

TRIVEDI LAW GROUP P.C.

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Nehal "Neal" Trivedi

(nt@dtlawny.com)

November 16, 2023

Certified Mail/Return Receipt Requested

Manhattan CB8
505 Park Avenue, Suite 620
New York, NY 10022

RECEIVED

NOV 20 2023

BY COMMUNITY BOARD 8

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

Dear Sir/Madam:

We are the attorneys for ZIAN ENTERPRISE INC, the prospective applicant for an adult-use retail dispensary license located at 1140 1ST AVE, NEW YORK, NY 10021

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: ZIAN ENTERPRISE INC

Phone Number: 949-235-4785

Email Address: azizmavani7861@gmail.com

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) RAFFIE HADI BHAI
of (dba) ZIAN ENTERPRISE 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: 1140 1ST AVE

Address Line 2: _____

City: NEW YORK

Zip code: 10021

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

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. 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 

Today's date: 11/16/23

Print Rafter Hadi Ghani