

# TRIVEDI LAW GROUP P.C.

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RECEIVED

OCT 11 2023

BY COMMUNITY BOARD 8

Nehal "Neal" Trivedi

([nt@dtlawny.com](mailto:nt@dtlawny.com))

October 6, 2023

**Certified Mail/Return Receipt Requested**

Manhattan Community Board 8  
505 Park Avenue, Suite 620  
New York, NY 10022

Re: Notification of Intent to Apply for an Adult-Use Retail Dispensary License

Dear Sir/Madam:

We are the attorneys for My Way Convenience Smoke Shop Inc, the prospective applicant for an adult-use retail dispensary license located at 1594 3<sup>rd</sup> Ave, New York, NY 10011.

Enclosed, please find the Notification to Municipality regarding our forthcoming application for licensure with the Office of Cannabis Management, which outlines our intention to establish a retail dispensary.

With regard to said application, if you have any questions or concerns, please contact the undersigned.

Very truly yours,

TRIVEDI LAW GROUP P. C.

*Nehal Trivedi*

Nehal Trivedi

NT/Enc



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

Applicant Name: MY WAY CONVENIENCE

Phone Number: 559-470-1657

Email Address: josangurdip@gmail.com

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) KULJIT JOSAN

of (dba) MY WAY CONVENIENCE SMOKE SHOP INC

intend to, or have, file(d) an application for licensure with the Office of Cannabis Management

to open a(n):

- retail dispensary premises (new or additional)  registered organization with dispensing (or ROD)
- microbusiness

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

at:

Address Line 1: 1594 3RD AVE

Address Line 2: \_\_\_\_\_

City: NEW YORK

Zip code: 10011

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

State:

Zip code: \_\_\_\_\_

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

Name: NEHAL TRIVEDI

Address Line 1: 400 JERICHO TURNPIKE SUITE 318

Address Line 2: \_\_\_\_\_

City/Town/Village: JERICHO, NY

State:  Zip code: 11753

Telephone with area code: (516) 470-1379

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to [municipalities@ocm.ny.gov](mailto:municipalities@ocm.ny.gov). This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at [municipalities@ocm.ny.gov](mailto:municipalities@ocm.ny.gov) with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they 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: 10/05/2023

Print Kuljit Josan