



CB2 CLC Questionnaire

Seven Forty Eight LLC d/b/a DAZED, 112 Mulberry Street 10013

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

Timestamp	8/11/2024 9:37:47
RSVP for August 2024 CB2 CLC Hearing Name of representative(s) who will present to CB2 on behalf of this business, as well as the names of all parties that will be in attendance and their relationship to the business. (i.e. applicant/self, attorney, consultant, lobbyist...)	Kate Hruby, MPA, Regulatory Consultant; Victor Parise, Justice-Involved Owner; Keshawn Warner, Justice-Involved Owner; Christopher Vianello, Owner
NOTICES How many Notification to Municipality OCM-06009 (NTM) Forms have you submitted to CB2?	Other: Explain
LEGAL BUSINESS NAME The corporate entity (i.e. LLC), for which you have applied for licensure with, or been granted licensure by the NYS CCB/OCM: (include DBA if applicable)	Seven Forty Eight LLC DBA Dazed
NYS APPLICATION TYPE Type of NYS cannabis license for which this business applied.	CAURD Licensee - Licensed Conditional Adult-Use Dispensary
WITHDRAWAL Do you wish to, for any reason, withdraw your Notification to Municipality from consideration by CB2 Manhattan?	No
BUSINESS CATEGORY/FEATURES Check all that apply.	Conditional Adult-Use Retail Dispensary (CAURD)
PRINCIPAL: Principle owner's name, home address, and phone number.	Victor Parise, (<i>The UPS Store</i>) 2218 BROADWAY [REDACTED] NEW YORK, New York 10024 [REDACTED]
TRUE PARTIES OF INTEREST Name of all individuals with financial interest in this business, and percentage of ownership for each person that has membership rights in the applicant or licensee in accordance with the	Victor Parise - 30%; Keshawn Warner - 21%; Christopher Vianello, 24.5%; Richard Rainone - 24.5%

provisions of any articles of incorporation, bylaws, limited liability corporation agreements, partnership agreements or operating agreements.	
MSA Is this business engaged in a Branding or Management Services Agreement, or in negotiations to engage in such?	No
MSA Info & Terms If this business is, or plans to, engage in a Management Services Agreement, please share the corporate entity and/or names of individuals providing the services. Additionally, please bring a copy of the term sheet to the hearing.	Not applicable
OPENING DATE What is your projected opening date?	October 2024
Social & Economic Equity Applicant Definitions APPLICANT CATEGORY (check all that apply):	CAURD
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
CAURD 1: If you participated in the Conditional Adult-Use Retail Dispensary program, please share your most recent status	CAURD Applicant
CAURD 2: If you were granted a CAURD license, or have a financial or operational interest in a CAURD license, please share the license date, qualifying owner's name, CAURD number and the business entity that was licensed. If none, please write "N/A"	(BYPASSED)
CAURD 3: If you were granted a CAURD license, or have operational or financial interest in a CAURD license, are you applying under the same corporate entity that was awarded the license?	(BYPASSED)
CAURD 4: If you were granted a CAURD license, are you the qualifying individual with controlling interest in that business?	(BYPASSED)
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?	(BYPASSED)
CAURD 6: Have you submitted a Notification to	(BYPASSED)

Municipality form to any municipality in New York State in relation to a CAURD license?	
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:	(BYPASSED)
PRESENTER: Name of representative(s) who will present to CB2 on behalf of the business, and their relationship (i.e. applicant/self, attorney, consultant, lobbyist...) to applicant/licensee	(BYPASSED)
PROPERTY OWNER Name, Phone Number, Business Address & Email Address of the entity/individual that owns the building within which your proposed premises exists.	Smart Merchants Incorporated, Charles Kim, President [REDACTED]
PREMISES CONTROL 1: Please upload the full document proving control over the proposed premises.	(CONDITIONAL LEASE AGREEMENT SUBMITTED)
PREMISES CONTROL 2: What "Proof of Control" document(s) did you share with us?	Conditional Lease Agreement
INGRESS & EGRESS: Please list the addresses for all exits and entrances of the proposed premises:	112 Mulberry Street, New York, NY 10013
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?	None to minimal. If necessary, stanchions and security personnel may be used.
PROXIMITY CHECK 1 Please list all proximity protected Cannabis Businesses within 1000 ft., Houses of Worship within a 200 ft. radius, and Schools/School Grounds within 500 ft. radius of your proposed premises. If none, write N/A.	N/A
PROXIMITY CHECK 3: 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 none, write N/A. if yes, please list:	N/A
IMPACT: Please describe how you plan to prevent noise, loitering and smoking outside	Crowd control will be used outside the premises which may include stanchions and security personnel.

your establishment.	
STAFF: How many people will work at the address listed on your NTM form? Please list titles & positions.	Richard Rainone - Operating Partner (staff has yet 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?	The premises will soon begin renovations and will comply with all applicable laws, rules, and regulations.
EVENTS: Will you close for private events? What type of events? How many times per year?	Not applicable
SECURITY: Please describe your interior & exterior security plan:	Perimeter alarm with third-party central monitoring, security cameras covering all areas where cannabis products are stored or moved within the facility, security cameras covering security equipment, safe, and vault areas. Cameras will have minimum capacity of 60 days recording and 8 hours of battery backup. Cameras will also cover all means of ingress or egress to the premise as well as the exterior of the premises.
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?	Maybe
DELIVERY PLAN: If the dispensary offers delivery, please describe your delivery method. How will you prevent delivery staff/messengers from congregating in front of the store or parking/riding bikes on the sidewalk?	Delivery will likely be on foot or via bike if offered. Bikes will not be stored on the sidewalk.
PREMISES CATEGORY: What type of building is the proposed location? Please check all that apply.	Multi use -- 2 retail & 16 apartments
PREMISES SIZE How many floors/levels of this premises will your business utilize? What is the square footage of each floor? How will each space be utilized?	Ground floor (approx. 1,000 square ft.) & portion of basement - Ground floor will be Customer access/retail sales - basement will be storage & office.
FACADE: Will you be making any changes to the building facade? If yes, please describe the changes:	Signage in compliance with the regulations.
Discover NYC Landmarks LANDMARK DISTRICT: Much of CB2 is a	N/A

Historic District, and many of its buildings have landmark status. What is your proposed location's landmark designation?	
OUTDOOR SPACE Whether or not your business will utilize outdoor space, does your proposed premises allow access to any?	No
OUTDOOR OPERATIONS: Will your business utilize any outdoor space? If so, please describe how your business will use the outdoor space:	N/A
HOURS OF OPERATION: What are your proposed Hours of Operation (each day of the week)?	8am-midnight, 7 days a week
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
SOUND ATTENUATION 2 Have you installed soundproofing?	TBD
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:	TBD
CO-TENANTS & NEIGHBORS If your business is located in, or congruent with a residential building(s) or commercial business(es), please describe your outreach efforts to residents:	TBD
How will your business be of benefit to the surrounding community? (Eliminating illicit operations is not a benefit legal businesses can control)	(BYPASSED)
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:	No
ADVERTISING How will you advertise your business?	Print & Social Media, Referrals
PREMISES CAPACITY/AUTHORIZED USE Please upload a Certificate of Occupancy &/or Letter of No Objection showing legal capacity and authorized use of the proposed premises.	(LETTER OF NO OBJECTION DATED 2017 WAS SUBMITTED & IS ATTACHED)
INCORPORATION	(NYS CERTIFICATE OF STATUS DUE 09/30/2024)

Please provide proof that you are authorized to conduct business in NYS (State Dept. Letter, Articles of Organization/Incorporation)	WAS SUBMITTED & IS ATTACHED)
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(s) and address(es). If no, write N/A:	Dazed - 33 Union Sq W, New York, NY 10003 Dazed Cannabis - 56 Jackson St, Holyoke, MA 01040;
CANNABIS SECTOR 2 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? (including property owner, lease signatory or Management Services entity/individual...)	No
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?	No
Please upload: The Site Plan/Floor Plan for your business:	(BYPASSED - PLACEHOLDER SUBMITTED)
Please upload: Photos of Interior/Exterior Site & Design Renderings:	(BYPASSED - PLACEHOLDER SUBMITTED)
Please upload: Your product menu & price list:	(BYPASSED - PLACEHOLDER SUBMITTED)
Please upload: Letters of support and/or petitions:	(BYPASSED - PLACEHOLDER SUBMITTED)
PROPOSED PREMISES The address, floor, zip code and cross-streets of the premises that the above referenced business hopes to operate.	112 Mulberry Street, New York, NY 10013
APPLICANT / LICENSE NUMBER The application or license number issued to this business by the NYS Office of Cannabis Management: (example: OCMRETL-202X-000XXX, OCMCAURD-202X-000XXX...)	OCMCAURDP-2023-000238
ANCILLARY PARTIES / ENTITIES List any entities, businesses, and/or individuals that will provide ancillary services for this business and their role?	Not applicable
LANDLORD Name, Phone Number, Business Address & Email Address of the individual, and associated legal entity who's signed the proof of control document on behalf of the building within which your proposed premises exists.	Smart Merchants Incorporated, Charles Kim, President [REDACTED]

<p>PRIOR USE Do you currently operate, or have you ever operated a business at the proposed premises?</p>	No
<p>PRIOR USE 2 Has this premises ever held a NYS/ NYC retail or hospitality license?</p>	N/A
<p>PROXIMITY CHECK 2 If there is an active or pending Proximity Protected retail cannabis business within a 1000 ft. radius of the proposed premises, how will this business obtain approval from NYS to operate contrary to regulations? If none, write N/A.</p>	N/A
<p>SMOKE SHOP 2 Has the proposed premises or any individual or business associated with 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?</p>	No
<p>SMOKE SHOP Please share the d/b/a, corporate entity, and location of smoke shop. If there is more than one, please list all.</p>	N/A
<p>PUBLIC BENEFIT How will your business be of benefit to the surrounding community? (Eliminating illicit operations is not a benefit legal businesses can control)</p>	Providing safe, lab-tested, legal cannabis from a secure location. Will provide jobs. The well-curated brand may also encourage other economic development in the area.
<p>EMPLOYEE MANUAL Please upload the security, operating, and safety procedures guideline for workers.</p>	https://drive.google.com/open?id=1Q0gPUc63hISYRPo6yo-MKZdkFavAbQvg

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: SEVEN FORTY EIGHT LLC
DOS ID Number: 6591890
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/19/2022

Statement Status: CURRENT
Statement Due Date: 09/30/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 19, 2022 at 11:54 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 10002206712 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



Rick D. Chandler, PE
Commissioner

August 28, 2017

Joseph Bruno, RA.
Dep. Borough Commissioner
josbruno@buildings.nyc.gov

280 Broadway, 3rd Fl.
New York, NY 10007
www.nyc.gov/buildings
212-393-2019
646-500-6170

**Re: 112 Mulberry Street
Block: 205; Lot: 7
Zoning District: C6-2G
Manhattan**

To Whom It May Concern:

This is in response to your request dated **June 13, 2017**, for a Letter of No Objection for **112 Mulberry Street**, for Multiple Dwelling Use with 16 units. There is no Certificate of Occupancy on file for this address. The agency records indicate two stores and 16 apartments as use for the building.

The Department has **No Objection** to a **Multiple Dwelling Use** with **16 units** and **two Stores** of the above referenced premises.

If this building is hereafter altered or its use changes, an application for such alteration work or change of use must be filed and a Certificate of Occupancy shall be issued pursuant to Article 22 of Sub-Chapter 1 of the Administrative Code of the City of New York.

Please contact me if you have any additional questions or concerns regarding this matter. For more specific property information, please visit the "Building Information System" on our web site: www.nyc.gov/buildings.

Sincerely,

Joseph Bruno, RA
Deputy Borough Commissioner

Joseph Bruno, RA
Deputy Borough Commissioner
Manhattan

JB/pm

Cc: Martin Rebholz, RA, Borough Commissioner
Mohamed Abdenour, Plan Examiner
Premises File
LNO Files