Community Board 8 Cannabis License Questionnaire

Name of Applicant Contact phone number	_____ _____
Name of Corporation **Name of Establishment (d/b/a)** **Operator/GM**	
Address and Description of Premises:	_____ Approximate Sq. Feet. _____ Tables_____ Chairs_____
Application type: **License for:**	____ Final License (With Proof of Control) ___ Provisional License (No Proof of Control) ___ Retail Dispensary Premises ___ Microbusiness ___ On Site Consumption
List of owners/operators: 1. 2. 3.	Silent Partners? YES / NO
Hours of operation:	MON – THURS: From_____To_____ FRI – SAT: From_____To_____ SUN: From_____To _____
Number of people served On Site:	At Counter ____ At Tables_____ Other_____ Dispensary Only _____
Type of music to be played:	Live_____piped loud YES / NO Soundproofing YES / NO
Will there be delivery?	Yes_____ No _ | What means of delivery will be employed? | If bicycles, will they comply with the law? | Yes_____No _ _____
Other businesses (bars, restaurants etc.) associated with: 1. 2. 3.	Those in CB8 district first.
Name and Phone # of references: 1. 2.	CB8 reserves the right to contact these references.
Any known complaints:	
Items to be submitted with application:	Please supply the following items and any other items you think will help us decide.
Plans of establishment Pictures of establishment Affidavit agreeing not to use electric bikes for deliveries Menu for establishment/Other relevant info Proof of Control (Lease or Deed)	

New Policy: Community Board 8 will disapprove the application of any establishment uses electric bikes.

Submitted by_____Official Capacity _____