

CB2 CLC Applicant Questionnaire

Weedkraft LLC / John Venizelos
112 Christopher St,. 10014
Cross Streets: Bedford & Bleecker

This application will be reviewed by the CB2 CLC on Monday, May 19, 2025

Register to attend the hearing, submit questions/comments:
<https://bit.ly/ask-clc>

PROXIMITY Please list all pending and active proximity protected cannabis businesses within 1000-ft the proposed location?	none
RSVP for May 19, 2025 CB2 CLC Hearing Name of all individuals who will present application to CB2 as well as the names of all parties that will be in attendance on behalf of this business, their role(s)/relationship to the business (i.e. <i>applicant/self, partner, investor, manager, attorney, consultant, lobbyist...</i>)	John Venizelos, Richard washington attorney , Ryan Sakas Attorney
LEGAL BUSINESS NAME The corporate entity (i.e. LLC, Inc, Corp...), 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: (example: OCMRETL-202X-000XXX, OCMCAURD-202X-000XXX...)	OCMCAURDP-2025-000004
OCM LICENSE NUMBER & ISSUE DATE If a license has been issued to this business by the NYS Office of Cannabis Management, please write it below, along with the date of licensure. If unlicensed, write n/a: OCMCAURDP-2025-000004	
PROPOSED PREMISES The address, floor, zip code and cross-streets of the premises that the business hopes to operate.	112 Christopher Street New York New York OCMCAURDP-2025-000004
NYS APPLICATION TYPE Type of NYS cannabis license for which this business applied.	CAURD Licensee - Licensed Conditional Adult-Use Dispensary
BUSINESS CATEGORY/FEATURES Check all that apply.	Retail
OPENING DATE What is your projected opening date?	August 2025
CB2 INTEREST 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 Have you, or any party with direct or indirect interest in this business, previously submitted a Notification to Municipality OCM-06009 (NTM) Form CB2 for any entity?	Yes
NOTICES 2	

If you answered "yes" above, please share the submission date(s), address(es) of the proposed premises, and any other information that will help us locate the previous submission(s)

Submitted Jan 19th and we withdrew because no C of O and other documents

<u>YOUR NAME</u> Name, email address & phone number of individual completing this questionnaire, and name of the individual authorizing you to do so.	John Venizelos [REDACTED]
<u>REPRESENTATIVE</u> Name & Contact information of Applicant's Legal Representative/Agent for Service of Process (if different than above)	Richard Washington
<u>PRINCIPAL</u> Principal owner's name, email address, home address, and phone number.	John Venizelos [REDACTED] SI,NY 10304 [REDACTED]
<u>INTERESTED PARTIES</u> 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 100%	
<u>FUTURE OWNERSHIP</u> 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?	No
<u>FINANCING</u> 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.	john venizelos / george venizelos
<u>AGREEMENTS</u> Is this business engaged in a Goods and Services, Franchise, Branding or Management Services Agreement, or in negotiations to engage in such?	No
<u>INFO & TERMS</u> If this business is, or plans to, engage in a Goods and Services, Franchise, 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.	no
<u>Social & Economic Equity Applicant Definitions</u> <u>APPLICANT CATEGORY</u> (check all that apply):	Marijuana Conviction
<u>APPLICANT CATEGORY 2</u> Please share your priority status according to the <u>ADULT-USE SOCIAL & ECONOMIC EQUITY APPLICANT OVERVIEW</u> (Please review prior to answering as priority guidelines are specific. Check all that apply):	Was convicted of a cannabis-related offense prior to the effective date of the MRTA
<u>CAURD</u> : 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 Licensee
Does any individual or entity with direct or indirect interest in the applicant's license, or financial or operational interest in this license, associated <u>in any way</u> with a cannabis license or business anywhere in the world? If so, please share the name of that business, location of that business, and a description of their role in that business.	no
If you answered in the affirmative above, are you, in whole or in part, applying here under the same corporate entity, brand, marque, trademark, label, service mark, logo, stamp, emblem, imprint, of that business?	No
<u>CAURD C</u> : 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

<u>PROXIMITY STATUS</u> Has the proposed premises been granted Proximity Protection by the OCM for this business?	Yes
<u>PROXIMITY</u> Please list all: 1) Houses of Worship within a 200 ft. radius, 2) 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. <i>*Please note that this question relates to radius - not OCM proximity guidelines. List all - whether or not the proximity is state-compliant or restricted.</i> <div>none</div>	
<u>PUBLIC CONVENIENCE AND ADVANTAGE (PCA)</u> 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.	none
<u>PREMISES CATEGORY</u> What type of building is the proposed location? Please check all that apply.	Predominantly Residential w/ Commercial
<u>PREMISES SIZE</u> a) How many floors/levels of this premises will your business utilize? b) What is the square footage of each floor? c) How will each space be utilized?	First floor and basement, 2000sqft first floor, 1000sqft basement, First floor retail, downstairs storage
<u>PROPERTY OWNER & CONTACT</u> Name, Phone Number, Business Address & Email Address of the entity/individual that owns the building within which your proposed premises exists. (not the broker or property management)	Melissa Otterback/ Union Square West LLC
<u>LANDLORD</u> 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.	Melissa Otterback/ Union Square West LLC
<u>PREMISES CONTROL</u> What documents does this business possess proving control over the proposed premises?	Fully Executed Lease
<u>PRIOR USE</u> Do any individuals or entities with direct or indirect interest in this business currently operate, or ever operated a business at the proposed premises?	No
<u>PRIOR USE</u> If you answered "Yes" or "Maybe" above, please list all previous businesses, the business category, and dates of operation.	No
<u>PRIOR LICENSURE</u> Have any of the following license/permit types ever been granted for the proposed premises?	None
<u>RECENT USE</u> a) What was the name of the previous tenant, and previous use of the proposed premises? b) What type of business was it?	World Pride Welcome center, community center.
<u>INGRESS & EGRESS</u> Please list the addresses for all exits, entrances, and alternate addresses of the proposed premises:	112 Christopher street .
<u>HOURS OF OPERATION</u> What are the proposed Hours of Operation for this business (each day of the week)?	10am to 10pm monday threw sunday
<u>OUTDOOR OPERATIONS</u> 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.	NONE
<u>SIDEWALK STEWARDSHIP</u> What is the anticipated increase in sidewalk traffic? How	We have a vestibule inside so customers will be waiting in the building, not outside on the sidewalk.

will you manage the sidewalk, crowd control, vehicular traffic? Will you use stanchions and ropes?	
<u>IMPACT</u> Please describe how you plan to prevent noise, loitering and smoking outside your establishment and nearby.	We will have employee in our vestibule monitoring the street and sidewalk.
<u>STAFF</u> How many people will work at the proposed premises once it is operational? List titles & positions for each individual.	14 people. 1. general mangager1 2.assistant general manager 1 3. supervisors 2 4. budtenders 10
<u>ADA COMPLIANCE</u> ADA Compliance Guides for Small Business Owners Is your business ADA compliant? If not, what is your plan to bring it into compliance?	yes
<u>ADVERTISING</u> How will you advertise your business?	grass roots, online marketing
<u>EVENTS</u> Will you close for private events? What type of events? How many times per year?	no
<u>ON-SITE CONSUMPTION</u> Does this business hope to offer on-site consumption once regulations allow?	No
<u>CONSUMPTION FACILITY</u> 1) Where will the consumption site be located? 2) How will this business implement and manage on-site consumption? 3) What is the capacity and square-footage of the consumption area?	no onsite consumption at all.
<u>DELIVERY</u> Will this business offer delivery?	Yes
<u>FACADE</u> Will you be making any changes to the building facade? If yes, please describe the changes:	no
<u>LANDMARKS/SPECIAL DISTRICT</u> Is the proposed premises a landmark building, or within a historical or special district?	Yes
<u>ZONING COMPLIANCE</u> If the proposed premises or area 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 or area?	this building is landmark building. we are applying for approvals threw the landmark division, complying with all rules and regulations.
<u>OUTDOOR SPACE</u> Whether or not this business will utilize outdoor space, does the proposed premises allow access to any?	No
<u>SOUND ATTENUATION</u> Will this business play music, or have any amplified sounds from computers, monitors, televisions or speakers audible to neighboring residents, businesses or the exterior of the store?	No
<u>SOUND ATTENUATION B</u> 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
<u>COMMUNITY ENGAGEMENT</u> Please describe your community outreach efforts.	Please see community impact plan attached.
<u>CO-TENANTS & NEIGHBORS</u> 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:	Walking around area, spoke to people and collected signatures from both business and residents.
<u>PUBLIC BENEFIT</u> How will this business be of benefit to the surrounding community?	Will give residents a legal, safe , compliant way to purchase tested cannabis. will put illegal smoke shops selling untested product out of business.
<u>HEALTH & SAFETY</u>	We will ID all people. We have 24/7 surveillance that

What measures will be implemented to avoid the type of criminal activity commonly attracted by cannabis businesses, and to prevent spillover crime in the surrounding community?	will dissuade criminal activity.
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 - whether it was licensed or unlicensed? 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.	weedkraft llc
INCORPORATION Please provide proof that you are authorized to conduct business in NYS (State Dept. Letter, Articles of Organization/Incorporation)	[SUBMITTED: Document Type : Certificate Of Publication Entity Name : Weedkraft, Llc DOS ID : 6573429 File Date : 11/09/2022]
CAP TABLE As submitted to the OCM.	[SUBMITTED: Operating Agreement of Weedkraft LLC - John Venizelos: Managing Member]
COMMUNITY IMPACT PLAN Registered Organizations are required to provide the Office with a Community Impact Plan as outlined in Section 121.4 of the regulations. <u>III. Community Impact, Social Responsibility and Research Statement</u> Applicants will develop a Community Impact, Social Responsibility, and Research Statement. The Applicant's business will have a positive impact on the local community. First, Applicant has a hiring plan that focuses on local and minority candidates. The applicant intends to create 25 new jobs, 5 of which will be management positions. Second, Applicant has a goal of spending 60% of all operational dollars on local businesses in the community. Spending money locally and supporting local businesses will provide a financial benefit to the community. Third, Applicant will support local non-profits through its community benefit program. The community advisory board will make recommendations as to which organizations and causes the applicant will Support. Applicant will create a Workforce Development and Job Creation plan to involve individuals from socio-economically disadvantaged communities, individuals with prior entanglements in the criminal justice or juvenile justice system, and people with disabilities in the ownership, management and staffing of the proposed cannabis business. To recruit an equitable workforce, Applicant's job recruiting strategies include placing geographically targeted online ads, as well as collaborating with local non-profits that serve underrepresented groups, and hosting joint job fair and expungement clinics.	
DELIVERY PLAN If this business will offer delivery, please describe the delivery method. Please include measures to prevent adverse impact i.e. delivery staff/messengers congregating in front of the store or parking/riding bikes on the sidewalk, vehicles idling... Our delivery fleet will be comprised of non-marked vehicles (Bikes & Cars) which will be delivering within the Island of Manhattan adhering legal times of delivery within the state of NY	
EMPLOYEE MANUAL Please upload the security, operating, and safety procedures guideline for workers.	[SUBMITTED: Employee Handbook]
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.	[SUBMITTED DOCUMENT ATTACHED]
SECURITY Please upload the security plan for this business.	[SUBMITTED DOCUMENT: Security Plan]
PREMISES CONTROL DOCS Please upload the full documentation proving control over the proposed premises. (e.g. lease, deed, Letter of Intent...)	[SUBMITTED DOCUMENT: Lease]
SITE PLAN AND/OR FLOOR PLAN For the proposed premises.	[ATTACHED]
APPLICATION CONFIRMATION and/or CERTIFICATE OF LICENSURE FROM THE OCM The confirmation received from the state upon submission, and if applicable, the official Certificate of Licensure issued to this business by the OCM.	(SUBMITTED: OCM Provisional Approval for weedkraft LLC./OCMCAURD-2022-000119]
INTERIOR & EXTERIOR PHOTOS Current photos of the inside and outside of the proposed premises. Include all areas that will be used by this	

business. [ATTACHED]	
PRODUCT MENU & PRICE LIST What cannabis, and other products will this business sell?	Preliminary Product Menu - John Kres
LETTERS OF SUPPORT Such documents must include verifiable the names, addresses, phone numbers and/or email addresses of all signatories for verification.	[SUBMITTED: Petition w/ 12 local signatures]
BUSINESS PLAN / DECK Or, any other documentation that might assist the CLC in learning more about the business.	[SUBMITTED: One-page business plan summary]
PCA Statement If there are active or pending Proximity Protected cannabis businesses, have you submitted the required PCA Statement to CB2?	No
PREVIOUS EMPLOYMENT What is the principal applicant/licensee's current and/or prior profession or business? Please provide the name of the last two employers or businesses, and an overview of the applicant's previous business experience.	owner goodfelons.biz , pricetagatl.com owner ,kaplan test prep , system enginner
SHARED SPACE Does the proposed premises allow any access to the premises of neighboring businesses or residential areas of the building?	No
DELIVERY METHOD If this business will/might offer delivery, please share how it will be implemented.	please see delivery plan attached.
NOTICES Have you, or any party with direct or indirect interest in this business, previously submitted a Notification to Municipality OCM-06009 (NTM) Form to any other NYS municipality or NYC Community Board for any entity?	No
CURRENT USE Is there a business of any kind currently operating at your proposed premises?	No





