

VERENICE GRULLON

1160 1st Ave
New York, NY 10065
Ph: 917-724-1898

November 17, 2023

Via Overnight Delivery

Manhattan Community Board 8
505 Park Ave # 620
New York, NY 10022

RECEIVED

NOV 22 2023

BY COMMUNITY BOARD 8

Re: Adult-Use Retail Dispensary Applicant

Dear Community Board 8

I, Verence Grullon preparing to apply for an adult-use retail dispensary license for a property located at 1160 1st Ave, New York, NY 10065 (the "Property"), I write to provide the Manhattan Community Board 8 notice of NYCCG's intent to apply for a license at property.

I enclose herewith notification to municipality form ("Notification"), which identifies that NYCCG intends to file an application for licensure with the OCM, and the intention of NYCCG to locate its license at Property. NYCCG provides this letter and corresponding notification in compliance with CCB and OCM rules.

Should you have any questions or comments please feel free to reach out to me.

Respectfully yours

Verence Grullon

Verence Grullon

Ph: 917-724-1898

Email: verence.grullon1@yahoo.com



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: _____

License Number (if applicable): _____

Applicant Name: VERENICE GRULLON

Phone Number: 917-724-1898

Email Address: verenice.grullon1@yahoo.com

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) VERENICE GRULLON

of (dba) _____

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: 1160 1ST AVE

Address Line 2: _____

City: NEW YORK

Zip code: 10065

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: _____

Address Line 1: _____

Address Line 2: _____

City/Town/Village: _____

State: Zip code: _____

Telephone with area code: _____

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. 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 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 Verenice Grullon

Today's date: 10/14/23

Print VERENICE GRULLON