



CB2 CLC Questionnaire


WEST VILLAGE GROCERY INC-31 JANE ST, NY NY 10011

Questions/Comments: <https://bit.ly/ask-clc>

Timestamp	11/6/2023 11:56:19
Email Address	[REDACTED]
NOTICES How many Notification to Municipality OCM-06009 (NTM) Forms have you submitted to CB2?	1
NYS APPLICATION TYPE	FULL license - with proof of control of premises
LEGAL BUSINESS NAME & PROPOSED PREMISES Please list the names of any and all corporate entities (i.e. LLC), and corresponding addresses for which you have submitted Municipal Notice form to CB2: (include DBA(s) if applicable)	WEST VILLAGE GROCERY INC-31 JANE ST, NY NY 10011
LICENSE TYPE SOUGHT:	Adult-Use Retail Dispensary
YOUR NAME: Name, email address & phone number of individual completing this questionnaire	NEHAL TRIVEDI [REDACTED]
REPRESENTATIVE: Name & Contact information of Applicant's Legal Representative/Agent for Service of Process (if different than above)	NEHAL TRIVEDI
AUTHORIZATION: Name of the party providing authorization Representative and that party's relationship to the Applicant	
PRINCIPAL: Principle owner's name, home address, & phone number	GURDIP JOSAN [REDACTED]
TRUE PARTIES OF INTEREST: Name of all individuals with financial interest in this business and percentage of ownership for each	GURDIP JOSAN-100%
OPENING DATE: What is your projected opening date	April 2024
Social & Economic Equity Applicant Definitions APPLICANT CATEGORY (check all that apply):	Minority-Owned Business

CAURD: If you participated in the Conditional Adult-Use Retail Dispensary program, please share your most recent status	N/A
PRESENTER: Name of principal representative who will present to CB2 on behalf of the business, and their relationship (i.e. applicant/self, attorney, consultant, lobbyist...) to applicant/licensee	ATTORNEY
LANDLORD: Property Owner/Landlord Information: Name, Phone Number, Business Address & Email Address:	31 JANE STREET TENANTS CORP [REDACTED]
PREMISES CONTROL: Please upload one of the documents listed below showing proof of the status of control over your proposed location: a) Fully Executed Lease b) Deed c) Binding Letter of Intent (LOI) d) Non-binding LOI	[REDACTED]
INGRESS & EGRESS: Please list the addresses of all exits and entrances your business will utilize:	1-MAIN ENTRANCE
CB2 INTEREST: Does any individual, group or entity with financial or operational interest in your business have a connection to Community District 2?	None
SIDEWALK STEWARDSHIP: What is the anticipated increase in sidewalk traffic? How will you manage the sidewalk, crowd control, vehicular traffic? Will you utilize stanchions and ropes?	ROPES AND SECURITY
PROXIMITY CHECK 1: Please list all: Retail Dispensaries within 1000 ft., Houses of Worship within 200 ft., and Schools/School Grounds within 500 ft. of your proposed premises. If none, write N/A	N/A
PROXIMITY CHECK 2: Are there any drug treatment facilities, harm reduction facilities, playgrounds or parks within 1000 ft. of the proposed cannabis business location? If yes, please list:	N/A
IMPACT: Please describe how you plan to handle patron noise, loitering and prevent smoking outside your establishment:	SECURITY
STAFF: How many people will work at the address listed on your NTM form? Please list titles & positions	
ADA Compliance Guides for Small Business Owners ADA COMPLIANCE: Is your business ADA compliant? If not, what is your plan to bring it into compliance?	N/A
EVENTS: Will you close for private events? How many times per year?	NO
SECURITY: Please describe your interior & exterior security plan:	SECURITY CAMERAS

PRODUCT PRICE LIST Please provide a list of products/services, and associated prices, to be offered at the address listed on your NTM form:	
ON-SITE CONSUMPTION: If this Establishment includes or plans to include on-site consumption at any point, please describe how it will be managed. What is the capacity of the consumption area? What environmental monitoring and ventilation measures will be taken to protect shoppers and staff from second hand smoke and other potential hazards? If not, please write n/a.	N/A
DELIVERY: Will the dispensary offer delivery?	Yes
DELIVERY PLAN: If the dispensary offers delivery, briefly describe your delivery structure. How will you prevent delivery staff/messengers from congregating in front of the store or parking/riding bikes on the sidewalk?	WEEKLY MEETINGS FROM MANAGEMENT
PREMISES CATEGORY: What type of building is the proposed location? Please check all that apply.	MULTI-STORY RETAIL BUILDING (2 OR MORE)
FACADE: Will you be making any changes to the building facade? If yes, please describe the changes:	NO
Discover NYC Landmarks LANDMARK DISTRICT: Much of CB2 is a Historic District, and many of its buildings have landmark status. What is your proposed location's landmark designation?	N/A
OUTDOOR SPACE: Whether or not your business will utilize outdoor space, does your proposed premises allow access to any?	No
OUTDOOR OPERATIONS: If applicable, please describe how your business will use outdoor space:	
HOURS OF OPERATION: What are your proposed Hours of Operation (each day of the week)?	TBD BUT 11AM TO 9PM
SOUND ATTENUATION 1: Will any amplified sounds from computers, monitors, televisions or speakers be at "background" volume at all times, and inaudible to neighboring residents and businesses at all times?	No
COMMUNITY ENGAGEMENT Please describe your community outreach efforts and include the names of community groups, neighboring businesses, nearby schools, harm-reduction facilities, parks, playgrounds - and any other stakeholders you've contacted:	N/A
CO-TENANTS If your business is located in, or congruent with a residential building(s) or commercial business(es), please describe your outreach efforts to these neighbors:	N/A

PUBLIC BENEFIT How will your business be of benefit to the surrounding community?	LANDMARK
ADVERTISING How will you advertise your business?	WILL WORK WITH OCM
PREMISES CAPACITY/AUTHORIZED USE Please upload a Certificate of Occupancy &/or Letter of No Objection	https://drive.google.com/open?id=1KKFfPRJO3CSCvt0q5YsnTx_Oudq7smj
INCORPORATION Please provide proof that you are authorized to conduct business in NYS (State Dept. Letter, Articles of Incorporation, EIN letter...)	
CANNABIS SECTOR Does any individual, group or entity with financial or operational interest in this business have interest in or connection with any other cannabis business(es) anywhere in the world?	No
CANNABIS SECTOR Does any individual, group or entity with financial or operational interest in this business have any interest in or connection with another cannabis business under consideration by CB2 Manhattan?	No
OUT OF DISTRICT NOTICE Have you submitted NTM form(s) to a NYC Community Board other than CB2 Manhattan?	No
SMOKE SHOP Have you ever owned, operated or managed a shop selling cannabis, hemp, CBD, tobacco products, vapes, or ancillary paraphernalia for the purpose of smoking?	Yes
Please upload: The Site Plan/Floor Plan for your business:	https://drive.google.com/open?id=1UXH6uudZhmZ1giwWF4FG_lwa6rVMXyVH
Please upload photos of: Interior/Exterior Site & Design Renderings:	https://drive.google.com/open?id=1qamtVvfrCuHZLomSr3061dTj-yEnufB0
Please upload: Your product menu & price list:	https://drive.google.com/open?id=1uV4SUwYbmzUihM2t6_xFPaJ_Mx8RG3xX
Please upload: Letters of support and/or petitions:	https://drive.google.com/open?id=1ak1sbthp8SA3_gNqY2TDpndyCp0PX-e
RSVP for 11/8/23 CB2 CLC Hearing Who will present this application before the CB2 Cannabis Licensing Committee on Wed. Nov. 8, 2023? Please list the names of all parties that will be in attendance.	NEHAL TRIVEDI ATTORNEY

APPLICANT CATEGORY 2 Please review the ADULT-USE SOCIAL & ECONOMIC EQUITY APPLICANT OVERVIEW	
WITHDRAWAL Do you wish to, for any reason, withdraw your Notification to Municipality from consideration by CB2 Manhattan?	No
PREMISES SIZE How many floors of this premises will your business utilize? What is the square footage of each floor?	1
SOUND ATTENUATION 2 Have you installed soundproofing?	We will install soundproofing