



**CB2 CLC Questionnaire**

**Dorian Harrington / High Profile LLC., DBA The Flowery  
388 West St, New York, NY 10014**

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

Timestamp	1/8/2024 22:07:52
Email Address	[REDACTED]
<b>NOTICES</b> How many Notification to Municipality OCM-06009 (NTM) Forms have you submitted to CB2?	1
<b>NYS APPLICATION TYPE</b>	FULL license
<b>LEGAL BUSINESS NAME &amp; PROPOSED PREMISES</b> 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)	High Profile LLC., DBA The Flowery. 388 West St, New York, NY 10014
<b>LICENSE TYPE SOUGHT:</b>	Adult-Use Retail Dispensary
<b>YOUR NAME:</b> Name, email address & phone number of individual completing this questionnaire	Dorian.harrington [REDACTED]
<b>REPRESENTATIVE:</b> Name & Contact information of Applicant's Legal Representative/Agent for Service of Process (if different than above)	NA
<b>PRINCIPAL:</b> Principle owner's name, home address, & phone number	Dorian Harrington [REDACTED]
<b>TRUE PARTIES OF INTEREST:</b> Name of all individuals with financial interest in this business and percentage of ownership for each	Dorian Harrington 100%
<b>OPENING DATE:</b> What is your projected opening date	May 2024
<b>Social &amp; Economic Equity Applicant Definitions</b> <b>APPLICANT CATEGORY</b> (check all that apply):	Minority-Owned Business

<b>CAURD 1: If you participated in the Conditional Adult-Use Retail Dispensary program, please share your most recent status</b>	CAURD Licensee
<b>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</b>	Self, Dorian Harrington
<b>LANDLORD: Property Owner/Landlord Information: Name, Phone Number, Business Address &amp; Email Address:</b>	388 West Street Realty Group LP, Andrew Weinberg. [REDACTED]
<b>PREMISES CONTROL 1: Please upload any document(s) that show the status of your control over your proposed location:</b>	<i>CONDITIONAL LOI SUBMITTED</i>
<b>INGRESS &amp; EGRESS: Please list the addresses of all exits and entrances at the address listed on your NTM form:</b>	388 -390 West Street NY NY 10014. 187 Christopher Street NY NY 10014
<b>CB2 INTEREST: Does any individual, group or entity with financial or operational interest in your business have a connection to Community District 2?</b>	Business Owner
<b>SIDEWALK STEWARDSHIP: What is the anticipated increase in sidewalk traffic? How will you manage the sidewalk, crowd control, vehicular traffic? Will you use stanchions and ropes?</b>	We don't project a substantial increase to sidewalk traffic. Customers will grab and go. The building has over 150 feet of frontage. Lines, if any will wrap alongside the building. Patrons, will be roped in, and will be guided by staff and security.
<b>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</b>	NA
<b>PROXIMITY CHECK 2: Are there any drug treatment facilities, social/human service providers, shelters/transitional/congregate housing, harm reduction facilities, playgrounds or parks within 1000 ft. of the proposed cannabis business location? If yes, please list:</b>	NA
<b>IMPACT: Please describe how you plan to handle patron noise, loitering and prevent smoking outside your establishment:</b>	We plan prepare our staff and security with talking points, reminding customers of the rules/laws. We will place signs in key locations onsite.
<b>STAFF: How many people will work at the address listed on your NTM form? Please list titles &amp; positions</b>	About 20 people. budtenders, general manager, assistant managers, cashier, delivery manager, security etc
<b>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?</b>	Yes, it is ADA compliant

<b>EVENTS:</b> Will you close for private events? How many times per year?	We don't have any events planned
<b>SECURITY:</b> Please describe your interior & exterior security plan:	TBD. We will more than likely hire Kent Security and develop a plan when its time
<b>PRODUCT PRICE LIST</b> Please provide a list of products/services, and associated prices, to be offered at the address listed on your NTM form:	NONE SUBMITTED - SEE ATTACHMENT
<b>ON-SITE CONSUMPTION:</b> 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.	NA
<b>DELIVERY:</b> Will the dispensary offer delivery?	Yes
<b>DELIVERY PLAN:</b> 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?	Our delivery team will use public transportation, similar to other licensed dispensaries in CB2
<b>PREMISES CATEGORY:</b> What type of building is the proposed location? Please check all that apply.	ONE STORY RETAIL BUILDING
<b>FACADE:</b> Will you be making any changes to the building facade? If yes, please describe the changes:	No
Discover NYC Landmarks <b>LANDMARK DISTRICT:</b> Much of CB2 is a Historic District, and many of its buildings have landmark status. What is your proposed location's landmark designation?	Its my understanding that the building is in a historic district, but the building itself doesn't have landmark status.
<b>OUTDOOR SPACE:</b> Whether or not your business will utilize outdoor space, does your proposed premises allow access to any?	No
<b>OUTDOOR OPERATIONS:</b> If applicable, please describe how your business will use outdoor space:	NA
<b>HOURS OF OPERATION:</b> What are your proposed Hours of Operation (each day of the week)?	9am - 9pm Sun - Thurs. 9am-midnight Fri - Sat
<b>SOUND ATTENUATION 1:</b> Will any amplified sounds from computers, monitors, televisions or speakers be at "background" volume, and inaudible to neighboring residents and businesses at all times?	Yes
<b>COMMUNITY ENGAGEMENT</b> Please describe your community outreach efforts and include the names of community groups, neighboring businesses, nearby schools, human service providers,	We have prepared a document to go out, but we are not beginning any community outreach efforts yet. We will prioritize outreach, if and when we are awarded a license in this round. We are currently compiling a list

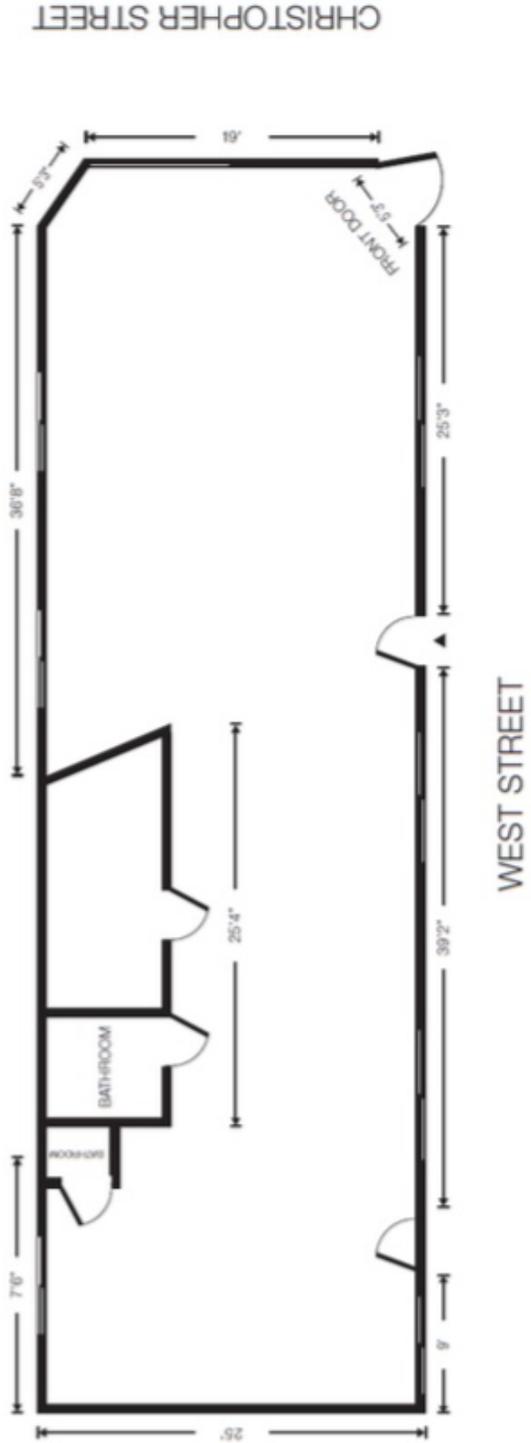
parks, playgrounds - and any other stakeholders you've contacted:	of institutions to reach out to.
<b>CO-TENANTS &amp; NEIGHBORS</b> If your business is located in, or congruent with a residential building(s) or commercial business(es), please describe your outreach efforts to these neighbors:	Please see my previous answer
<b>PUBLIC BENEFIT</b> How will your business be of benefit to the surrounding community?	We will be offering safe, tested and regulated products, grown and produced here in NYS. The presence of a licensed store in your community will ensure that the OCM and Sheriff prioritizes the shutdown of illicit smoke shops, which sell unsafe products in your area. This enforcement in your community will make it harder for underage people to purchase cannabis from stores selling illegally. Our business will create jobs.
<b>ADVERTISING</b> How will you advertise your business?	We will advertise in full compliance with NYS/OCM law.
<b>PREMISES CAPACITY/AUTHORIZED USE</b> Please upload a Certificate of Occupancy &/or Letter of No Objection	<i>NONE SUBMITTED</i>
<b>INCORPORATION</b> Please provide proof that you are authorized to conduct business in NYS (State Dept. Letter, Articles of Organization/Incorporation)	<i>ARTICLES OF ORGANIZATION SUBMITTED</i>
<b>CANNABIS SECTOR</b> 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? If yes, please list the business name and address. If no, write N/A:	Yes, Dorian Harrington L.O.R.D.S. LLC DBA NoMad Cannabis Co. (CAURD 512). Anthony Capone The Flowery (multiple locations medical dispensaries with delivery in Florida)
<b>CANNABIS SECTOR</b> 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?	Yes
<b>OUT OF DISTRICT NOTICE</b> Have you ever submitted NTM form(s) to a NYC Community Board other than CB2 Manhattan? If so, please list the Community Board number, proposed address and date submitted. If none, write N/A:	No
<b>SMOKE SHOP</b> Do you now or have you ever owned, operated, managed or been employed by a shop selling cannabis, hemp, CBD, tobacco products, vapes, or ancillary paraphernalia	No

for the purpose of smoking?	
Please upload: The Site Plan/Floor Plan for your business:	<a href="https://drive.google.com/open?id=1IBIAuL2U_GjqDanxiO61A1pyEMxxRvTc">https://drive.google.com/open?id=1IBIAuL2U_GjqDanxiO61A1pyEMxxRvTc</a>
Please upload photos of: Interior/Exterior Site & Design Renderings:	SEE ATTACHMENT
Please upload: Your product menu & price list:	NONE SUBMITTED
Please upload: Letters of support and/or petitions:	NONE SUBMITTED
RSVP for January 2024 CB2 CLC Hearing (location TBD) Who will attend the CB2 Cannabis Licensing Committee on Tues. Jan. 9, 2024? Please list the names of all parties that will be in attendance in relation to your application.	Dorian Harrington, Anthony Capone
<b>APPLICANT CATEGORY 2</b> Please share your priority status according to the ADULT-USE SOCIAL & ECONOMIC EQUITY APPLICANT OVERVIEW (Please review prior to answering as priority guidelines are specific):	CDI: Member of a community disproportionately impacted by the enforcement of cannabis prohibition, Have an income lower than 80% of the median income of the county in which the applicant reside
<b>WITHDRAWAL</b> Do you wish to, for any reason, withdraw your Notification to Municipality from consideration by CB2 Manhattan?	No
<b>PREMISES SIZE</b> How many floors/levels of this premises will your business utilize? What is the square footage of each floor?	2 Levels. Ground 2,650 feet. Basement 2,000 square feet (storage / not usable for customers).
<b>SOUND ATTENUATION 2</b> Have you installed soundproofing?	Premises currently soundproofed
<b>CAURD 2:</b> If you were granted a CAURD license, please share your license date, CAURD number and the business entity that was licensed. If none, please write "N/A"	March 12th 2023. CAURD #512. L.O.R.D.S. LLC
<b>CAURD 3:</b> If you were granted a CAURD license, are you applying under the same corporate entity that was awarded the license?	No
<b>CAURD 4:</b> If you were granted a CAURD license, are you the qualifying individual with controlling interest in that business?	No
<b>CAURD 5:</b> If you were granted a CAURD license, have you obtained a lease, letter of intent or deed for a dispensary location under that license?	Yes

<b>CAURD 6: Have you submitted a Notification to Municipality form to any municipality in New York State in relation to a CAURD license?</b>	Yes
<b>CAURD 7: If you have submitted a Notification to Municipality form to any municipality in New York State in relation to a CAURD license, please write the name of the municipality and the administrative body to which you submitted notice:</b>	C5

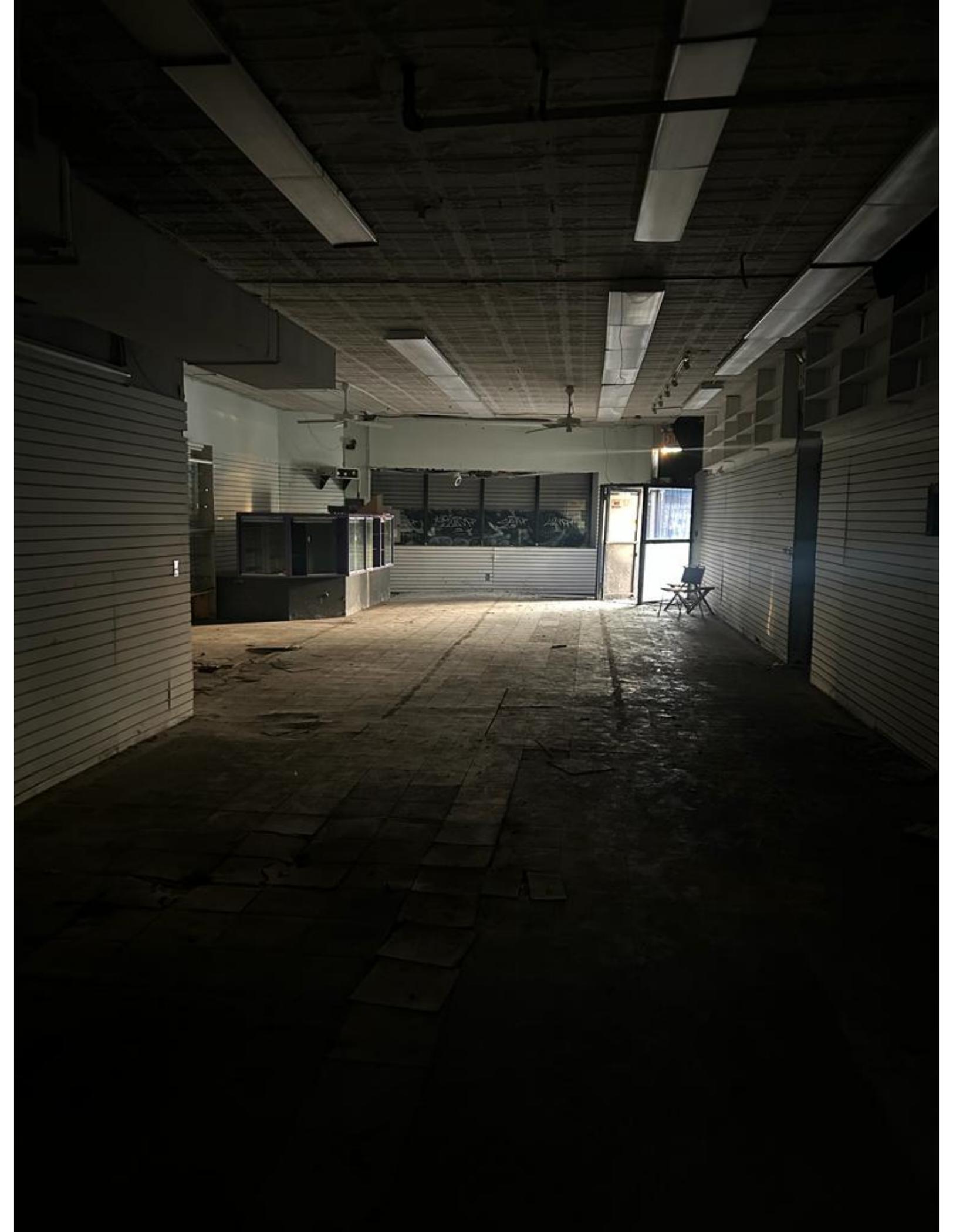
GROUND FLOOR: 2,650 SF TOTAL: 2,650 SF

GROUND FLOOR



















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