



RE:		
License Type:		
Previous DBA	:	
License Numl	per (if applicable):	
Applicant Na	me:	
Phone Numb	er:	
Email Addres	S:	
Dear Munici	pal Clerk/NYC Community Board:	
This serves	as notification that I (name)	
of (dba)		
intend to, or	have, file(d) an application for licensu	re with the Office of Cannabis Management
to open a(n)	:	
	retail dispensary premises (new or a	additional) registered organization with dispensing (or ROD)
	microbusiness	disperising (or NOD)
in (county na	ame)	. This business, once the license is approved, shall be located
at:		
Address Line	e 1:	
Address Line	e 2:	
Zip code:		
The mailing Address Line	address is (if different from business lo	ocation):
Address Line	e 2:	
City/Town/Vi	llage:	
State:	Zip code:	

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	ne of business if different from above) has services of (attorney or representative)
Name:	
Address Line 1:	
Address Line 2:	
City/Town/Village:	
State:	Zip code:
Telephone with are	ea code:
they must respond	or community board would like to express an opinion to the Cannabis Control Board, I to this notification within 30 days by emailing an opinion to m.ny.gov. This expressed opinion must be on official municipality or community
or community boa concerns, or ques Municipalities Mun name here]" in the date of receipt of	or community board would like to request a one-time 30 day extension for the municipality and to provide their opinion, or if the municipality or community board has any comments, ations, they must reach out to the Office at municipalities@ocm.ny.gov with "Notification to nicipality Opinion 30 Day Extension Request – [Insert municipality or community board is subject line. Municipalities or community boards should be sure to provide proof of the the Notification to Municipalities that they wish to request an extension of time for cipality opinion. Any request that does not include such information will be rejected as
Signed	Today's date:
Print	

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