

Notification to Municipality OCM-06009

| RE: | Notification of adult-use retail | Notification of adult-use retail dispensary license application | |
|---------------------|---|---|------------------------------------|
| License Type: | New Establishment | | RECEIVED |
| Previous DBA: | | | NOV 1 3 2025 |
| License Number: | | | BY COMMUNITY BOARD 8 |
| Applicant Name: | Weeds R Us/Joshua Ahl | | |
| Phone Number: | 516-423-1044 | | |
| Email Address: | weedsrusnyc@yahoo.com | | |
| Dear Municipal | Clerk/NYC Community Board: | | |
| This serves as i | notification that I (name) Joshu | a Ahl | |
| of (dba) Weeds | s R Us Inc | | |
| have obtained a | provisional license from the Ca | annabis Control Board and inten | d to file an application for full |
| licensure with t | he Office of Cannabis Managen | nent to open a | |
| | retail dispensary on-site consumption busines | s | |
| in (county name at: | New York County | . This business, once the lice | ense is approved, shall be located |
| Address Line 1: | 1115 First Avenue | | |
| Address Line 2: | | | |
| City | New York | | |
| Zip code: | 10065 | | |
| The mailing add | ress is (if different from busines | s location): | |
| Address Line 1: | 113 The Intervale | | |
| Address Line 2: | | | |
| City/Town/Villag | je: Roslyn | | |
| State: | Zip code: <u>1178</u> | 7 | |

| | plicable, name of business if different from above) has d the legal services of (attorney or representative) | |
|---|--|---|
| Name: | | |
| Address | es Line 1: | |
| Address | ss Line 2: | |
| City/Tow | own/Village: | |
| State: [| Zip code: | |
| Telepho | one with area code: | |
| be on of | 30 days by emailing an attached opinion to municipalities@ocm.ny.cofficial municipality or community board letterhead. | <u>qov</u> . This expressed opinion must |
| their opi municip [Insert y of the N | would like to request a one-time 30 day extension for the municipality pinion, or if you have any comments, concerns, or questions, please palities@ocm.ny.gov with "Notification to Municipalities Municipality your municipality name here]" in the subject line. Please be sure to Notification to Municipalities that you wish to request an extension on. Any request that does not include such information will be rejected | e reach out to the Office at Opinion 30 Extension Request – provide proof of the date of receipt f time for submitting a municipality |
| Signed | Today's d | ate: 11/3/25 |
| Print | Joshua Ahi | |
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