

RE:	Notification	Notification of adult-use retail dispensary license application							
License Type:		New Establishment							
Previous DBA:									
License Number (if applicable):				0	10	, d.		
Applicant Name:		Jullian Belinsky)	Ke	Celoe	. 1207	4	
Phone Number:		720-266-0977					eceived: 812012024		
Email Address:		JEWLZLMA@AIM.COM		 0					
Dear Municipal (•		NSKY					
of (dba) SUPPL								_	
			for licensure with	the Office of Can	nabis Ma	nagemer	 nt		
to open a(n):						v			
	tail dispensa		s (new or additio	nal) registered dispensin	d organiz g (or RO	ation with D)	ı.		
in (county name) at:	New York C	County	. This	business, once the	e license	is approv	ed, shall be loo	cated	
Address Line 1:	17 ST MA	ARKS PL							
Address Line 2:									
City	NEW YO	NEW YORK							
Zip code:	10003								
The mailing addro	ess is (if diffe 2879 W 1		usiness location):					
Address Line 2:	2P				•0 32				
City/Town/Village	: BROOKL	YN							
State:		Zip code:	11224						

	ne of business if different from above) has ervices of (attorney or representative)		
Name:			
Address Line 1:			
Address Line 2:			
City/Town/Village:			
State:	Zip code:		
Telephone with are	a code:		
municipalities@ocn board letterhead.	to this notification within 30 days by emailing n.ny.gov. This expressed opinion must be on	an opinion to official municipal	ity or community
or community board concerns, or questi Municipalities Muni name here]" in the date of receipt of the	or community board would like to request a or d to provide their opinion, or if the municipality ons, they must reach out to the Office at municipality Opinion 30 Day Extension Request – subject line. Municipalities or community boate Notification to Municipalities that they wish ipality opinion. Any request that does not incle	ty or community be nicipalities@ocm. Insert municipalities should be sure to request an ex	no n
Print / Tullion	believer		