

| RE: | Notification of adult-use retail of | dispensary license application | | |
|--|-------------------------------------|---------------------------------|------------------------------------|--|
| License Type: | New Establishment | i i i | | |
| Previous DBA: | | | | |
| License Number: | | | | |
| Applicant Name: | Carl Muraco | | RECEIVED | |
| Phone Number: | (917) 723-3232 | | OCT 1 1 2023 | |
| Email Address: | cmuraco@aol.com | | BY COMMUNITY BOARD 8 | |
| | | | ST STATION I TOWARD & | |
| Dear Municipal | Clerk/NYC Community Board: | | | |
| | notification that I (name) Carl M | <i>l</i> uraco | | |
| of (dba) Fabers Arcade Inc. DBA Bad Maryjane | | | | |
| | | annabis Control Board and inter | d to file an application for full | |
| licensure with the Office of Cannabis Management to open a | | | | |
| retail dispensary on-site consumption business | | | | |
| in (county <u>name</u> |)New York County |]. This business, once the lice | ense is approved, shall be located | |
| at: | | | | |
| Address Line 1: | 799 Lexington Avenue | | | |
| Address Line 2: | | |)) | |
| City | New York | | | |
| Zip code: | 10065 | | | |
| | | | | |
| - | ress is (if different from busines | s location): | | |
| Address Line 1: | ISIZ MAG | INE PARANUL | | |
| Address Line 2: | Ω | | | |
| City/Town/Villag | | Yori | | |
| State: | Zip code: _) \ _ | <u>2</u> 31 | | |

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

| Name: | Carl Muraco | |
|--------------------|-------------------------|--|
| Address Line 1: | 124 Willoughby Unit 1B | |
| Address Line 2: | | |
| City/Town/Village: | Brooklyn | |
| State: | Zip code: <u>11205</u> | |
| Telephone with are | ea code: (718) 938-9732 | |

If you would like to express an opinion to the Cannabis Control Board please respond to this notification within 30 days by emailing an attached opinion to <u>municipalities@ocm.ny.gov</u>. This expressed opinion must be on official municipality or community board letterhead.

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 <u>municipalities@ocm.ny.gov</u> with "Notification to Municipalities Municipality Opinion 30 Extension Request – [Insert your municipality name here]" in the subject line. Please be sure to provide proof of the date of receipt of the Notification to Municipalities that you 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:

Print Carl Muraco