



RE: **Notification of adult-use retail dispensary license application**

License Type: **New Establishment**

Previous DBA: **NY-THC Company**

License Number: **OCMCAURD-2022-000852**

Applicant Name: **Harold Baines**

Phone Number: **646-599-7254**

Email Address: **Heraldbaines@gmail.com**

RECEIVED

OCT 06 2023

BY COMMUNITY BOARD 8

Dear Municipal Clerk/NYC Community Board: **Community Board 8**

This serves as notification that I (name) **Harold Baines**

of (dba) **New York THC Company**

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

- Dispensary Location
- on-site consumption business

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

Address Line 1: **128 East 86th Street**

Address Line 2: _____

City: **New York**

Zip code: **10028**

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

Address Line 1: **447E 117th Street**

Address Line 2: _____

City/Town/Village: **New York**

State: **N.Y.** Zip code: **10035**

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

Name: _____

Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: Zip code: _____

Telephone with area code: _____

If you would like to express an opinion to the Cannabis Control Board please respond to this notification within 30 days by mail to:

Attn: Licensing Division
New York State Office of Cannabis Management
P.O. Box 2071
Albany, NY 12220

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 Municipality – Community Board 11" in the subject line.

Please note, as per the Cannabis Law, the notification must be sent to the Office by certified mail, return receipt requested; overnight delivery service with proof of mailing; or, personal service upon the offices of the clerk or community board.

Thank you.

Signed 

Today's date:

Print