



RE:	Notification of adult-use retai	il dispensary license application	P				
License Type:	New Establishment		0				
Previous DBA:	The Herbal Care THC IIc.						
License Number:	Ocmcaurd-2022-000095						
Applicant Name:	Markel bababekov	 					
Phone Number:	2124702678						
Email Address:	Theherbalcarethc@gmail.com						
This serves as n	Clerk/NYC Community Board otification that I (name) Mai erbal Care THC IIc.						
have obtained a	provisional license from the	Cannabis Control Board and in	tend to file an application for full				
licensure with th	e Office of Cannabis Manage	ement to open a					
X	retail dispensary on-site consumption busine	ess					
in (county name)	Manhattan	This business, once the	license is approved, shall be located				
at: Address Line 1:	1412 Lexington ave	9					
Address Line 2:							
City	New york	New york					
Zip code:	10128						
The mailing addr	ess is (if different from busine	ess location):					
Address Line 1:	150-10 77ave						
Address Line 2:	in the second se						
City/Town/Village	: Flushing						
State:Ny	Zip code:1						

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Name:	Ladis & Baldwin Law Group						
Address Line 1:	170 old country rd #502						
Address Line 2:							
City/Town/Village:	Mineola						
State: Ny	Zip code: 11501						
Telephone with are	ea code:	Office: 516- cell: 516-69					
If you would like to days by mail to:	express	an opinion to the	Cannabis Contr	ol Board please re	espond to this notification within 30		
Attn: Licensin New York Sta P.O. Box 207 Albany, NY 1	ate Office 71	on e of Cannabis Ma	nagement				
their opinion, or if	you have	any comments,	concerns, or que	stions, please rea	community board to provide ach out to the Office at hicipality name here]" in the		
	overnigh				ice by certified mail, return I service upon the offices of the		
Signed	B	,		Today's date:	06/23/2023		

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Print

Markel bababekov