



# THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

www.cb3manhattan.org - mn03@cb.nyc.gov

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Cannabis License Application Questionnaire

**NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.**

The following items package are due by date listed in your email invitation:

- Questionnaire (below)
- Executed lease for the proposed location
- Community Impact Plan (see page 5)

### GENERAL INFORMATION

1. Type of License:

- Adult-Use Retail Dispensary
- Micro-business (with retail)

2. Entity Name:

OV ENTERPRISES

3. Trade Name ("Doing Business As"):

### LOCATION INFORMATION

4. Address (including the floor location or room number, if applicable):

212 EAST 14<sup>th</sup> Street

New York NY 10003

Cross streets: E 14<sup>th</sup> street + 3<sup>rd</sup> Ave

5. Does the business, or has the business, ever sold cannabis products at this location?

- Yes
- No

6. Are there any buildings with the primary functions of a **church, synagogue, or other places of worship** on the same road and within 200-feet of this location?

- Yes
- No

7. Are there grounds occupied exclusively by a **school** on the same road and within 500-feet of this location?

- Yes  
 No

8. Are there any **other retail dispensary or microbusiness retail** locations within 1,000 ft of this location?

- Yes  
 No

9. If the establishment is a **transfer or previously licensed premises**, what is the name of the old establishment, and what is its registration or license number?

Name: \_\_\_\_\_

Registration or License Number: \_\_\_\_\_

### PROPOSED BUSINESS

10. Please provide a brief description of the types of products/services (to be) provided at the physical location, including which products will be sold onsite and which will be available for delivery, if applicable.

We will offer our clients a variety of NYS Legal Cannabis Products including pre packaged Flower, Vaporizers, edibles, pre-rolled joints, concentrates as well as Topical Cannabis products

11. What measures will be taken to ensure that customers do not smoke outside in areas that would cause smoke to enter apartments or businesses above and nearby?

Security will be Present and will Mitigate people gathering & Smoking near the Location

12. How many **cannabis events** will you be hosting per year? at least 2-4 per year

13. Would you commit to playing music at background levels only?

- Yes
- No

14. Would you be willing to meet with the Lower East Side Employment Network (LESEN) to help identify local residents who meet your criteria for staffing the proposed business?

- Yes
- No

15. What are the total hours you will be open each week? 84 hours

16. What are your proposed hours?

- Sundays: 10am - 10pm
  - Mondays: \_\_\_\_\_
  - Tuesdays: \_\_\_\_\_
  - Wednesdays: \_\_\_\_\_
  - Thursdays: \_\_\_\_\_
  - Fridays: \_\_\_\_\_
  - Saturdays: 10am - 10pm
- SAME

**APPLICANT/LICENSEE REPRESENTATIVE INFORMATION**

17. Applicant Full Name: Marat Kamornik

18. Attorney/Representative Full Name: Leo Shalit

19. Attorney/Representative Address: 45 Glen Cove Rd  
Greenville NY 11548

20. Attorney/Representative Address Phone Number: 883 - 742-5481

21. How many cannabis licenses does the applicant currently hold? 1

22. Has the applicant completed any workforce or training programs offered by OCM? If yes, which ones?

No

23. If the applicant has an existing business at this location, have they ever received a **violation at this location?**

Yes

No

24. Has the applicant received a **violation for selling unlicensed cannabis** in last 3 years?

Yes

No

Marat Kamornik

10/15/2024