

RE: Notification of adult-use retail dispensary license application

License Type: License Renewal

RECEIVED

FEB 17 2026

Previous DBA: Emerald Dispensary

License Number (if applicable): 24-000146

BY COMMUNITY BOARD 8

Applicant Name: Green Health LLC / Christina de Giovanni

Phone Number: 646 329 6120 ; 512 797 9660

Email Address: Christina@EmeraldDispensary.NYC

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Christina DeGiovanni

of (dba) Emerald Dispensary

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) . This business, once the license is approved, shall be located at:

Address Line 1: 1190 Lexington Ave

Address Line 2: _____

City New York

Zip code: 10028

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:

Robert Hertman

Address Line 1:

110 East 59th Street, 22nd Floor

Address Line 2:

City/Town/Village:

New York, NY

State:

NY

Zip code:

10022

Telephone with area code:

212 485 9882

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:

2-12-26

Print

Christina de Giovanni