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Jul 11 2026

BY COMMUNITY BOARD 8

Certificate of Licensure

New York State Adult-Use Cannabis Program



Office of Cannabis Management

Business or Legal Entity Name:

Fabers Arcade Inc. dba BAD MARYJANE

Contact:

Carl Muraco

Address:

799 Lexington Avenue

New York

NY

10065

CITY

STATE

ZIP

License Type:

Adult-Use Conditional Retail Dispensary License

Date of Issuance:

02-Aug-2024

Date of Expiration:

02-Aug-2026

The Adult-Use Cannabis Licensee must comply with all applicable state and local laws and regulations. This includes but is not limited to the Cannabis Law and its implementing regulations. An Adult-Use Cannabis Licensee's failure to comply with these laws and regulations may result in revocation of the license or permit, and the imposition of civil penalties, or any other enforcement action, as provided for in state and local laws and regulations, including but not limited to, the Cannabis Law and its implementing regulations. This license or permit is not a property or vested right.

License or Permit Number:

OCM-CAURD-24-000180

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LOCAL BOARD 8



RE: Notification of adult-use retail dispensary license application

License Type: License Renewal

Previous DBA:

License Number (if applicable): OCM-CAURD-24-000180

Applicant Name: Carl Muraco

Phone Number: (917) 723-3232

Email Address: cmuraco@aol.com

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Carl Muraco

of (dba) Fabers Arcade Inc. DBA BAD MARYJANE

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: 799 Lexington Ave

Address Line 2:

City: New York

Zip code: 10065

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: _____

Address Line 1: _____

Address Line 2: _____

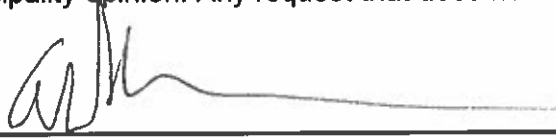
City/Town/Village: _____

State: Zip code: _____

Telephone with area code: _____

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: 5/6/26

Print Carlo Muraco