



## **CB2 CLC Questionnaire**

**Weedkraft LLC  
112 Christopher St., 10014**

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

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### **RSVP for January 13, 2024 CB2 CLC Hearing**

Name of representative(s) who will present application 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, partner, investor, manager, attorney, consultant, lobbyist...*)\*

John Venizelos, CAURD Holder and business owner.

### **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 for which you are submitting this questionnaire. Include previous corporate entity name if it has changed since applying and DBA, if applicable. \*

weedkraft LLC

### **OCM APPLICATION NUMBER**

The application number issued to this business by the NYS Office of Cannabis Management at the time of submission to the state: \*

OCMCAURD-2022-000119

### **OCM LICENSE NUMBER & ISSUE DATE**

If a license number has been issued to this business by the NYS Office of Cannabis Management, please write it below, along with the date of licensure:\*

OCMCAURD-2022-000119 issued: 11/14/24

### **PROPOSED PREMISES**

The address, floor, zip code and cross-streets of the premises that the business hopes to operate.\*

112 Christopher street NY NY 10014

### **NYS APPLICATION TYPE**

**Type of NYS cannabis license for which this business applied.\***

- Provisional license (Applied Dec. 2023)
- Adult-Use Retail license (Applied Nov. 2023 Non-CAURD) ●
- CAURD Licensee - Licensed Conditional Adult-Use Dispensary ●
- CAURD Renewal
- Microbusiness License
- Registered Organization with Dispensing
- Other:

**BUSINESS CATEGORY/FEATURES**

**What is your projected opening**

- Consumption Facility
- Cultivation
- Medical
- Event Space
- Medical Dispensary

**date?\*** June 2025

**CB2 INTEREST**

- Cafe
- Processing ● Distribution ● Retail
- Other:

**OPENING DATE**

**Does any individual, group, advisor, employee, or entity with financial or operational interest in your business have a connection to Community District 2?\***

No connection to CB2

**NOTICES**

**How many [Notification to Municipality OCM-06009](#) (NTM) Forms have you, or any party with direct or indirect interest in this business, ever submitted to CB2 for any entity?\***

1

**WITHDRAWAL**

**Do you wish to, for any reason, withdraw your Notification to Municipality from consideration by CB2 Manhattan?\***

No • I want to appear before the CLC

**CONTACTS & ROLES**

Reference Materials: [Goods and Services FAQ](#), [NYS True Party of Interest \(TPI\) Guidance](#)

**YOUR NAME**

**Name, email address & phone number of individual completing this questionnaire\***

John Venizelos [REDACTED]

**REPRESENTATIVE**

**Name & Contact information of Applicant's Legal Representative/Agent for Service of Process (if different than above)**

Ryan Sakas and Richard Washington [REDACTED]

**PRINCIPAL**

**Principal owner's name, email address, home address, and phone number.\***

john venizelos [REDACTED]

**INTERESTED PARTIES**

**Full name of every individual 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 provisions of any articles of incorporation, bylaws, limited liability corporation agreements, partnership agreements or operating agreements.\***

john venizelos

**FUTURE OWNERSHIP**

**Have you, or do you have plans to transfer or sell any ownership or voting stake in your business to any individual or entity, now or in the future?\***

- Yes
- No
- Maybe
- Other:

**FINANCING**

**Full name of any person or entity that will/may provide(s) capital as a gift, a grant, or lends capital pursuant to a secured or unsecured financing agreement for this business.**

george venizelos

**AGREEMENTS**

**Is this business engaged in a Goods and Services, Branding or Management Services Agreement, or in negotiations to engage in such?\***

- Yes
- No
- Maybe
- Other:

**INFO & TERMS**

**If this business is, or plans to, engage in a Goods and Services, Branding and/or Management Services Agreement, please share the corporate entity and names of individuals providing the services. Additionally, please bring a copy of the term sheet to the hearing.**

We have not yet picked a company. We are in talks with all the major companies, Flynnstoned, Flowery and Herbwell.

**SOCIAL & ECONOMIC EQUITY**

[Social & Economic Equity Applicant Definitions](#)

**APPLICANT CATEGORY** (check all that apply):\*

- Minority-Owned Business
- Woman-Owned Business
- Distressed Farmer
- Service-Disabled Veteran
- Not eligible for SEE
- Other: 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):\*

- 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
- Was convicted of a cannabis-related offense prior to the effective date of the MRTA ● Had a parent, guardian, child, spouse, or dependent/was dependent w/ cannabis conviction
- N/A
- Other:

**CAURD:** If any person or entity with direct or indirect interest in this business is a current or past participant in the Conditional Adult-Use Retail Dispensary program, please share the most recent status\*

- CAURD Applicant
- CAURD Licensee

**CAURD A:** If any individual(s) or entity related to this business was granted a CAURD license, or has a financial or operational interest in a CAURD license, please share the license date, CAURD number and the business entity that was licensed. If none, please write "N/A" \*

Same license.

**CAURD B:** If any individual(s) or entity related to this business was granted a CAURD license, or has operational or financial interest in a CAURD license, are you, in whole or in part, applying here under the same corporate entity, brand, marque, trademark, label, service mark, logo, stamp, emblem, imprint, or trade?\*

- Yes
- No
- Other:

**CAURD C:** If you were granted a CAURD license, please list the qualifying justice involved individual(s) that own at least fifty-one percent (51%) controlling interest in that business.\*

john venizelos

**CAURD LOCATIONS:** If you were granted a CAURD license, have you obtained a lease, letter of intent or deed for a dispensary location under that license anywhere in NYS?\*

- Yes
- No
- Other:
- not a executed lease yet.

**PROXIMITY**

**PROXIMITY STATUS**

Has the proposed premises been granted Proximity Protection by the OCM?\*

- Yes
- No
- Other:

**PROXIMITY**

Please list all [proximity protected](#) cannabis businesses within 1000 ft., Houses of Worship within a 200 ft. radius, and schools/school grounds, drug treatment facilities, social/human service providers, shelters/transitional/congregate housing, harm reduction facilities, community facilities, parks, playgrounds and private/public plazas within 500 ft. of the proposed premises. Please note that this question relates to linear distance between points - not OCM proximity guidelines. List all requested addresses whether or not the proximity is state-compliant or restricted.\*

112 christopher meets the 1000 ft requirements.

**PUBLIC CONVENIENCE AND ADVANTAGE**

If there are active or pending Proximity Protected cannabis businesses, of any kind, within a 1000 ft. radius of the proposed premises, how will your business obtain approval from the municipality and NYS to operate contrary to regulations? If none, write N/A.\*

n/a

**PREMISES CATEGORY**

What type of building is the proposed location? Please check all that apply.\*

- One Story Retail Building
- Multi-Story Retail Building (2 Or More)
- Predominant Retail with Other Uses
- Loft W/ Retail Stores
- Office W/ Commercial - 1 to 6 Stories
- Office W/ Commercial 7 - 19 Stories
- Predominantly Residential W/ Commercial
- Predominantly Commercial W/ 1-6 Residential Units
- Other:

**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?\***

2000 squarefeet

**PROPERTY OWNER & CONTACT**

**Name, Phone Number, Business Address & Email Address of the entity/individual that owns the building within which your proposed premises exists.\***

Buchbinder and Warren Realty Group LLC

**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.\***

Buchbinder and Warren Realty Group LLC

**PREMISES CONTROL**

**What documents does this business possess proving control over the proposed premises?\***

- Fully Executed Lease
- Deed
- Binding Letter of Intent (LOI)
- Non-binding LOI
- Conditional Lease Agreement
- Other:

**PRIOR USE**

**Do any individuals or entities with direct or indirect interest in this business currently operate, or have ever operated a business at the proposed premises?\***

- Yes
- No
- Maybe

**PRIOR USE**

**If you answered "Yes" or "Maybe" above, please list all previous businesses and dates of operation.**

**PRIOR LICENSURE**

**Has this premises ever held a NYS/NYC retail or hospitality license?\***

- SLA On-premises (e.g., bars, restaurants, taverns, hotels);
- SLA Off-premises (e.g., liquor stores, wine stores, grocery stores, convenience stores, drug stores);
- DCWP Tobacco Retail Dealer (e.g., tobacco products, cigarettes, chewing tobacco, pipe tobacco, roll-your-own tobacco, snus, bidi, snuff, shisha...)

- DCWP Electronic Cigarette Retail Dealer (e.g., battery-operated device that delivers vapor for inhaling liquid, gel, herb, containing nicotine or other substances; their components, cartridges or refills)
- OCM Cannabinoid Hemp Retail (e.g., cannabidiol or "CBD" products, including tinctures, oils, topicals, pills, capsules and food or beverages)
- None
- Other: i do not know.

### **RECENT USE**

What was the previous use/tenant of the proposed premises?\*

n/a

### **INGRESS & EGRESS**

Please list the addresses for all exits, entrances, and alternate addresses of the proposed premises:\*

112 christopher street.

### **HOURS OF OPERATION**

What are the proposed Hours of Operation for this business(each day of the week)?\*

10 am to 10pm

### **OUTDOOR OPERATIONS**

Will this business utilize any outdoor space? If so, please describe how it will use the outdoor space, including the sidewalk in front of the proposed premises.\*

No

### **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?\*

Ropes if needed. But we do not foresee this much traffic in front of the store. We will have security guards/ ropes.

### **IMPACT**

Please describe how you plan to prevent noise, loitering and smoking outside your establishment and nearby.\*

We will have security team to ensure nobody is outside smoking or loitering in front of or near or establishment.

### **STAFF**

How many people will work at the proposed premises once it is operational? List titles & positions for each individual.\*

approx 20

### **ADA COMPLIANCE**

Is your business ADA compliant? If not, what is your plan to bring it into compliance?  
[ADA Compliance Guides for Small Business Owners\\*](#)

Yes

### **ADVERTISING**

How will you advertise your business?\*

n/a

### **EVENTS**

Will you close for private events? What type of events? How many times per year?\*

n/a

### **ON-SITE CONSUMPTION**

Will this business offer on-site consumption at any point?\*

No

### **ON-SITE CONSUMPTION**

How will this business implement and manage on-site consumption? What is the capacity of the consumption area? What environmental monitoring and ventilation measures will be taken to mitigate potential hazards?

### **DELIVERY**

Will this business offer delivery?\*

- Yes
- No
- Maybe
- Other:

### **FACADE**

Will you be making any changes to the building facade? If yes, please describe the changes:\*

just signage.

### **LANDMARKS/SPECIAL DISTRICT**

Is the proposed premises a landmark building, or within a historical or special district?\*

No

### **ZONING COMPLIANCE**

If the proposed premises or location holds any special status, what are the regulations governing its use? What considerations have been taken to comply with zoning laws and standards specific to this property?

we are in compliance.

### **OUTDOOR SPACE**

Whether or not this business will utilize outdoor space, does the proposed premises allow

access to any?\*

- Backyard
- Terrace
- Roof
- Patio
- No
- Other:

### **SOUND ATTENUATION A**

**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
- No
- Other:

### **SOUND ATTENUATION B**

**Have you installed soundproofing to ensure that any amplified sounds from computers, monitors, televisions or speakers will be inaudible to neighboring residents and businesses at all times?\***

- No
- We will install soundproofing
- Premises currently soundproofed
- Other:

### **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:\***

This is my first time speaking to anyone in CB2

### **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/neighbors:\***

There is a bar and pizzeria attached to the building.

### **PUBLIC BENEFIT**

**How will this business be of benefit to the surrounding community?\***

in short you will have a legal dispensary and this in turn will help shut down the illicit shops that are selling weed that isn't tested to children and not checking ID and staying open late.

### **HEALTH & SAFETY**

**What measures will be implemented to avoid criminal activity commonly attracted by**

**cannabis businesses, and to prevent spillover crime into the surrounding community?**

We will ensure we have security. We do not believe or see any studies for there is criminal activity linked to Licenses NYS dispensaries. This comes from the unlicensed shops. We will have plenty of security in place to ensure there is no crime.

**CANNABIS SECTOR A**

Does any individual, group or entity with direct or indirect interest in this business have any connection with another cannabis business operating in, or under consideration by CB2 Manhattan? *(including property owner, lease signatory, broker, consultant, Brand/Management Services entity/individual...)\**

- Yes
- No
- Maybe

**OUT OF DISTRICT NOTICE**

Has any individual or entity with direct or indirect interest in this business, submitted NTM form(s) to a NYS Municipal body other than CB2 Manhattan? If so, please list the name of the municipality, or number and borough for NYC Community Boards, and date submitted.\*

n/a

**ADDITIONAL INTEREST**

Has any individual or entity with direct or indirect interest in this business have direct or indirect interest in or connection with any other cannabis business(es) in any other community district, village, town, hamlet, city, principality, county, province, commonwealth or country in the world? If yes, please list the business entity name(s) and address(es). If no, write N/A.\*

yes , we will partner will one of the major cannabis companys

**EXPERIENCE**

Has the proposed premises or any individual or entity with direct or indirect interest in this business ever owned, leased, operated, managed or been employed by a shop selling cannabis, hemp, CBD, tobacco products, vapes, or ancillary paraphernalia?\*

- Yes
- No

**EXPERIENCE A**

Please share the d/b/a, corporate entity, and address of the above-referenced business(es). If there is more than one, please list all.\*

We will partner with a major dispensary operator