

Community Board 8 Cannabis License Questionnaire

Name of Applicant Contact phone number	_____			
Name of Corporation Name of Establishment (d/b/a) Operator/GM	_____			
Address and Description of Premises:	_____			
	Approximate	Sq. Feet. _____	Tables _____	Chairs _____
Application type:	___ Final License (With Proof of Control) ___ Provisional License (No Proof of Control)			
License for:	___ Retail Dispensary Premises ___ Microbusiness ___ On Site Consumption			
List of owners/operators:	Silent Partners? YES / NO			
1.	_____			
2.	_____			
3.	_____			
Hours of operation:	MON – THURS: From _____ To _____			
	FRI – SAT: From _____ To _____			
	SUN: From _____ To _____			
Number of people served On Site:	At Counter ___ At Tables ___ Other ___ Dispensary Only _____			
Type of music to be played:	Live ___ piped loud YES / NO		Soundproofing YES / NO	
Will there be delivery?	Yes ___ No _	What means of delivery will be employed?	If bicycles, will they comply with the law?	Yes ___ No _
Other businesses (bars, restaurants etc.) associated with:	Those in CB8 district first.			
1.	_____			
2.	_____			
3.	_____			
Name and Phone # of references:	CB8 reserves the right to contact these references.			
1.	_____			
2.	_____			
Any known complaints:	_____			
Items to be submitted with application:	Please supply the following items and any other items you think will help us decide.			
Plans of establishment	_____			
Pictures of establishment	_____			
Affidavit agreeing not to use electric bikes for deliveries	_____			
Menu for establishment/Other relevant info	_____			
Proof of Control (Lease or Deed)	_____			

New Policy: Community Board 8 will disapprove the application of any establishment uses electric bikes.

Submitted by _____ Official Capacity _____