

Notification to Municipality OCM-06009

RE:	Notification of adult-use retail d	ispensary license application	
License Type:	New Establishment		
Previous DBA:			
License Number:	OCMCAURD-2022-000187		
Applicant Name:	Joshua Ahl		RECEIVED
Phone Number:	516-423-1044		AUG 2 2 2023
Email Address:	weedsrusnyc@yahoo.com		BY COMMUNITY BOARD 8
Dear Municipal	Clerk/NYC Community Board:		
This serves as i	notification that I (name) Joshua	a Ahl	
of (dba) Weeds	R Us		
have obtained a	provisional license from the Ca	nnabis Control Board and inter	nd to file an application for full
licensure with the	ne Office of Cannabis Managem	ent to open a	
	retail dispensary on-site consumption business	s	
in (county name)	This business, once the lice	ense is approved, shall be located
at:			
Address Line 1:	1115 First Avenue	· · · · · · · · · · · · · · · · · · ·	
Address Line 2:			su: s
City	New York		
Zip code:	10065		
Address Line 1:	ress is (if different from business	s location):	
Address Line 2:	· · · · · · ·		
	e: SMITHTOWN	<u> </u>	
State: UY] Zip code: <u>\\ \ \</u> 8		

(As applicable, nam retained the legal se						
Name:						
Address Line 1:						
Address Line 2:		· - ·				
City/Town/Village:						
State:	Zip code:					
Telephone with are	a code:					
If you would like to days by mail to: Attn: Licensin New York Sta P.O. Box 207 Albany, NY 12	g Division te Office of 0	pinion to the C		Board please re	espond to this notific	cation within 30
If you would like to their opinion, or if y municipalities@ocrsubject line.	ou have any	comments, co	ncerns, or quest	ions, please rea	ch out to the Office	at
Please note, as per receipt requested; clerk or community Thank you.	overnight del					
Signed			\mathcal{I}	Today's date:	7/25/20	
Print Joshua Ar				-		