



CB2 CLC Questionnaire

212Partners, LLC D/B/A 212 Cannabis Company, 330 Spring Street, 10013

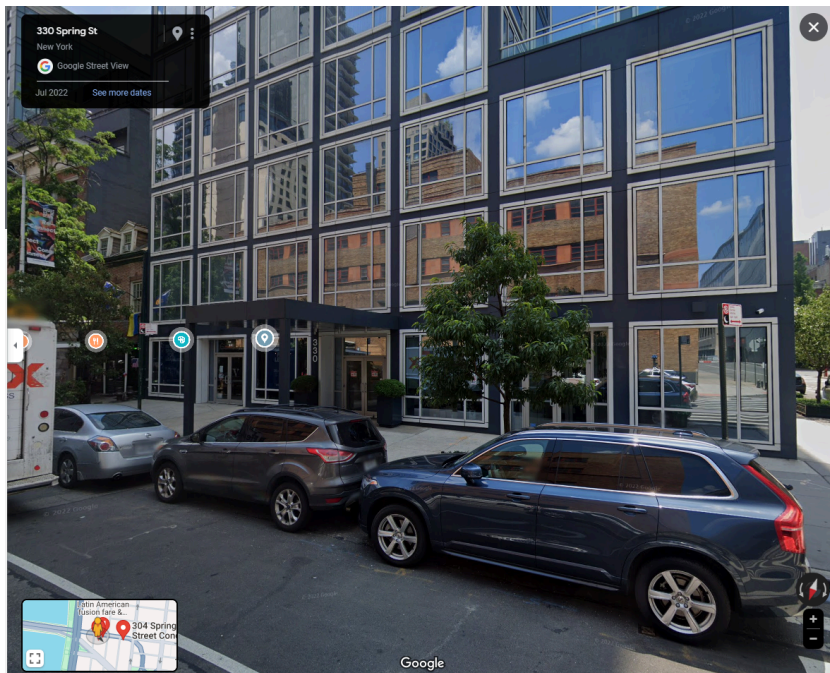
Questions/Comments: <https://bit.ly/ask-clc>

NOTICES How many Notification to Municipality OCM-06009 (NTM) Forms have you submitted to CB2?	1
NYS APPLICATION TYPE	CAURD Licensee - Licensed Conditional Adult-Use Dispensary
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)	212Partners, LLC D/B/A 212 Cannabis Company
LICENSE TYPE SOUGHT:	Conditional Adult-Use Retail Dispensary (CAURD) License Holder
YOUR NAME: Name, email address & phone number of individual completing this questionnaire	Terran Cooper on behalf of Arthur Abramov
REPRESENTATIVE: Name & Contact information of Applicant's Legal Representative/Agent for Service of Process (if different than above)	Andrew Cooper, Esq., Falcon Rappaport & Berkman LLP,
PRINCIPAL: Principle owner's name, home	Arthur Abramov, Brooklyn, NY
TRUE PARTIES OF INTEREST: Name of all individuals with financial interest in this business and percentage of ownership for each	Arthur Abramov (60%), BHYA LLC (40%) [50% Yaakov Yakubov, 50% Arkadiy Shimunov]
OPENING DATE: What is your projected opening date	July 2024
Social & Economic Equity Applicant Definitions APPLICANT CATEGORY (check all that apply):	Justice-Involved
CAURD 1: If you participated in the Conditional Adult-Use Retail Dispensary program, please share your most recent status	CAURD Licensee
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	Andrew Cooper, Esq. (attorney) & Arthur Abramov (with possible input from Terran Cooper, consultant)
INGRESS & EGRESS: Please list the addresses of all exits and entrances at the address listed on your NTM form:	330 Spring Street, Unit 1E
CB2 INTEREST: Does any individual, group or entity with financial or operational interest in your business have a connection to Community District 2?	Propert: Owner/Management/Leasing/Realtor
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?	Minimal - ordering ahead and indoor queueing will minimize sidewalk traffic.
PROXIMITY CHECK 1: Please list all proximity protected: Cannabis Businesses 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	N/A (upon information and belief)

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:	
IMPACT: Please describe how you plan to handle patron noise, loitering and prevent smoking outside your establishment:	Security measures including a security guard.
STAFF: How many people will work at the address listed on your NTM form? Please list titles & positions	TBD: Arthur Abramov will be working in a Manager capacity, with other staff yet to be hired. An estimated 10-25 employees to be hired.
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?	Yes (upon information and belief).
EVENTS: Will you close for private events? How many times per year?	Yes - 12
SECURITY: Please describe your interior & exterior security plan:	Full time security guard, check-in area prior to full dispensary entrance with age verification.
PRODUCT PRICE LIST Please provide a list of products/services, and associated prices, to be offered at the address listed on your NTM form:	(NOTHING SUBMITTED)
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?	Online ordering will allow scheduling of pick-ups & deliveries with a dedicated pick-up area to allow minimal congregation.
PREMISES CATEGORY: What type of building is the proposed location? Please check all that apply.	PREDOMINANTLY RESIDENTIAL W/ COMMERCIAL
FACADE: Will you be making any changes to the building facade? If yes, please describe the changes:	Minimal signage
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:	N/A
HOURS OF OPERATION: What are your proposed Hours of Operation (each day of the week)?	11AM-11PM Sunday-Thursday; 11AM-4:30 PM Friday; 6:30 PM-11:45PM Saturday
SOUND ATTENUATION 1: 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
COMMUNITY ENGAGEMENT Please describe your community outreach efforts and include the names of community groups, neighboring businesses, nearby schools, human service providers, parks, playgrounds - and any other stakeholders you've contacted:	Local outreach to the Sanitation Department, Google Headquarters, Lazy Point, and other local businesses and community members.
CO-TENANTS & NEIGHBORS If your business is located in, or congruent with a	Ongoing effort

residential building(s) or commercial business(es), please describe your outreach efforts to these neighbors:	
PUBLIC BENEFIT How will your business be of benefit to the surrounding community?	Local partnerships and community outreach initiatives.
ADVERTISING How will you advertise your business?	Word of mouth, local business partnerships.
PREMISES CAPACITY/AUTHORIZED USE Please upload a Certificate of Occupancy &/or Letter of No Objection	(CERTIFICATE OF OCCUPANCY ATTACHED)
INCORPORATION Please provide proof that you are authorized to conduct business in NYS (State Dept. Letter, Articles of Organization/Incorporation)	https://drive.google.com/open?id=1tIHd74gyMRmsdsF-As8zbfd05Q8RhN9Z
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? If yes, please list the business name and address. If no, write N/A:	N/A
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 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:	Yes
SMOKE SHOP 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 for the purpose of smoking?	No
Please upload photos of: Interior/Exterior Site & Design Renderings:	(EXTERIOR PHOTO ONLY SUBMITTED - ATTACHED)
Please upload: Your product menu & price list:	212Partners LLC is still developing its product menu & price list.
Please upload: Letters of support and/or petitions:	(NONE SUBMITTED)
APPLICANT CATEGORY 2 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):	Was convicted of a cannabis-related offense prior to the effective date of the MRTA
PREMISES SIZE How many floors/levels of this premises will your business utilize? What is the square footage of each floor?	1, approx. 2,500 SF
SOUND ATTENUATION 2 Have you installed soundproofing?	Not currently soundproofed to our knowledge.
CAURD 2: 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"	June 15, 2022, OCMCAURD-2022-000772, apa dispensary
CAURD 3: If you were granted a CAURD license, are you applying under the same corporate entity that was awarded the license?	Mistakenly applied under "apa dispensary," but have since formally established 212Partners LLC to be the licensee and have informed OCM of this change.
CAURD 4: If you were granted a CAURD license, are you the qualifying individual with controlling interest in that business?	Yes

CAURD 5: 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
CAURD 6: Have you submitted a Notification to Municipality form to any municipality in New York State in relation to a CAURD license?	only to Manhattan Community Boards
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:	CB2, CB1





Certificate of Occupancy

CO Number:1087495-0000003

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A. Borough: MANHATTAN Address: 328 SPRING STREET Building Identification Number(BIN): 1087495	Block Number: 595 Lot Number(s): 7504 Additional Lot Number(s): Application Type: NB - NEW	Full Building Certificate Type: Temporary Date Issued: 06/26/2023
BUILDING		
This building is subject to this Building Code: 1968		
This Certificate of Occupancy is associated with job# 103609454-01		
B. Construction Classification: I-A: 4 HOUR PROTECTED Building Occupancy Group classification: J2: RESIDENTIAL		
Multiple Dwelling Law Classification: HAEA No. of stories: 12 Height in feet: 135 No. of dwelling units: 40		
C. Parking Spaces and Loading Berths: Open Parking Spaces: 0 Enclosed Parking Spaces: 0 Total Loading Berths: Not Available		
D. This Certificate is issued with the following legal limitations: Restrictive Declaration: None Zoning Exhibit: None BSA Calendar Number(s): 36-01-BZCPC Calendar Number(s): None		
Borough Comments:		

Borough Commissioner Commissioner

James S. Odels

DOCUMENT CONTINUES ON NEXT PAGE

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for 212PARTNERS LLC, File Number 231004002866 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 04, 2023.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

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