



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: _____

License Number: _____

Applicant Name: Carl Muraco

Phone Number: (917) 723-3232

Email Address: cmuraco@aol.com

RECEIVED
OCT 11 2023
BY COMMUNITY BOARD 8

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Carl Muraco
of (dba) Bad Maryjane DBA Fabers Arcade Inc.
have obtained a provisional license from the Cannabis Control Board and intend to file an application for full
licensure with the Office of Cannabis Management to open a

- retail dispensary
- on-site consumption business

in (county name) New York County. This business, once the license is approved, shall be located
at:

Address Line 1: 799 Lexington Avenue

Address Line 2: _____

City: New York

Zip code: 10065

The mailing address is (if different from business location):

Address Line 1: 1572 MADISON PARKWAY

Address Line 2: _____

City/Town/Village: BKlyn New York

State: _____ Zip code: 11231

(As applicable, name of business if different from above) has _____
retained the legal services of (attorney or representative)

Name: Carl Muraco

Address Line 1: 124 Willoughby Unit 1B

Address Line 2: _____


City/Town/Village: Brooklyn

State: _____ Zip code: 11205

Telephone with area code: (718) 938-9732

If you would like to express an opinion to the Cannabis Control Board please respond to this notification within 30 days by emailing an attached opinion to municipalities@ocm.ny.gov. This expressed opinion must be on official municipality or community board letterhead.

If you would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if you have any comments, concerns, or questions, please reach out to the Office at municipalities@ocm.ny.gov with "Notification to Municipalities Municipality Opinion 30 Extension Request – [Insert your municipality name here]" in the subject line. Please be sure to provide proof of the date of receipt of the Notification to Municipalities that you wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed  _____

Today's date: 10/2/23

Print Carl Muraco