributor)

True Parties of Interest

True Parties of Interest: Direct Ownership

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Authorized Persons

21 Years of Age or Older Requirement

Ready to Submit

License-Specific Eligibility (Distributor)

Does the applicant hold a license in New York State for an adult-use retail dispensary, adult-use on-site consumption, or adult-use delivery?*

☒ Yes☐ No

A licensee is prohibited by the Cannabis Law from holding simultaneously an Adult-Use Distributor license and an Adult-Use Retail Dispensary, Adult-Use On-Site Consumption, or Adult-Use Delivery license. A licensee may maintain its current license type during the processing of the application for a new license.

Does the applicant hold a direct or indirect interest in, or is a true party of interest, passive investor, landlord, financier, or management services provider, or by any other means, to a retail dispensary, on-site consumption, delivery, ROD, registered organization, or cannabis laboratory licensee or permittee in New York State?*

☒ Yes☐ No

An Adult-Use Distributor licensee shall not be permitted to hold, a direct or indirect interest in, or be a true party of interest, passive investor, landlord, financier or management services provider, to a retail dispensary, on-site consumption, delivery, ROD, registered organization, or cannabis laboratory licensee or permittee in New York State. A licensee may maintain its current license type during the processing of the application for a new license.

License Fee - \$7,000 per operating premises

Is the applicant licensed as an Adult-Use Conditional Cultivator?*

☒ Yes☐ No

Enter the Adult-Use Conditional Cultivator license number:*

OCM-AUCC-XXXX-XXXX

The Adult-Use Conditional Cultivator license number must be entered identically as supplied by the Office of Cannabis Management in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces.

Is the applicant licensed as an Adult-Use Conditional Processor?*

☒ Yes☐ No

Enter the Adult-Use Conditional Processor license number:*

OCM-AUCF-XX-XXXX

The Adult-Use Conditional Processor license number must be entered identically as supplied by the Office of Cannabis Management in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces.

Has the applicant completed any workforce or training programs offered by the Office?*

☒ Yes☐ No

Please identify the program that you have completed:

☒ Cannabis compliance training and mentorship program

Please upload a copy of the certification of completion*

Choose a File

Browse

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Adult-Use Processor

General Adult-Use Eligibility

License-Specific Eligibility (Processor)

True Parties of Interest

True Parties of Interest: Direct Ownership

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Authorized Persons

21 Years of Age or Older Requirement

Ready to Submit

License-Specific Eligibility (Processor)

Does the applicant hold a license in New York State for an adult-use retail dispensary, adult-use on-site consumption, or adult-use delivery?*

☒ Yes ☐ No

A licensee is prohibited by the Cannabis Law from holding simultaneously an Adult-Use Processor license and an Adult-Use Retail Dispensary, Adult-Use On-Site Consumption, or Adult-Use Delivery license. A licensee may maintain its current license type during the processing of the application for a new license.

Does the applicant hold a direct or indirect interest in, or is a true party of interest, passive investor, landlord, financier, or management services provider, to a retail dispensary, on-site consumption, delivery, ROD, registered organization, or cannabis laboratory licensee or permittee in New York State?*

☒ Yes ☐ No

An Adult-Use Processor licensee shall not be permitted to hold, a direct or indirect interest in, or be a true party of interest, passive investor, landlord, financier or management services provider, or by any other means, to a retail dispensary, on-site consumption, delivery, ROD, registered organization, or cannabis laboratory licensee or permittee in New York State. A licensee may maintain its current license type during the processing of the application for a new license.

Does the applicant current have a Tier 1 or Tier 2 Cultivator Licensee of any cultivation type with the Office of Cannabis Management?*

☒ Yes ☐ No

Any applicant with a current Tier 1 or Tier 2 Cultivator license with the Office of Cannabis Management pays a reduced Packaging, Labeling and Branding, including for the exclusive performance of white labeling agreements licensing fee of \$500

What business activities does the applicant intend to perform at this location?

☒ Extraction; Infusing and Blending; and Packaging, Labeling and Branding - License Fee \$7,000 per processing premises

☒ Infusing and Blending; and Packaging, Labeling and Branding - License Fee \$4,000 per processing premises

☒ Packaging; Labeling and Branding, including for the exclusive performance of white labeling agreements - License Fee \$2,000 per processing premises

A processor shall only conduct those activities specified on its application, whether on an initial or amendment application, that have been approved by the Office for such processor

Is the applicant licensed as an Adult-Use Conditional Processor?*

☒ Yes ☐ No

Enter the Adult-Use Conditional Processor license number:*

The Adult-Use Conditional Processor license number must be entered identically as supplied by the Office of Cannabis Management in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces.

Is the applicant licensed as an Adult-Use Conditional Cultivator?*

☒ Yes ☐ No

Enter the Adult-Use Conditional Cultivator license number:*



☐ Trade Secrets

☐ Primary Contact Information

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☐ Authorized Persons

☐ 21 Years of Age or Older Requirement

☐ Ready to Submit

What business activities does the applicant intend to perform at this location?

☒ Extraction; Infusing and Blending; and Packaging, Labeling and Branding - License Fee \$7,000 per processing premises

☒ Infusing and Blending; and Packaging, Labeling and Branding - License Fee \$4,000 per processing premises

☒ Packaging; Labeling and Branding, including for the exclusive performance of white labeling agreements - License Fee \$2,000 per processing premises

A processor shall only conduct those activities specified on its application, whether on an initial or amendment application, that have been approved by the Office for such processor

Is the applicant licensed as an Adult-Use Conditional Processor?*

Enter the Adult-Use Conditional Processor license number:*

OCM-AUCP-22-067567

The Adult-Use Conditional Processor license number must be entered identically as supplied by the Office of Cannabis Management in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces.

Is the applicant licensed as an Adult-Use Conditional Cultivator?*

Enter the Adult-Use Conditional Cultivator license number:*

OCM-AUCC-22-078078

The Adult-Use Conditional Cultivator license number must be entered identically as supplied by the Office of Cannabis Management in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces.

Has the applicant completed any workforce or training programs offered by the Office?*

Please identify the program that you have completed:

☒ Cannabis compliance training and mentorship program

Please upload a copy of the certification of completion*

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Does the applicant have a direct or indirect interest in, or is a true party of interest, passive investor, landlord, financier, or manager of a cooperative, microbusiness, ROD, ROND, registered organization, or cannabis laboratory licensee or permittee who is licensed to function as any of the aforementioned licensees?*

Does the applicant have a direct or indirect financial interest, not including being a passive investor, in three (3) other retail dispensary licensees?

Does the applicant have a financial interest in a Conditional Adult-Use Retail Dispensary (CAURD) license?*



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Adult-Use Cultivator

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License-Specific Eligibility (Cultivator)

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True Parties of Interest: Direct Ownership

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21 Years of Age or Older Requirement

Ready to Submit

License-Specific Eligibility (Cultivator)

Does the applicant hold a license in New York State for an adult-use retail dispensary, adult-use on-site consumption, or adult-use delivery?*

Yes

No

A licensee is prohibited by the Cannabis Law from holding simultaneously an Adult-Use Cultivator license and an Adult-Use Retail Dispensary, Adult-Use On-Site Consumption, or Adult-Use Delivery license. A licensee may maintain its current license type during the processing of the application for a new license.

Does the applicant hold a direct or indirect interest in, or is a true party of interest, passive investor, landlord, financier, or management services provider, to a retail dispensary, on-site consumption, delivery, ROD, registered organization, or cannabis laboratory licensee or permittee in New York State?*

Yes

No

An Adult-Use Cultivator licensee shall not be permitted to hold, a direct or indirect interest in, or be a true party of interest, passive investor, landlord, financier, or management services provider, or by any other means, to a retail dispensary, on-site consumption, delivery, ROD, registered organization, or cannabis laboratory licensee or permittee in New York State. A licensee may maintain its current license type during the processing of the application for a new license.

Does the applicant hold a direct or indirect interest in, or is a true party of interest of, another Adult-Use Cultivator, Adult-Use Cooperative, Adult-Use Microbusiness, ROD, or ROND?*

Yes

No

No person shall be a true party of interest in more than one license that includes cultivation; provided however, a passive investor may be a passive investor in more than one license that includes cultivation if such passive investor complies with all other ownership, control and interest requirements, and prohibitions of the Cannabis Law and this Title. A licensee may maintain its current license type during the processing of the application for a new license.

Is the applicant licensed as an Adult-Use Conditional Cultivator?*

Yes

No

Select the type of cultivator license being applied for:*

Indoor license

Outdoor license

Mixed-light license

Combination license

What is the tier of cultivator license being applied for?*

Tier 1 Indoor license: Not exceeding 5,000 square feet - License Fee \$1,750 + \$450/500 square feet of cultivation canopy

Tier 2 Indoor license: Greater than 5,000 square feet, not exceeding 12,500 square feet - License Fee \$6,250 + \$625/500 square feet of cultivation canopy over 5,000 square feet

Tier 3 Indoor license: Greater than 12,500 square feet, not exceeding 25,000 square feet - License Fee \$15,630 + \$880/500 square feet of cultivation canopy over 12,500 square feet

Tier 4 Indoor license: Greater than 25,000 square feet, but not exceeding 50,000 square feet - License Fee \$37,500 + \$1,250/500 square feet of cultivation canopy over 25,000 square feet

Tier 5 Indoor license: Greater than 50,000 square feet, but not exceeding 100,000 square feet - License Fee \$100,000 + \$2,000/500 square feet of cultivation canopy over 50,000 square feet

A cultivator shall not expand or reduce its cultivation canopy outside the bounds of its licensed cultivation tier unless it has applied to the Office and received prior written approval of the Office.

Has the applicant completed any workforce or training programs offered by the Office?*

Yes

No

Please identify the program that you have completed:

Cannabis compliance training and mentorship program

Please upload a copy of the certification of completion*

Download Your file: UAT080823.6.png

Remove X

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Social & Economic Equity
True Parties of Interest
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Social & Economic Equity
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OCMUA-020-800

Registered Organization Dispensary (ROD) Eligibility

1 The applicant must be an existing RO to apply for a ROD license. Select the RO that is applying.

List of existing ROs

2 Is the applicant a True Party of Interest (aside from a passive investor) in an existing ROD license?

Yes No

3 Does the applicant hold a direct or indirect interest in, or is a true party of interest, passive investor, landlord, financier, or management services provider, to an adult-use retail dispensary, on-site consumption, delivery, registered organization, or cannabis laboratory licensee or permittee in New York State?

Yes No

4 Does the applicant hold a direct or indirect financial controlling interest in, or is a true party of interest of, another Adult-Use Cultivator, Adult-Use Cooperative, Adult-Use Microbusiness, ROD, or ROND?

Yes No

5 Does the applicant have four medical dispensing facilities currently open and operational in New York State?

Yes No

6 Select the type of cultivation the ROD intends:

- ☐ Indoor license
☐ Outdoor license
☐ Mixed-light license

6a Select the cultivation tier being applied for:

- ☐ Tier 1 Indoor license: Not exceeding 5,000 square feet - License Fee \$1,750 + \$450/500 square feet of cultivation canopy
☐ Tier 1 Outdoor license: Not exceeding 5,000 square feet - License Fee \$1,000 + \$150/500 square feet of cultivation canopy
☐ Tier 1 Mixed-light license: Not exceeding 5,000 square feet - License Fee \$1,500 + \$240/500 square feet of cultivation canopy
☐ Tier 1 Combination license: Not exceeding 5,000 square feet of outdoor and 2,500 square feet of mixed light - License Fee \$1,250 + \$150/500 square feet of cultivation canopy
☐ Tier 2 Indoor license: Greater than 5,000 square feet, not exceeding 12,500 square feet - License Fee \$6,250 + \$625/500 square feet of cultivation canopy over 5,000 square feet
☐ Tier 2 Outdoor license: Greater than 5,000 square feet, not exceeding 12,500 square feet - License Fee \$2,500 + \$250/500 square feet of cultivation canopy greater than 5,000 square feet
☐ Tier 2 Mixed-light license: Greater than 5,000 square feet, not exceeding 12,500 square feet - License Fee \$4,380 + \$440/500 square feet of cultivation canopy over 5,000 square feet
☐ Tier 2 Combination license: Greater than 5,000 square feet, but not exceeding 12,500 square feet of outdoor, and greater than 2,500 square feet but not exceeding 6,250 square feet of mixed light - License Fee \$3,500 + \$235/500 square feet of cultivation canopy over 5,000 square feet
☐ Tier 3 Indoor license: Greater than 12,500 square feet, not exceeding 25,000 square feet - License Fee \$15,630 + \$880/500 square feet of cultivation canopy over 12,500 square feet
☐ Tier 3 Outdoor license: Greater than 12,500 square feet, not exceeding 25,000 square feet - License Fee \$6,250 + \$350/500 square feet of cultivation canopy over 12,500 square feet
☐ Tier 3 Mixed-light license: Greater than 12,500 square feet, not exceeding 25,000 square feet - License Fee \$10,940 + \$615/500 square feet of cultivation canopy over 12,500 square feet
☐ Tier 3 Combination license: Greater than 12,500 square feet, but not exceeding 25,000 square feet of outdoor, and greater than 6,250 square feet but not exceeding 12,500 square feet of mixed light - License Fee \$8,750 + \$375/500 square feet of cultivation canopy over 12,500 square feet
☐ Tier 4 Indoor license: Greater than 25,000 square feet, but not exceeding 50,000 square feet - License Fee \$37,500 + \$1,250/500 square feet of cultivation canopy over 25,000 square feet
☐ Tier 4 Outdoor license: Greater than 25,000 square feet, but not exceeding 50,000 square feet - License Fee \$15,000 + \$500/500 square feet of cultivation canopy over 25,000 square feet
☐ Tier 4 Mixed-light license: Greater than 25,000 square feet, but not exceeding 50,000 square feet - License Fee \$26,250 + \$875/500 square feet of cultivation canopy over 25,000 square feet
☐ Tier 4 Combination license: Greater than 25,000 square feet, but not exceeding 50,000 square feet of outdoor, and greater than 10,000 square feet but not exceeding 15,000 square feet of mixed light - License Fee \$21,000 + \$585/500 square feet of cultivation canopy over 25,000 square feet
☐ Tier 5 Indoor license: Greater than 50,000 square feet, but not exceeding 100,000 square feet - License Fee \$100,000 + \$2,000/500 square feet of cultivation canopy over 50,000 square feet
☐ Tier 5 Outdoor license: Greater than 50,000 square feet, but not exceeding 100,000 square feet - License Fee \$40,000 + \$800/500 square feet of cultivation canopy over 50,000 square feet

filter based on #6

7 What additional activities does the ROD intend to engage in?

- ☐ Processing - License Fee \$75,000
☐ Distribution - License Fee \$100,000

8 A ROD must co-locate its medical and adult-use dispensaries. If the ROD intends to co-locate more than one dispensing site, it must have at least one co-located dispensing site outside of New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, and Westchester counties, and cannot have more than one co-located facility in the same county or borough as any of its other licensed or registered dispensing sites. How many co-located dispensaries does the applicant intend?

cannot be more than 3. if > 3 error with "A ROD cannot have more than three co-located dispensaries."

These co-located dispensaries must be entered as locations in the applicant's Business Profile. If the applicant has not already added these locations please return to the Business Profile and enter them now.

[Return to Business Profile](#)

[Back](#)

[Save & Continue](#)

Tip Box:

"True Party of Interest" (i) includes, but is not limited to, the following:

- (a) applicant or licensee's sole proprietor, partner (whether limited or general), member, manager, president, vice president, secretary, treasurer, officer, board member, trustee, director, or a person with equivalent title to each of the foregoing;
 (b) stockholder of applicant or licensee;
 (c) each person that makes up the ownership structure of each level of ownership for an applicant or licensee that has a multilevel ownership structure, including, but not limited to, subsidiaries, affiliates, parents, shells, and holding companies;
 (d) person with a right to receive aggregate payments in a calendar year, as part of a risk sharing or services agreement, that exceeds the greater of:
 1) 10% of gross revenue,
 2) 50% of net profit of a licensee,
 3) \$100,000 from the licensee in a calendar year;
 (e) person with a financial interest in the applicant or licensee;
 (f) person that has authority to or exercises control over the applicant or licensee;
 (g) person that assumes responsibility for the debts of the applicant or licensee; or
 (h) spouse of any individual in clause (a) and (b) herein.

"Passive investor" means a person that is a true party of interest of a licensee with an aggregate ownership interest of no more than 5% percent of the outstanding shares of an applicant or licensee whose shares are publicly traded, or 20% of the outstanding shares or interest of any other entity, whether such shares or interest are current voting shares, future voting shares, current equity shares or future equity share of the applicant or licensee, and does not otherwise have any control or influence over the applicant or licensee. The total shares outstanding of future equity or future voting share classes shall be calculated as the entity's fully diluted share count (inclusive of all restricted stock units, options, warrants, or any other units of ownership that can be converted into a share of voting stock or equity), less contingent or future shares owned by persons whose financial or controlling interest in an entity is active.

"Direct Ownership" refers to any individual or entity that is an immediate owner of the applicant entity. "Indirect Ownership" refers to any individual or entity that is a parent company at any level of a direct owner entity.

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License Specific Eligibility
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OCMUA-020-700

Registered Organization No Dispensary (ROND) Eligibility

1

The applicant must be an existing RO to apply for a ROND license. Select the RO that is applying.

List of existing ROs

2

Is the applicant a True Party of Interest (aside from a passive investor) in an existing ROND license?

Yes

No

3

Does the applicant hold a direct or indirect interest in, or is a true party of interest, passive investor, landlord, financier, or management services provider, to a adult-use retail dispensary, on-site consumption, delivery, registered organization registered under Article 3 of the Cannabis Law, or cannabis laboratory licensee or permittee in New York State?

Yes

No

4

Does the applicant hold a direct or indirect interest in, or is a true party of interest of, another Adult-Use Cultivator, Adult-Use Cooperative, Adult-Use Microbusiness, ROD, or ROND?

Yes

No

5

Does the applicant have four medical dispensing facilities currently open and operational in New York State?

Yes

No

6

Select the type of cultivation the ROND intends:

- ☐ Indoor license
- ☐ Outdoor license
- ☐ Mixed-light license

6a

Select the cultivation tier being applied for:

- ☐ Tier 1 Indoor license: Not exceeding 5,000 square feet - License Fee \$1,750 + \$450/500 square feet of cultivation canopy
- ☐ Tier 1 Outdoor license: Not exceeding 5,000 square feet - License Fee \$1,000 + \$150/500 square feet of cultivation canopy
- ☐ Tier 1 Mixed-light license: Not exceeding 5,000 square feet - License Fee \$1,500 + \$290/500 square feet of cultivation canopy
- ☐ Tier 1 Combination license: Not exceeding 5,000 square feet of outdoor and 2,500 square feet of mixed light - License Fee \$1,250 + \$150/500 square feet of cultivation canopy
- ☐ Tier 2 Indoor license: Greater than 5,000 square feet, not exceeding 12,500 square feet - License Fee \$6,250 + \$625/500 square feet of cultivation canopy over 5,000 square feet
- ☐ Tier 2 Outdoor license: Greater than 5,000 square feet, not exceeding 12,500 square feet - License Fee \$2,500 + \$250/500 square feet of cultivation canopy greater than 5,000 square feet
- ☐ Tier 2 Mixed-light license: Greater than 5,000 square feet, not exceeding 12,500 square feet - License Fee \$4,380 + \$440/500 square feet of cultivation canopy over 5,000 square feet
- ☐ Tier 2 Combination license: Greater than 5,000 square feet, but not exceeding 12,500 square feet of outdoor, and greater than 2,500 square feet but not exceeding 6,250 square feet of mixed light - License Fee \$3,500 + \$235/500 square feet of cultivation canopy over 5,000 square feet
- ☐ Tier 3 Indoor license: Greater than 12,500 square feet, not exceeding 25,000 square feet - License Fee \$15,630 + \$880/500 square feet of cultivation canopy over 12,500 square feet
- ☐ Tier 3 Outdoor license: Greater than 12,500 square feet, not exceeding 25,000 square feet - License Fee \$6,250 + \$350/500 square feet of cultivation canopy over 12,500 square feet
- ☐ Tier 3 Mixed-light license: Greater than 12,500 square feet, not exceeding 25,000 square feet - License Fee \$10,940 + \$615/500 square feet of cultivation canopy over 12,500 square feet
- ☐ Tier 3 Combination license: Greater than 12,500 square feet, but not exceeding 25,000 square feet of outdoor, and greater than 6,250 square feet but not exceeding 12,500 square feet of mixed light - License Fee \$8,750 + \$375/500 square feet of cultivation canopy over 12,500 square feet
- ☐ Tier 4 Indoor license: Greater than 25,000 square feet, but not exceeding 50,000 square feet - License Fee \$37,500 + \$1,250/500 square feet of cultivation canopy over 25,000 square feet
- ☐ Tier 4 Outdoor license: Greater than 25,000 square feet, but not exceeding 50,000 square feet - License Fee \$15,000 + \$500/500 square feet of cultivation canopy over 25,000 square feet
- ☐ Tier 4 Mixed-light license: Greater than 25,000 square feet, but not exceeding 50,000 square feet - License Fee \$26,250 + \$875/500 square feet of cultivation canopy over 25,000 square feet
- ☐ Tier 4 Combination license: Greater than 25,000 square feet, but not exceeding 50,000 square feet of outdoor, and greater than 10,000 square feet but not exceeding 15,000 square feet of mixed light - License Fee \$21,000 + \$585/500 square feet of cultivation canopy over 25,000 square feet
- ☐ Tier 5 Indoor license: Greater than 50,000 square feet, but not exceeding 100,000 square feet - License Fee \$100,000 + \$2,000/500 square feet of cultivation canopy over 50,000 square feet
- ☐ Tier 5 Outdoor license: Greater than 50,000 square feet, but not exceeding 100,000 square feet - License Fee \$40,000 + \$800/500 square feet of cultivation canopy over 50,000 square feet

7

What additional activities does the ROND intend to engage in?:

- ☐ Processing - License Fee \$75,000
- ☐ Distribution - License Fee \$100,000

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if Yes then show message "No person shall be a true party of interest in more than one ROND in New York State. A licensee may maintain its current license type during the processing of the application for a new license."

the applicant can proceed

if Yes then "A ROND licensee shall not be permitted to hold, a direct or indirect interest in, or be a true party of interest, passive investor, landlord, financier, or management services provider, or by any other means, to a retail dispensary, on-site consumption, delivery, ROD, registered organization, or cannabis laboratory licensee or permittee in New York State. A licensee may maintain its current license type during the processing of the application for a new license."

the applicant can proceed

if Yes then "No person shall be a true party of interest in more than one license that includes cultivation; provided however, a passive investor may be a passive investor in more than one license that includes cultivation if such passive investor complies with all other ownership, control and interest requirements, and prohibitions of the Cannabis Law and this Title."

the applicant can proceed

if No then "To apply for a ROND license the applicant must have 4 operational medical dispensaries in New York State."

the applicant cannot proceed

Tip Box:

"True Party of Interest" (i) includes, but is not limited to, the following:
(a) applicant or licensee's sole proprietor, partner (whether limited or general), member, trustee, director, or a person with equivalent title to each of the foregoing;
(b) stockholder of applicant or licensee;
(c) each person that makes up the ownership structure of each level of ownership for an applicant or licensee that has a multilevel ownership structure, including, but not limited to, subsidiaries, affiliates, parents, shells, and holding companies;
(d) person with a right to receive aggregate payments in a calendar year, as part of a risk sharing or services agreement, that exceeds the greater of:
1) 10% of gross revenue,
2) 50% of net profit of a licensee,
3) \$100,000 from the licensee in a calendar year;
(e) person with a financial interest in the applicant or licensee;
(f) person that has authority to or exercises control over the applicant or licensee;
(g) person that assumes responsibility for the debts of the applicant or licensee, or
(h) spouse of any individual in clause (a) and (b) herein;

"Passive investor" means a person that is a true party of interest of a licensee with an aggregate ownership interest of no more than 5% percent of the outstanding shares of an applicant or licensee whose shares are publicly traded, or 20% of the outstanding shares or interest of any other entity, whether such shares or interest are current voting shares, future voting shares, current equity shares or future equity share of the applicant or licensee, and does not otherwise have any control or influence over the applicant or licensee. The total shares outstanding of future equity or future voting share classes shall be calculated as the entity's fully diluted share count (inclusive of all restricted stock units, options, warrants, or any other units of ownership that can be converted into a share of voting stock or equity), less contingent or future shares owned by persons whose financial or controlling interest in an entity is active.

"Direct Ownership" refers to any individual or entity that is an immediate owner of the applicant entity "Indirect Ownership" refers to any individual or entity that is a parent company at any level of a direct owner entity

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Ready to Submit

True Parties of Interest

Certain True Parties of Interest (TPI) in adult-use cannabis applicants or licensees must be disclosed by the applicant and submit personal or entity history disclosures.

The person indicated below will be required to submit an applicant TPI disclosure on behalf of the applicant. On this disclosure, the applicant will list all individuals who qualify as TPI requiring disclosure per the below rules. Each TPI listed by the applicant will then be prompted to submit their own personal or entity history disclosures.

For additional information on who does and who does not qualify as a True Party of Interest and which True Parties of Interest must be disclosed, please visit <https://cannabis.ny.gov/something>.

Definition of TPI

A True Party of Interest in any adult-use cannabis applicant or licensee includes the following:

- the applicant or licensee's sole proprietor, partner (whether limited or general), member, manager, president, vice president, secretary, treasurer, officer, board member, trustee, director, or any person with an equivalent title to each of the foregoing in any entity in the applicant or licensee's ownership structure;
- stockholder of applicant or licensee;
- each person that makes up the ownership structure of each level of ownership for an applicant or licensee that has a multilevel ownership structure;
- a person with a right to receive aggregate payments in a calendar year, as part of a risk sharing or goods and services agreement, that exceeds the greater of the following, as measured in that calendar year:
 - 1. 10% of the gross revenue of an applicant or licensee;
 - 2. 50% of the net profit of an applicant or licensee; or
 - 3. \$250,000 from an applicant or licensee;
- person with a financial interest in the applicant or licensee;
- a person that has authority to or exercises control over the applicant or licensee by controlling interest or otherwise;
- person that assumes responsibility for the debts of the applicant or licensee;
- a spouse of any individual in clause (a), (b) and (c) herein; or
- any other person that may have a direct or indirect interest, as may be determined in guidance by the Office, consistent with the policies and purpose of the Cannabis Law.

Passive Investors

A Passive investor is a True Party of Interest in an adult-use cannabis licensee. Passive investors include the following:

*Persons with an ownership interest, whether such shares or interest are current voting shares, future voting shares, current equity shares or future equity share of the applicant or licensee, and does not otherwise have any control or influence over the applicant or licensee, of no more than:

**5% percent of the outstanding shares or interest of an applicant or licensee whose shares are publicly traded,

**10% of the outstanding shares or interest of a privately held ROD license and microbusiness license, or

**20% of the outstanding shares or interest of any other privately held entity; or

*Persons who guarantee the lease of that licensee.

Disclosure Requirements

All non-passive investor True Parties of Interest must be disclosed by the applicant.

In addition, certain passive investors must also be disclosed:

- Owners with greater than 10% proportional aggregate ownership in a privately held entity; or



- Owners with greater than 10% proportional aggregate ownership in a privately held entity; or
- Owners with greater than 5% proportional aggregate ownership in a publicly traded entity; or
- Owners who contribute to the applicant's SEE qualification.

Proportional ownership interest means the share that the party has in the applicant or licensee considering all intermediary levels of ownership between the party and the applicant. For example, a party that is a 100% owner of the Intermediary Business, which is a 51% owner of the Licensed Business (the entity receiving the cannabis license), would be considered to have 51% proportional ownership in the Licensed Business.

Aggregate ownership interest means total ownership interest held by the following, or any combination of the following:

- a legal entity and any legal entity or individual in its multilevel ownership structure;
- an individual and the spouse, domestic partner, civil union partner, child, sibling, or parent of such individual; or
- a legal entity and any individual with control over such legal entity.

Select or enter the individual who will be responsible for completing the applicant's TPI disclosure.*

First Member

First Name

M.I.

Last Name

Suffix



First

Member

- Select One -

Phone Number*

###-###-####

Enter the email address that will be used to manage the applicant's TPI disclosures:*

- ☐ The applicant acknowledges that the individual selected above will receive email notifications regarding the applicant's obligation to complete True Party of Interest disclosures, and that the individual selected above shall be responsible for fulfilling said obligation on behalf of the applicant.

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True Parties of Interest: Direct Ownership

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21 Years of Age or Older Requirement

Ready to Submit

True Parties of Interest: Direct Ownership

Please review the applicant's direct ownership interests as entered in the Business Profile.

Individuals or entities with less than a 5% proportional ownership in a publicly traded applicant or less than a 10% proportional ownership in a privately held applicant are considered passive investors and do not need to be disclosed.

If any other direct owners have not yet been entered please return to the Owner/Business Principal section of the Business Profile and make those additions before proceeding.

Business Owners (Individuals)

BUSINESS OWNERS (INDIVIDUALS)
<div><div>Title: Managing Member</div><div>Name: First Member</div><div>Address: 12 3rd St</div><div>Albany, NY 12210-2527</div><div>Albany</div><div>United States (US)</div><div>Phone Number: 1-547-841-2658</div><div>Ownership Percentage: 33</div></div>
<div><div>Title: Member</div><div>Name: Second Member</div><div>Address: 12 3rd St</div><div>Albany, NY 12210-2527</div><div>Albany</div><div>United States (US)</div><div>Phone Number: 1-514-789-6523</div><div>Ownership Percentage: 12.6</div></div>
<div><div>Title: Member</div><div>Name: Third Member</div><div>Address: 12 4th Ave</div><div>Albany, NY 12202-1035</div><div>Albany</div><div>United States (US)</div><div>Phone Number: 1-654-897-2315</div><div>Ownership Percentage: 10</div></div>
<div><div>Title: Member</div><div>Name: Fourth J Member SR</div><div>Address: 89 2nd Ave</div><div>Albany, NY 12202-1216</div><div>Albany</div><div>United States (US)</div><div>Phone Number: 1-895-647-5124</div><div>Ownership Percentage: 10</div></div>

4 of 4 rows selected

Add New Business Owners (Individuals)

Total*
65.00 %

Business Owners (Business)

BUSINESS OWNERS (BUSINESSES)
<div><div>Title: Member</div><div>Name: First Business</div></div>

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Business Owners (Business)

BUSINESS OWNERS (BUSINESSES)

Title: Member
Name: First Business
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-587-492-1635
Ownership Percentage: 34.4

1 of 1 rows selected

Add New Business Owners (Businesses)

Total*

34.40 %

Passive Investors

PASSIVE INVESTORS

There are no records to display.

Add New Passive Investors

Entered Ownership Percentage*

100 %

Percentage of ownership that is passive investors:*

0.00 %

☒ The applicant attests that no passive investor has more than 5% proportional ownership in publicly traded entity or more than 10% proportional ownership in privately held entity

Total Ownership Percentage*

100 %

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21 Years of Age or Older Requirement

Ready to Submit

Business Ownership

Upload the applicant's most up-to-date organizational documents.*

Choose a FileBrowse

Documents that should be uploaded include but are not limited to certificates of incorporation, certificates of limited partnerships, articles of organizations, charter, by-laws, partnership agreement, agreements between any two or more persons of the applicant that relate in any manner to the assets, property or profit of the applicant, or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant.

Upload a copy of the applicant entity's Capitalization Table showing ownership above ten percent of an interest in the applicant, including owners of all parent and holding entities relating back to all individual persons involved, including any person with any vested future rights to ownership or revenue, except passive investors as previously defined.*

Choose a FileBrowse

Does the applicant entity have any subsidiary companies?*

YesNo

Enter the details in the table below:

Total Records: 0

NAME	FEIN	DATE CREATED	EDIT	DELETE
There are no rows to display.				
+ Add SUBSIDIARY				

Describe any and all ownership changes between the formation of the applicant and the date the application is submitted. Explain:

☐ I have a file to upload

Does the applicant have a plan in case the applicant, owners, or True Parties of Interest decide to leave the business, there is a material change in the applicant's ability to operate the business, or the applicant becomes otherwise unable to operate the business? Note that this plan must be disclosed before final licensure.*

YesNo

Select file to upload:*

Choose a FileBrowse

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Business Profile

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True Parties of Interest: Direct Ownership

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21 Years of Age or Older Requirement

Ready to Submit

Social and Economic Equity

Social and Economic Equity ("SEE") applicants are owners holding a majority ownership percentage of the applicant business that are from communities disproportionately impacted by the enforcement of cannabis prohibition or who qualify as a minority- or women-owned business, distressed farmer, or service-disabled veteran owned business. In accordance with the Cannabis Law, SEE applicants will be given preference over non-SEE applicants. The Cannabis Law establishes a goal to award fifty percent of adult-use cannabis licenses to SEE applicants. SEE eligibility will be verified by the Office as part of the application review.

Is the applicant applying as a Social and Economic Equity ("SEE") applicant?*

Yes

No

Continue to SEE Transaction

✖ If you are a SEE applicant, you must complete the SEE application.

NOT FOUND - A SEE application cannot be located. This applicant must apply for SEE eligibility to qualify for reduced application fees.

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[Exit Application](#)

Equity ("SEE") applicants are from communities disproportionately impacted by the enforcement of cannabis prohibition, farmer, or service-disabled veteran. SEE applicants will be given preference over non-SEE applicants. Fifty percent of an applicant's individual direct business principals must satisfy the SEE eligibility path(s) selected below to qualify for SEE status. **a community disproportionately impacted by the enforcement of cannabis prohibition**

Disproportionately Impacted Community-Owned Business

Disproportionately Impacted Community Business

Farmer

Service-Disabled Veteran-Owned Business



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Business Profile

SEE Eligibility Application

Social and Economic Equity (SEE)

Ownership & Sole Control (Individual from a community disproportionately impacted by the enforcement of cannabis prohibition)

Ownership & Sole Control (Minority-Owned Business)

Ownership & Sole Control (Women-Owned Business)

Ownership & Sole Control (Distressed Farmer)

Ownership & Sole Control (Service Disabled Veteran-Owned Business)

Ready to Submit

Ownership & Sole Control (Individual from a community disproportionately impacted by the enforcement of cannabis prohibition)

Individual from a community disproportionately impacted by the enforcement of cannabis prohibition

At least 51% of the applicant's individual direct business principals must satisfy the SEE eligibility path(s) selected above to qualify for SEE status.

Below are all individual business principals disclosed in the business Profile. Please return to profile to enter any additional business principals required to meet the 51% ownership requirement.

Please select the individuals below contributing to the above SEE certification path:

Select All Rows

INDIVIDUALS	
<input type="checkbox"/>	<div>Title: Managing Member Name: First Member Address: 12 3rd St Albany, NY 12210-2527 Albany United States (US) Phone Number: 1-547-841-2658 Ownership Percentage: 33</div>
<input type="checkbox"/>	<div>Title: Member Name: Second Member Address: 12 3rd St Albany, NY 12210-2527 Albany United States (US) Phone Number: 1-514-789-6523 Ownership Percentage: 12.6</div>
<input type="checkbox"/>	<div>Title: Member Name: Third Member Address: 12 4th Ave Albany, NY 12202-1035 Albany United States (US) Phone Number: 1-654-897-2315 Ownership Percentage: 10</div>
<input type="checkbox"/>	<div>Title: Member Name: Fourth J Member SR Address: 89 2nd Ave Albany, NY 12202-1216 Albany United States (US) Phone Number: 1-895-647-5124 Ownership Percentage: 10</div>

0 of 4 rows selected

Add New Individuals

Total SEE Ownership Percentage:*

0.00 %

☐ The applicant attests, under penalty of perjury, that the above-named owner(s) have ownership and sole control over the applicant.

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Social and Economic Equity (SEE)

Ownership & Sole Control (Individual from a community disproportionately impacted by the enforcement of cannabis prohibition)

Communities Disproportionately Impacted (Individual)

Communities Disproportionately Impacted (Individual)

Communities Disproportionately Impacted (Individual)

Ownership & Sole Control (Minority-Owned Business)

Ownership & Sole Control (Women-Owned Business)

Ownership & Sole Control (Distressed Farmer)

Ownership & Sole Control (Service Disabled Veteran-Owned Business)

Communities Disproportionately Impacted (Individual)

Name: First Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-547-841-2658

Select the applicable residency requirement

The owner listed above resided in a community disproportionately impacted by the enforcement of cannabis prohibition for*

☐ an aggregate of three of the first 18 years of their life

☐ an aggregate of five years at any point in their life

Upload proof of the above-named owner's date of birth*

Total Records: 0

ENTER THE YEAR OF RESIDENCY FROM	ENTER THE YEAR OF RESIDENCY TO	CHECK THE TYPE OF PROOF BEING UPLOADED:	UPLOAD THE PROOF OF RESIDENCY:	EDIT	DELETE
There are no rows to display.					
+ ADD ANOTHER RECORD					

Are any of the following true for the above named owner:

- have been convicted of a marihuana-related offense in New York State before March 31, 2021, or
- have a spouse, parent, dependet, and/or child convicted of a marihuana-related offense in New York State prior to March 31, 2021, or
- was a dependent of someone convicted of a marihuana-related offense in New York State before March 31, 2021?

Applicants are only required to enter one marihuana-related offense.

Note that for the charges below, Cannabis/Marihuana/Concentrated Cannabis (hashish) MUST BE in the accusatory instrument:

- PL 240.36 Loitering in the First Degree
- PL 220 Controlled Substances Offenses
- when a conviction ocured where one of the below cannabis charges was dropped and the individual was convicted of a non-drug offense, violation, or misdemeanor supported by documentation



(Minority-Owned Business)

☐ Ownership & Sole Control (Women-Owned Business)

☐ Ownership & Sole Control (Distressed Farmer)

☐ Ownership & Sole Control (Service Disabled Veteran-Owned Business)

☐ Ready to Submit

☒ YES ☐ NO

Applicants are only required to enter one marijuana-related offense.

Note that for the charges below, Cannabis/Marijuana/Concentrated Cannabis (hashish) MUST BE in the accusatory instrument:

- PL 240.36 Loitering in the First Degree
- PL 220 Controlled Substances Offenses
- when a conviction occurred where one of the below cannabis charges was dropped and the individual was convicted of a non-drug offense, violation, or misdemeanor supported by documentation

Total Records: 0

YEAR OF INCIDENT	OFFENSE	EDIT	DELETE
There are no rows to display.			
+ Add New MRO			

Enter the above-named owner's current residential address:

Street Line 1*

Street Line 2

City*

State*

Zip*

Upload proof of the above-named owner's current residential address*

Choose a File

Browse

Enter the above-named owner's most recent annual income:*

Upload proof of the above-named owner's most recent annual income*

Choose a File

Browse

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(Individual from a community disproportionately impacted by the enforcement of cannabis prohibition)

Communities Disproportionately Impacted (Individual)

Marihuana-Related Offenses

Communities Disproportionately Impacted (Individual)

Communities Disproportionately Impacted (Individual)

Ownership & Sole Control (Minority-Owned Business)

Ownership & Sole Control (Women-Owned Business)

Ownership & Sole Control (Distressed Farmer)

Ownership & Sole Control

Marihuana-Related Offenses

Name: First Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-547-841-2658

Offense: PL 221.10 Unlawful Possession of Marihuana in the First Degree Year of Incident: 1999

What is the relationship of the above-named owner to the individual convicted?*

- ☐ Self
☒ Other (parent, spouse, dependent, guardian, child)

First Name* Middle Name Last Name* Suffix

Upload proof of the convicted individual's relationship to the above-named owner:*

Choose a File Browse

Name of the convicted individual at the time of the incident if different from current legal name:

First Name Middle Name Last Name Suffix

The applicant must submit documentation to provide proof of the marihuana-related offence. Select the proof to be submitted:

- ☐ Certificate of Disposition
☐ A record of judgment and conviction
☐ A record of plea, verdict and sentence
☐ A docket entry from court records that indicates the existence of a conviction
☐ Minutes of a court proceeding or a transcript of a hearing that indicates the existence of a conviction
☐ An abstract of a record of conviction prepared by the court in which the conviction was entered, or by a state official associated with the state's repository of criminal justice records, that indicates the charge or section of law violated, the disposition of the case, the existence and date of conviction, and the sentence.



☐ Ownership & Sole Control
(Women-Owned Business)

☐ Ownership & Sole Control
(Distressed Farmer)

☐ Ownership & Sole Control
(Service Disabled Veteran-
Owned Business)

☐ Ready to Submit

☐ A docket entry from court records that indicates the existence of a conviction

☐ Minutes of a court proceeding or a transcript of a hearing that indicates the existence of a conviction

☐ An abstract of a record of conviction prepared by the court in which the conviction was entered, or by a state official associated with the state's repository of criminal justice records, that indicates the charge or section of law violated, the disposition of the case, the existence and date of conviction, and the sentence

☐ Any document or record prepared by, or under the direction of, the court in which the conviction was entered that indicates the existence of a conviction

☐ Any other evidence that reasonably indicates the existence of a criminal conviction may be admissible as evidence thereof

☐ Arrest Record

☒ Police File

Upload*

Choose a File

Browse

☐ Health Records indicating arrest/conviction

☐ Notarized attorney's letters

☐ Acknowledgement of Application to Destroy Expunged Marihuana Conviction Record (DCJS)

☐ Submitted Application to Destroy Expunged Marihuana Conviction Record

☐ CPL-440 Form

☐ Governor's Commutation

☐ Responsive records that may be maintained by local or state correctional facilities (e.g., DOCCS inmate or parolee lookup)

☐ Results from a criminal history background check

☐ Any other information verifying a marijuana-related offense as approved by the Office of Cannabis Management

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Marihuana-Related Offenses

Ownership & Sole Control (Minority-Owned Business)

Ownership & Sole Control (Women-Owned Business)

Ownership & Sole Control (Distressed Farmer)

Ownership & Sole Control (Service Disabled Veteran-Owned Business)

Ready to Submit

Ownership & Sole Control (Minority-Owned Business)

Minority-Owned Business

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0 of 4 rows selected

Add New Individuals

Total SEE Ownership Percentage:*

0.00%

☐ The applicant attests, under penalty of perjury, that the above-named owner(s) have ownership and sole control over the applicant.

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Communities Disproportionately Impacted (Individual)

Marihuana-Related Offenses

Ownership & Sole Control

Minority-Owned Business Individual

Name: First Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-547-841-2658

Has the applicant previously used this entity to engage in business activities?*

☒ Yes☐ No

How many years has the business been operating?*

Upload all gross quarterly payroll reports since the certified business's inception*

Has the applicant registered as a New York State certified Minority-Owned Business Enterprise or Minority Woman-Owned Business Enterprise?*

☒ Yes☐ No

Upload proof of certification*

☐ The applicant attest, under penalty of perjury, that the information reported relating to the certified business enterprise is true and accurate

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Marihuana-Related Offenses

Communities Disproportionately Impacted (Individual)

Minority-Owned Business Individual

Name: Second Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-514-789-6523

Has the applicant previously used this entity to engage in business activities?*

☒ The applicant attests, under penalty of perjury, that the applicant will not exceed 100 employees

Has the applicant registered as a New York State certified Minority-Owned Business Enterprise or Minority Woman-Owned Business Enterprise?*

☒ The applicant attest, under penalty of perjury, that the applicant is a minority-owned business.

☒ The applicant attest, under penalty of perjury, that the information reported relating to the certified business enterprise is true and accurate

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Marihuana-Related Offenses

Ownership & Sole Control (Minority-Owned Business)

Minority-Owned Business Individual

Minority-Owned Business Individual

Minority-Owned Business Individual

Ownership & Sole Control (Women-Owned Business)

Ownership & Sole Control (Distressed Farmer)

Ownership & Sole Control (Service Disabled Veteran-Owned Business)

Ready to Submit

Ownership & Sole Control (Women-Owned Business)

Women-Owned Business

At least 51% of the applicant's individual direct business principals must satisfy the SEE eligibility path(s) selected above to qualify for SEE status.

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<input type="checkbox"/>	Title: Member Name: Fourth J Member SR Address: 89 2nd Ave Albany, NY 12202-1216 Albany United States (US) Phone Number: 1-895-647-5124 Ownership Percentage: 10

0 of 4 rows selected

Add New Individuals

Total SEE Ownership Percentage: *
0.00 %

☐ The applicant attests, under penalty of perjury, that the above-named owner(s) have ownership and sole control over the applicant.

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Social and Economic Equity (SEE)

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Marihuana-Related Offenses

Communities Disproportionately Impacted (Individual)

Marihuana-Related Offenses

Ownership & Sole Control (Minority-Owned Business)

Minority-Owned Business Individual

Woman-Owned Business (Individual)

Name: First Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-547-841-2658

Has the applicant previously used this entity to engage in business activities?*

☒ Yes ☐ No

How many years has the business been operating?*

1

Upload all gross quarterly payroll reports since the certified business's inception:*

Has the applicant a New York State certified Minority-Owned Business Enterprise or Minority-Owned Business Enterprise?*

☒ Yes ☐ No

Upload proof of certification.*

☐ The applicant attests, under penalty of perjury, that the information reported relating to the certified business enterprise is true and accurate.

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Marihuana-Related Offenses

Communities Disproportionately Impacted (Individual)

Marihuana-Related Offenses

Ownership & Sole Control

Woman-Owned Business (Individual)

Name: Second Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-514-789-6523

Has the applicant previously used this entity to engage in business activities?*

☒ The applicant attests, under penalty of perjury, that the applicant will not exceed 100 employees.

Has the applicant a New York State certified Minority-Owned Business Enterprise or Minority-Owned Business Enterprise?*

☒ The applicant attest, under penalty of perjury, that the applicant is a woman-owned business

☒ The applicant attests, under penalty of perjury, that the information reported relating to the certified business enterprise is true and accurate.

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Communities Disproportionately Impacted (Individual)

Marihuana-Related Offenses

Ownership & Sole Control (Minority-Owned Business)

Minority-Owned Business Individual

Minority-Owned Business Individual

Minority-Owned Business Individual

Ownership & Sole Control (Women-Owned Business)

Woman-Owned Business (Individual)

Woman-Owned Business (Individual)

Woman-Owned Business (Individual)

Ownership & Sole Control (Distressed Farmer)

Distressed Farmer

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0 of 4 rows selected

Add New Individuals

Total SEE Ownership Percentage: 0.00%

☐ The applicant attests, under penalty of perjury, that the above-named owner(s) have ownership and sole control over the applicant.

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Communities Disproportionately Impacted (Individual)

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Communities Disproportionately Impacted (Individual)

Marihuana-Related Offenses

Ownership & Sole Control (Minority-Owned Business)

Minority-Owned Business Individual

Minority-Owned Business

Distressed Farmer (Individual)

Name: First Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-547-841-2658

A distressed farmer is defined as:

- a New York resident or business enterprise that meets the small farm classification developed by the Economic Research Service of the United States Department of Agriculture,
- has filed a schedule F with farm receipts for the last three years,
- qualifies for an agriculture assessment, and
- has been disproportionately impacted, including but not limited to incurring operating losses, by low commodity prices and faces the loss of farmland through development or suburban sprawl, or is a New York resident or business enterprise that is a small farm operator and a member of a group that has been historically underrepresented in farm ownership.

Does the applicant meet the definition of a distressed farmer?*

Yes

No

Upload proof of the applicant's small farmer classification by US Department of Agriculture*

Choose a File

Browse

Upload copies of IRS Schedule F (Form 1040), profit or Loss From Farming for the past 3 years:

The previous year:*

Choose a File

Browse

The year before the previous year:*

Choose a File

Browse

Two years before the previous year:*

Choose a File

Browse

☐ The applicant attests, under penalty of perjury, that the above-named owner is a member of a group historically underrepresented in farm ownership

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Marijuana-Related Offenses

Communities Disproportionately Impacted (Individual)

Marijuana-Related Offenses

Communities Disproportionately Impacted (Individual)

Marijuana-Related Offenses

Ownership & Sole Control (Minority-Owned Business)

Minority-Owned Business Individual

Minority-Owned Business Individual

Minority-Owned Business Individual

Ownership & Sole Control (Women-Owned Business)

Woman-Owned Business (Individual)

Woman-Owned Business (Individual)

Woman-Owned Business (Individual)

Ownership & Sole Control (Service Disabled Veteran-Owned Business)

Service-Disabled Veteran-Owned Business

At least 51% of the applicant's individual direct business principals must satisfy the SEE eligibility path(s) selected above to qualify for SEE status.

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0 of 4 rows selected

Total SEE Ownership Percentage:*

0.00%

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(Individual from a community disproportionately impacted by the enforcement of cannabis prohibition)

✓ Communities Disproportionately Impacted (Individual)

✓ Marijuana-Related Offenses

✓ Communities Disproportionately Impacted (Individual)

✓ Marijuana-Related Offenses

✓ Communities Disproportionately Impacted (Individual)

✓ Marijuana-Related Offenses

✓ Ownership & Sole Control

Service-Disabled Veteran-Owned Business

Name: First Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-547-841-2658

Is the applicant a New York State certified Service-Disabled Veteran-Owned Business?*

Yes

No

Upload certificate or proof of certification.*

Choose a File

Browse

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Marihuana-Related Offenses

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Marihuana-Related Offenses

Communities Disproportionately Impacted (Individual)

Marihuana-Related Offenses

Ownership & Sole Control

Service-Disabled Veteran-Owned Business

Name: Second Member
Address: 12 3rd St
Albany, NY 12210-2527
Albany
United States (US)
Phone Number: 1-514-789-6523

Is the applicant a New York State certified Service-Disabled Veteran-Owned Business?*

Upload a copy of applicant's DD214(s) and/or NG214(s) with a service disability rating of at least 10%*

☐ The applicant attests, under penalty of perjury, that the applicant will attain New York State Service-Disabled Veteran-Owned Business status within 60 days.

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SEE Eligibility Application

Ready to Submit

Application Summary

Ready to Submit Application

Complete

Application Summary

SEE Eligibility Application

Entity Type

Entity Type:	Limited Liability Company
Sub Type for LLC:	Member Managed LLC

Business Identification

Legal Name:	Cannabis LLC	Edit
DBA or trade name:		
Federal Employer Identification Number (EIN):	12-8794563	

Business Addresses

Primary Addresses

12 3rd St
Albany, New York 12210-2527
Albany County
United States

This is also the mailing address: Yes

Physical Locations

Mailing Address

Contact Information

Phone Number

Telephone Number:

518-479-5623

Edit

Mobile Phone Number



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✓ SEE Eligibility Application

▼ Ready to Submit

✓ Application Summary

● Ready to Submit Application

○ Complete

Ready to Submit Application

By clicking the "Submit Application" button below you are confirming that you have reviewed and attested to the information in your application summary.

Once submitted your application will be sent for agency processing. You can visit your Dashboard at any time to track the status of your application.

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Exit Application



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Logged In As: [User Name]

[My Dashboard](#) > [Application Confirmation](#)

Application Confirmation

Dear [User Name],

Thank you for completing the Social and Economic Equity application. Please note your cannabis licensure application has **not yet** been completed. Please navigate to **Recent Activity** and resume your cannabis licensure application from your dashboard to complete the application process.

[Return to Home Page](#)[Logout](#)



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Business Checklists

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My Dashboard > Recent Activity

Recent Activity

Here are your recent activities. You can filter by business profile by visiting the Business Details section of your dashboard.

Submitted

Office of Cannabis Management

SEE Eligibility Application

Application Type: Initial Application

Legal Name: Cannabis LLC

Entity Type: Limited Liability Company - Member Managed LLC

Date Submitted: 08/31/2023

Application ID: OCMSEE-2023-000058

View Summary

View Confirmation

See More Details

Saved/Not Submitted

Office of Cannabis Management

Adult-Use Microbusiness License

Application Type: Initial Application

Legal Name: Cannabis LLC

Entity Type: Limited Liability Company - Member Managed LLC

Date Updated: 08/31/2023

Resume



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Social and Economic Equity

Social and Economic Equity ("SEE") applicants are owners holding a majority ownership percentage of the applicant business that are from communities disproportionately impacted by the enforcement of cannabis prohibition or who qualify as a minority- or women-owned business, distressed farmer, or service-disabled veteran owned business. In accordance with the Cannabis Law, SEE applicants will be given preference over non-SEE applicants. The Cannabis Law establishes a goal to award fifty percent of adult-use cannabis licenses to SEE applicants. SEE eligibility will be verified by the Office as part of the application review.

Is the applicant applying as a Social and Economic Equity ("SEE") applicant?*

PENDING - A SEE application pending approval has been located. This applicant is conditionally eligible for reduced application fees.

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ess:

are kept:

FOR INFORMATIONAL PURPOSES ONLY



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Selected Address:

DBA:
Address: 12 3rd St
Albany, NY 12210-2527
Albany County
United States (US)

For what purpose will this location be used?

☐ Adult-Use Cultivation

☐ Adult-Use Processing

☐ Adult-Use Distributor

☐ Adult-Use Retail Dispensary

☐ Adult-Use Microbusiness

Please provide the GPS coordinates from the center of the field/building in decimal format
ex: 42.734537 , -73.817688

Latitude* **Longitude***

The applicant has control over this property through: *

☐ Ownership

☒ Lease Agreement

Upload proof of the applicable executed deeds and leases related to the applicants real property interests, that shows that the applicant possesses or has the right to use sufficient land, buildings, and other premises as specified in the application to properly carry on the activities for which licensure is sought. If no executed deeds or leases exist upload proof of an option to purchase or lease the property.



☐ Primary Contact Information

☐ Application Assistance

☐ Serving Process

☐ Authorized Persons

☐ 21 Years of Age or Older Requirement

☐ Ready to Submit

☐ Ownership

☒ Lease Agreement

Upload proof of the applicable executed deeds and leases related to the applicants real property interests, that shows that the applicant possesses or has the right to use sufficient land, buildings, and other premises as specified in the application to properly carry on the activities for which licensure is sought. If no executed deeds or leases exist upload proof of an option to purchase or lease the property.

Proof*

Choose a File

Browse

What is the name of the landlord exactly as appears on the lease agreement?*

Please upload a list of the names of any other people interested as a partner, joint venturer, investor or lender, mortgage holder or mortgage guarantor, or by any other means, with the applicant in the above premises.*

Choose a File

Browse

Please upload the certificate of occupancy or its equivalent, demonstrating compliance with all local building codes.*

Choose a File

Browse

Are there any other license(s) issued by state or federal authorities related to operations of the location?*

Yes

No

Please upload copies of all other licenses issued by state or federal authorities related to operations of the location.*

Choose a File

Browse

Are there any other businesses or business activities conducted at the location?*

Yes

No

Provide a description of any other businesses or business activities conducted at the location:*



Are there any other businesses or business activities conducted at the location?*

Yes

No

Provide a description of any other businesses or business activities conducted at the location:*

Is this location co-located with any other licensee?*

Yes

No

Total Records: 0

LICENSE NAME	LICENSE NUMBER	EDIT	DELETE
There are no rows to display.			
+ ADD NEW INSTANCE			

Has the applicant signed a Labor Peace Agreement? Pursuant to the Cannabis Law, all Adult-Use Cannabis licensees must enter into a Labor Peace Agreement with a bonafide labor organization representing the employees of the cannabis industry. Understand that the Office will not issue a license until the applicant submits a copy of a Labor Peace Agreement.*

Yes

No

Please list the name of the labor organization the applicant has entered into a Labor Peace Agreement with (text box). *

Please upload a copy of the signed Labor Peace Agreement between the labor organization and the Applicant.*

Choose a File

Browse



The applicant understands that the maintenance of such a labor peace agreement shall be an ongoing material condition of the license.

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Tip

A labor peace agreement (LPA) is an agreement entered into between an employer and a union pursuant to which the employer agrees not to oppose unionization and the union (who is attempting to organize the workforce) agrees to not strike or otherwise stop work. An LPA is not a collective bargaining agreement (union contract). New York's law defines LPAs as an agreement between an entity and a labor organization that, at a minimum, protects the state's proprietary interests by prohibiting labor organizations and members from engaging in picketing, work stoppages, boycotts, and any other economic interference with the entity.



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☒ True Parties of Interest:
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☐ Cultivation Area

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Location Hours of Operation

Selected Address:

DBA:
Address: 12 3rd St
Albany, NY 12210-2527
Albany County
United States (US)

Are the proposed hours of operation known at this time?*

Yes

No

Please enter the proposed hours of operation for the dispensary location.

OPEN?	DAY	START TIME	AM / PM	END TIME	AM / PM
<input checked="" type="checkbox"/>	MONDAY	9:00 ▾	<input checked="" type="radio"/> AM	8:00 ▾	<input checked="" type="radio"/> PM
<input type="checkbox"/>	TUESDAY	12:00 ▾	<input type="radio"/> AM	12:00 ▾	<input type="radio"/> AM
<input type="checkbox"/>	WEDNESDAY	12:00 ▾	<input type="radio"/> AM	12:00 ▾	<input type="radio"/> AM
<input type="checkbox"/>	THURSDAY	12:00 ▾	<input type="radio"/> AM	12:00 ▾	<input type="radio"/> AM
<input type="checkbox"/>	FRIDAY	12:00 ▾	<input type="radio"/> AM	12:00 ▾	<input type="radio"/> AM
<input type="checkbox"/>	SATURDAY	12:00 ▾	<input type="radio"/> AM	12:00 ▾	<input type="radio"/> AM
<input type="checkbox"/>	SUNDAY	12:00 ▾	<input type="radio"/> AM	12:00 ▾	<input type="radio"/> AM

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Location License Details (Detail)

Location License Details (Cultivation)

Selected Address:

DBA:
Address: 12 3rd St
Albany, NY 12210-2527
Albany County
United States (US)

The Selected Cultivation Tier:

Microbusiness Outdoor – for outdoor cultivation, canopy not to exceed 10,000 square feet

What business activities does the applicant intend to perform at this location?

☒ Cultivation - Outdoor

☒ Drying/Curing

☒ Storage

☒ Packaging

☒ Waste Rendering

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Cultivation Area

Location License Details

Cultivation Area

The Selected Cultivation Tier:

Microbusiness Outdoor – for outdoor cultivation, canopy not to exceed 10,000 square feet

LOCATION	OUTDOOR
DBA: Address: 12 3rd St Albany, NY 12210-2527 Albany County United States (US)	<input type="text"/>

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Location License Details (Processing)

Selected Address:

DBA:
 Address: 12 3rd St
 Albany, NY 12210-2527
 Albany County
 United States (US)

What business activities does the applicant intend to perform at this location?

☒ Extraction

☒ Blending and infusing

☒ Packaging and labeling

☒ Branding, including the exclusive performance of white labeling agreements

Activities related to extraction:

☒ Mechanical extraction methods:

☒ A professional grade, closed-loop CO2 extraction system that is of a supply equivalent to food or beverage grade of at least 99.5 purity;

☒ Ethanol or alcohol based, provided that all ethanol or alcohol used shall be of a grade that meets or exceeds specifications of official compendiums as defined in section 321 of Title 21 of the United States Code (USC);

☒ A volatile solvent or hydrocarbon extraction method

For all proposed volatile solvent based or hydrocarbon extraction, a processor shall submit to the Office, prior to receiving approval to commence extraction operations at a processing facility, documentation which demonstrates, to the satisfaction of the Office, the following additional requirements for all designated extraction equipment, rooms, or other areas where volatile solvents used for extraction are handled or stored:

Does the applicant have a final certification letter from a licensed professional engineer or registered architect which certifies the completed installation of a professionally designed, commercially manufactured extraction system, that is compliant with all applicable state or local fire, safety or building codes?*

Yes
 No



☒ Cultivation Area

☒ Location License Details (Processing)

☐ Location License Details (Retail)

☐ Business Compliance

☐ Trade Secrets

☐ Primary Contact Information

☐ Application Assistance

☐ Serving Process

☐ Authorized Persons

☐ 21 Years of Age or Older Requirement

☐ Ready to Submit

For all proposed volatile solvent based or hydrocarbon extraction, a processor shall submit to the Office, prior to receiving approval to commence extraction operations at a processing facility, documentation which demonstrates, to the satisfaction of the Office, the following additional requirements for all designated extraction equipment, rooms, or other areas where volatile solvents used for extraction are handled or stored:

Does the applicant have a final certification letter from a licensed professional engineer or registered architect which certifies the completed installation of a professionally designed, commercially manufactured extraction system, that is compliant with all applicable state or local fire, safety or building codes?*

☒ Yes☐ No

Upload a copy of the document:*

Does the applicant have a letter from the municipal jurisdiction's fire marshal, or their designee, stating that a final inspection of the facility has been conducted and that the processor has demonstrated compliance with all applicable fire codes and/or regulations?*

☒ Yes☐ No

Upload a copy of the document:*

Does the applicant have a certificate of occupancy, or equivalent document, from the local building official that all permits for extraction related rooms or areas have been closed as applicable?*

☒ Yes☐ No

Upload a copy of the document:*

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Selected Address:

DBA:
Address: 12 3rd St
Albany, NY 12210-2527
Albany County
United States (US)

What point of sale / inventory tracking system will be used by the applicant?*

Upload the vendor contract or purchase order for the location's point of sale/ inventory tracking system.*

Choose a FileBrowse

What business activities does the applicant intend to perform at this location?

☒ In-Person Retail Sales no delivery

☒ In-Person Retail Sales with delivery

☒ Selling non-cannabis products

☒ Operate a limited retail consumption facility

The Office must approve all requests to include delivery. Licensure is not considered approval of a delivery request.

This application will ask about the location of the limited retail consumption facility. In addition to the facility's location, the Office will require additional information about the space's operations before the consumption of cannabis can occur on-site. Retail licensure is not considered approval to operate a limited retail consumption facility.

A Certification of Authority from the Department of Tax and Finance is necessary to collect sales tax on any non-cannabis products, such as paraphernalia or merchandise. If you plan on selling such items at your retail dispensary, please fill out this form. Certificate of Authority application confirmation can be obtained on your New York Business Express User Dashboard.

Upload a copy of Certificate of Authority issued by the New York State Department of Taxation and Finance for this retail location*

Choose a FileBrowse

☒ I have applied for a Certificate of Authority. Upload a copy of your confirmation. A license will not be issued until the Office receives a copy of the applicant's Certificate of Authority.

☒ The applicant attests that all employed drivers are over 21 years of age, hold a valid US driver's license, and are in good standing with the NYS Department of Motor Vehicles.



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21 Years of Age or Older Requirement

Ready to Submit

☒ The applicant attests that all employed drivers are over 21 years of age, hold a valid US driver's license, and are in good standing with the NYS Department of Motor Vehicles.

Will the proposed limited retail consumption facility be in the same structure as the retail dispensary?*

Yes

No

A limited retail consumption facility, regardless of whether the facility is indoors, must be located within the boundaries of the same parcel as the retail dispensary or within the boundaries of a parcel which is contiguous with the parcel containing the associated dispensary.

What is the street address of the entrance of the proposed limited retail consumption facility?

Street Address*

City*

State*

New York

Zip Code*

Pursuant to § 76 of the Cannabis Law, not less than thirty days nor more than two hundred seventy days before filing an application for licensure as an adult-use retail dispensary or registered organization adult-use cultivator processor distributor retail dispensary or an on-site consumption licensee, an applicant shall notify the municipality in which the premises is located of such applicant's intent to file such an application.

Notice to Municipality can be download from cannabis.ny.gov/caurd-tpi

Please upload a copy of the location's "Notice to Municipality." *

Choose a File

Browse

List any licensed adult-use retail dispensaries within 2,000 feet of your proposed location.

Total Records: 0

NAME OF RETAIL DISPENSARY	ADDRESS	EDIT	DELETE
There are no rows to display.			
<div>+ ADD NEARBY RETAIL DISPENSARY</div>			

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List any houses of worship within 200 feet of the proposed location.

Total Records: 0

NAME OF HOUSE OF WORSHIP	ADDRESS	EDIT	DELETE
There are no rows to display.			
+ ADD NEARBY HOUSE OF WORSHIP			

List any schools within 500 feet of the proposed location.

Total Records: 0

NAME OF SCHOOL	ADDRESS	EDIT	DELETE
There are no rows to display.			
+ ADD NEARBY SCHOOL			

List any community facilities as defined and enacted in a local law for the municipality within 500 feet of the proposed location.

Total Records: 0

NAME OF MUNICIPAL FACILITY	ADDRESS	EDIT	DELETE
There are no rows to display.			
+ ADD NEARBY MUNICIPAL FACILITY			

Does the applicant intend to offer drive-through services at this retail location?*

Has any management staff been hired for this location?*

Upload a list of all management staff for this location. Include first name, last name, and title. Indicate the employee(s) in charge.*

Does the applicant have a history of serving in community leadership roles within established and licensed businesses, nonprofits, religious organizations, educational institutions, philanthropic organizations, community clubs, or neighborhood associations?*



NAME OF MUNICIPAL FACILITY	ADDRESS	EDIT	DELETE
There are no rows to display.			
+ ADD NEARBY MUNICIPAL FACILITY			

Does the applicant intend to offer drive-through services at this retail location?*

Has any management staff been hired for this location?*

Upload a list of all management staff for this location. Include first name, last name, and title. Indicate the employee(s) in charge.*

Does the applicant have a history of serving in community leadership roles within established and licensed businesses, nonprofits, religious organizations, educational institutions, philanthropic organizations, community clubs, or neighborhood associations?*

Please upload a list of all said roles and the dates of service.*

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Location License Details (Distributor)

Selected Address:

DBA:
Address: 12 3rd St
Albany, NY 12210-2527
Albany County
United States (US)

What inventory tracking system will be used by the applicant?*

Upload the vendor contract or purchase order for the location's inventory tracking system. *

Choose a File

Browse

☐ The applicant attests that all employed drivers are over 21 years of age, hold a valid US driver's license, and are in good standing with the NYS Department of Motor Vehicles.

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Cultivation Area

Location License Details (Processing)

Business Compliance

Does the applicant entity have twenty-five or more employees?*

Yes

No

Has the applicant entered into an agreement with a statewide or local bona-fide building and construction trades organization for construction work on its licensed facilities?*

Yes

No

Please upload a copy of all agreements.*

Choose a File

Browse

Is the applicant incorporated or otherwise authorized to do business as a foreign company in the State of New York? *

Yes

No

Please enter the DOS ID that is stated on the certificate:*

Please upload the applicant entity's certificate granted by the New York Department of State.*

Choose a File

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Trade Secrets

Please be aware that documents submitted to the Office are subject to being considered for release on the Office's website or otherwise as public information pursuant to laws and regulations such as the Freedom of Information Law. Certain exemptions are available. In order to determine what information could potentially be exempt from public disclosure requirements, please respond to the following questions.

Of the information that you have submitted via this portal and application process, what information do you consider a trade secret or commercial information that, if disclosed, would cause substantial injury to the competitive position of your commercial enterprise, such that you do not want that information shared on the OCM website or otherwise publicly disclosed? Please specify any such information, and please provide your explanation for considering the information a trade secret or commercial information that, if disclosed, would cause substantial injury to the competitive position of your commercial enterprise.

Trade Secret: A trade secret is any practice or process of a company that is generally not known outside of the company. Information considered a trade secret gives the company a competitive advantage over its competitors and is often a product of internal research and development.

To be legally considered a trade secret in the United States, a company must make a reasonable effort in concealing the information from the public; the secret must intrinsically have economic value. The economic value of the information can be actual or potential. Trade secrets are a part of a company's intellectual property. A trade secret is not publicly known.

(Examples: formulas, patterns, compilations, programs, devices, methods, techniques, or processes, customer lists and manufacturing processes.)

Competitive Advantage: Competitive advantage refers to factors that allow a company to produce goods or services better or more cheaply than its rivals. Competitive advantage is what makes a customer choose your business over another one. By understanding, and promoting such advantage, companies can win a greater amount of market share.

(Examples: team leadership, unique access to technology or production methods, a product that no-one else can offer, ability to produce and sell at a lower cost, brand and reputation.)

Trade Secrets*

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Primary Contact Information

The Primary Contract will serve as the recipient of official communications from the office on questions related to the cannabis application.

Select or enter the individual to be the primary person of contact for this application.*

First Member

First Name

Last Name

First

Member

Address Line 1

12 3rd St

Address Line 2

City

Albany

Country

United States

State

New York

Zip Code

12210

County

Albany

Phone Number

547-841-2658

Email Address*

test@email.com

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Location License Details

Application Assistance

Did any law firm, counsel, or consultant assist you with this application? *

Yes

No

Total Records: 0

FIRM / COMPANY NAME	SERVICE	ADDRESS	EDIT	DELETE
There are no rows to display.				
+ Add Firm / Company				

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Select or enter the individual on whom service of process shall be made and who will accept such service of process should the applicant be issued a license.

This person will receive notice of hearings and orders pursuant to the Civil Practice Laws and Rules (article three), or for receiving other legal or compliance notices.

PRINCIPALS	
<input checked="" type="radio"/>	<p>Title: Managing Member</p> <p>Name: First Member</p> <p>Address: 12 3rd St Albany, NY 12210-2527 Albany United States (US)</p> <p>Phone Number: 1-547-841-2658</p> <p>Ownership Percentage: 33</p>
<input type="radio"/>	<p>Title: Member</p> <p>Name: Second Member</p> <p>Address: 12 3rd St Albany, NY 12210-2527 Albany United States (US)</p> <p>Phone Number: 1-514-789-6523</p> <p>Ownership Percentage: 12.6</p>
<input type="radio"/>	<p>Title: Member</p> <p>Name: Third Member</p> <p>Address: 12 4th Ave Albany, NY 12202-1035 Albany United States (US)</p> <p>Phone Number: 1-654-897-2315</p> <p>Ownership Percentage: 10</p>
<input type="radio"/>	<p>Title: Member</p> <p>Name: Fourth J Member SR</p> <p>Address: 89 2nd Ave Albany, NY 12202-1216 Albany United States (US)</p> <p>Phone Number: 1-895-647-5124</p> <p>Ownership Percentage: 10</p>

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Authorized Persons

21 Years of Age or Older Requirement

Ready to Submit

Authorized Persons

One of the below-titled individuals must be the person submitting this application. If the person filling out this application is not listed below, please go back to the Business Profile "Ownership Information" and enter their information.

Select the authorized person for this application

PRINCIPALS	
<input checked="" type="radio"/>	<div>Title: Managing Member Name: First Member Address: 12 3rd St Albany, NY 12210-2527 Albany United States (US) Phone Number: 1-547-841-2658 Ownership Percentage: 33</div>
<input type="radio"/>	<div>Title: Member Name: Second Member Address: 12 3rd St Albany, NY 12210-2527 Albany United States (US) Phone Number: 1-514-789-6523 Ownership Percentage: 12.6</div>
<input type="radio"/>	<div>Title: Member Name: Third Member Address: 12 4th Ave Albany, NY 12202-1035 Albany United States (US) Phone Number: 1-654-897-2315 Ownership Percentage: 10</div>
<input type="radio"/>	<div>Title: Member Name: Fourth J Member SR Address: 89 2nd Ave Albany, NY 12202-1216 Albany United States (US) Phone Number: 1-895-647-5124 Ownership Percentage: 10</div>

Add New Principals

For the individual selected above:

Please ensure the name selected above exactly matches the drivers license or other form of valid ID issued by a state, local or federal government uploaded below.

Upload the front of a valid photo ID issued by a local, state or federal government*

Choose a FileBrowse

Upload the back of a valid photo ID issued by a local, state or federal government*

Choose a FileBrowse

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21 Years of Age or Older Requirement

21 Years of Age or Older Requirement

NO PERSON UNDER THE AGE OF 21 IS ALLOWED TO OWN OR HAVE AN INTEREST IN ANY ADULT-USE CANNABIS LICENSE.

☒ I understand that each principal of the business applying MUST be 21 years of age or older.

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FOR INFORMATIONAL PURPOSES ONLY

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Attestations

I hereby verify and affirm under penalty of perjury that all statements made in this application are true and accurate. I understand that any document that accompanies, or is provided to supplement, this application that is not an original document is a true copy of the original document. I understand that any false statements made on this application may be punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Tax Registration: The applicant will register with the New York State Department of Taxation and Finance for a certificate of adult-use cannabis registration and, if applicable, a certificate of authority if the applicant is granted a license.

Notification of Changes: I verify and affirm that the applicant understands and acknowledges that any proposed or actual changes to the applicant after submitting an application, must be reported to the New York State Office of Cannabis Management (Office).

True Party of Interest: I verify and affirm that the applicant will provide the Office complete disclosure of all true parties of interest, and that each individual who is a true party of interest is at least 21 years old.

Fingerprints: I verify and affirm that the applicant will provide the Office with all required fingerprints in a form and manner as specified by the Office for purposes of obtaining a criminal history report from the New York State Division of Criminal Justice Services.

Compliance: I verify and affirm that the applicant will comply with all applicable state and local laws, rules and regulations, and any amendments thereto. Applicant further acknowledges and agrees that the Office may inspect the applicant's premise(s) to ensure that the applicant is in compliance with all applicable laws and regulations. Should the applicant be granted a license, the applicant agrees to comply with all applicable state and local law, regulations, guidance, and any amendments thereto. The applicant further agrees that the applicant will submit any other information that the Office may require.

Child Support Attestation: Every applicant for a license who is an individual or sole proprietor must certify in a written statement under oath, duly sworn and subscribed, that as of the date the application is filed he or she is (or is not) under obligation to pay child support and that if he or she is under such an obligation, that he or she does (or does not) meet one of the following requirements:

- a. he or she is not four months or more in arrears in the payment of child support; or
- b. he or she is making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties; or
- c. the child support obligation is the subject of a pending court proceeding; or
- d. he or she is receiving public assistance or supplemental security income.

Such written statement must be emailed to the Office at AULicensing@dcnyny.gov in order for the license application to be considered complete. Persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their license. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to Section 175.35 of the Penal Law of the State of New York.

Electronic Signature: I hereby acknowledge that I am submitting this application by electronic means, using an electronic signature, and my electronic signature, including my initials entered herein, are the legal equivalent of my manual signature on this document.

☐ Accept

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My Dashboard

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Adult-Use Microbusiness

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Application Summary

Adult-Use Microbusiness

Entity Type

Entity Type:	Limited Liability Company
Sub Type for LLC:	Member Managed LLC

Business Identification

Legal Name:	Cannabis LLC
DBA or trade name:	
Federal Employer Identification Number (EIN):	12-8794563

Business Addresses

Primary Addresses

12 3rd St
Albany, New York 12210-2527
Albany County
United States

This is also the mailing address: Yes

Physical Locations

Mailing Address

Contact Information

Phone Number

Telephone Number:

518-479-5623

Mobile Phone Number:

Fax Number:

E-mail Address



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My Dashboard

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Payment

Invoice Details

FILING FEE/FEE TYPE	COUNT	AMOUNT
Adult-Use Microbusiness License Standard Application with SEE Fee	1	\$500
Total Fee Amount :		\$500

NOTE: To ensure timely processing of your application, please use Chrome or Microsoft Edge, and complete the payment process within 10 minutes of proceeding to the payment screen. Completing the payment after this threshold may result in delays in the processing of your application.

The total fee amount shown is due at the time of application submission. To complete the online application process, you must pay the fee using a credit/debit card or check. Select your payment type below and use the PROCEED TO PAYMENT button to continue to our payment processor. On the third-party payment processor page, you will enter either your credit/debit card or check information to submit payment. Once the payment is authorized, your application will automatically be submitted to the agency for processing. You will be directed back to a confirmation page with your application number and other important information.

You can track the progress of your application on the "my dashboard" page. The status of your application will be updated as the agency completes its processing.

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Proceed to Payment

Exit Application



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1 Payment Method

2 Payment Details

3 Review Information

4 Payment Receipt

Test

*Note: If you select credit and are using a debit card you will be charged the credit processing rate.

Total (without Fees): \$500.00

Select Payment Method

Credit or Debit

Digital Wallets or Bank



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1 Payment Method

2 Payment Details

3 Review Information

4 Payment Receipt

Test

*Note: If you select credit and are using a debit card you will be charged the credit processing rate.

Total (without Fees): \$500.00

Payment Method*

Credit



VISA



Cardholder Name*

Card Number*

Expiration Month*

Select Month

Expiration Year*

Select Year

CVV*

[What is CVV?](#)

*Required Field

Edit Payment Method

Continue

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Test

*Note: If you select credit and are using a debit card you will be charged the credit processing rate.

Total (without Fees): \$500.00

Payment Details

☐ Check this if card address is international.

First Name*



Last Name*

Address*

Address Continued



State*

City*

Select State

Zip*

Phone Number*

Email Address*

*Required Field

Edit Payment Method

Continue



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1 Payment Method

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4 Payment Receipt

Review Information

This is not a Receipt. Review your information and click the "Accept Terms and Process Payment" button to process your payment.

Account Information

Payment Type: Payments-Stage

Payment Details

Payment Amount: \$500.00

Convenience Fee: \$6.25*

Total Amount: \$506.25

Payment Method: 

Card Number:

Expiration date:

Bill Payer Details

Terms and Conditions

This secure service is offered by Value Payment Systems in agreement with your payment entity. All payments are processed immediately, and the payment date and time are equal to the time you complete this transaction and receive a confirmation number. If your payment is unable to be processed, your payment liability will remain outstanding and you will be subject to any applicable penalties or interest. These obligations remain your sole responsibility. Value Payment Systems cannot issue refunds once your payment is processed and you receive a confirmation number..

*A convenience fee (non-refundable) will be assessed based upon the final total amount processed for your payment method.

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[Accept Terms and Process Payment](#)



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Logged In As: [User Name]

[My Dashboard](#) > [Application Confirmation](#)

Application Confirmation

Your Adult-Use Microbusiness License Application has been successfully submitted on 08/31/2023 01:25 PM. The confirmation details are listed below. You will also receive this information via email.

Entity Name: Cannabis LLC

Application ID: OCMMICR-2023-000043

Payment: \$500.00

Transaction ID:

You can always visit the [Recent Activity](#) section of your dashboard to check the status of your application(s) and to view or print your application(s)/certificate(s).

Thank you for using the New York Business Express portal.

[Return to Home Page](#)

[Logout](#)

New York Business Express Confirmation – RECEIPT NUMBER: :




NYBESTG <nybeprod_tst1@mailfg.custhelp.com>

To



Thu 8/31/2023 1:26 PM

 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Dear

Thank you for doing business in New York.

Your Adult-Use Microbusiness License Application has been successfully submitted on 08/31/2023 01:25 PM. The confirmation details are listed below.

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Thank you for using the [New York Business Express](#) portal.

**** This is an automatically generated email. Do not reply to this email. You will not receive a response. ****



Office of Cannabis Management

New York State Office of Cannabis Management – Adult-Use Universal Applications, Release 1

Your OCM Application OCMMICR-2023-000043 has been received



its.dl.gl.ELSSITDO@its.ny.gov
To

Reply Reply All Forward

Thu 8/31/2023 1:27 PM



New York State
Office of Cannabis Management

Date : 8/31/2023 1:26:57 PM

Application #: OCMMICR-2023-000043

Business Entity/Legal Name: Cannabis LLC

License Type: Adult-Use Microbusiness License

License Fee Due: \$500

Your NYS Office of Cannabis Management (Office) license application has been received and the following application number has been assigned:
OCMMICR-2023-000043:

You may track the progress of your application by visiting the following link:<https://www.businessexpress.ny.gov/app/dashboard/recentActivity>.

All communication regarding the application will be sent to the primary contact's e-mail address provided, including any deficiency notices. Please monitor the primary contact's email inbox carefully for all notices from the Office. Occasionally check your spam or junk folders in case the notice is redirected. If you need assistance or have any questions, please contact the Adult-Use Cannabis Program by phone at 1-888-OCM-5151 (1-888-626-5151) or by e-mail at AUCommunications@OCM.ny.gov

Sincerely,

Office of Cannabis Management
Website: <https://cannabis.ny.gov>