

o f ca on o Municipality OCM-06009

| RE: | Notification of adult-use retail dispensary license application | | |
|---|---|----------------------|--|
| License Type: | New Establishment | | |
| Previous DBA: | | | |
| License Number | if applicable): | | |
| Applicant Name: | Verde NYC LLC | RECEIVED | |
| Phone Number: | 9292949421 | OCT 0 4 2023 | |
| Email Address: | christina@mamaverde | BY COMMUNITY BOARD 8 | |
| Dear Municipal Clerk/NYC Community Board: | | | |
| This serves as notification that I (name) Christina Arez | | | |
| of (dba) Verde NYC LLC dba Marna Verde | | | |
| 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: | 1276 Lexington Ave | | |
| Address Line 2: | | | |
| City | New York | | |
| Zip code: | 10028 | | |
| The mailing addi | ess is (if different from business location): | | |
| Address Line 1: | 42 West St | | |
| Address Line 2: | Suite 130 | | |
| City/Town/Village: Brooklyn | | | |
| State: NY | Zip code: 11222 | | |

| | ne of business if different from above) haservices of (attorney or representative) |
|--|--|
| Name: | Rafael Urena |
| Address Line 1: | 42 West St |
| Address Line 2: | Suite 305 |
| City/Town/Village: | Brooklyn |
| State: NY | Zip code: 11222 |
| Telephone with are | ea code: (703) 989-4424 |
| they must respond municipalities@ocr board letterhead. | to this notification within 30 days by emailing an opinion to m.ny.gov. This expressed opinion must be on official municipality or community |
| or community boar concerns, or quest Municipalities Mun name here]" in the date of receipt of the submitting a municipalities. | or community board would like to request a one-time 30 day extension for the municipality of to provide their opinion, or if the municipality or community board has any comments, tions, they must reach out to the Office at municipalities@ocm.ny.gov with "Notification to icipality Opinion 30 Day Extension Request – [Insert municipality or community board subject line. Municipalities or community boards should be sure to provide proof of the ne Notification to Municipalities that they wish to request an extension of time for cipality opinion. Any request that does not include such information will be rejected as a Today's date: Today's date: 10/4/2023 |