



CITY OF NEW YORK  
**MANHATTAN COMMUNITY BOARD FOUR**

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**JESSICA CHAIT**  
Chair

**JESSE R. BODINE**  
District Manager

February 26<sup>th</sup>, 2024

Chris Alexander  
Executive Director  
NYS of Cannabis Management  
Harriman State Office Building Campus 1220 Washington Ave.  
Albany, NY 12207

Tremaine Wright Chairwoman  
Cannabis Control Board  
Harriman State Office Building Campus 1220 Washington Ave.  
Albany, NY 12207

RE: Cannabis Dispensary at 743 9<sup>th</sup> Avenue - Cannabis Company of New York LLC

Manhattan Community Board 4 ("MCB4") votes by 33 for, 1 against, 2 abstaining, and 0 present-not-eligible to recommend approval of the application of Social & Economic Equity applicant Cannabis Company of New York LLC (the "Applicant") for an Adult-Use Retail Dispensary at 743 Ninth Avenue.


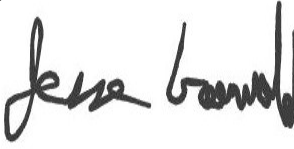
MCB4 votes to approve the Applicant in spite of its immense frustration with the continued proliferation of illegal smoke-shops and dispensaries in our district. Although MCB4 does not believe that those who have followed the law by waiting for a license, such as the Applicant, should be penalized for the illegal acts of others, it is becoming increasingly difficult to recommend approval on blocks already saturated with such illicit dispensaries. MCB4 anticipates that if State and City agencies significantly improve their enforcement efforts against illegal enterprises, a cannabis dispensary, when operated in a legal, responsible, and neighborly way, can: (a) compete with, and displace, illicit and dangerous dispensaries and smoke-shops; (b) create jobs within our district; (c) contribute to New York's tax revenue.

Cannabis Company of New York LLC is owned by Biren and Nisha Patel, who currently operate several businesses in New York. Within MCB4, the Patels have been working on a hotel project and have been actively engaged with the community, community board and local elected officials for that project. Additionally, this potential operator possesses a hemp and CBD license which offered these products online specifically for the experience of understanding the requirements of this type of business ahead of opening a licensed cannabis dispensary.

Accordingly, MCB4 is optimistic that the proposed location is not incompatible with the immediate surrounding neighborhood, and that the granting of this applicant's full dispensary license would not negatively impact the community.

MCB4 recommends approval if and only if the Applicant agrees to the following stipulations:<sup>1</sup>

- Clarify hours of operation
- Provide a complete and detailed security plan
- Provide a complete and detailed floor plan
- Provide a complete and detailed delivery plan
- Attend a West 49<sup>th</sup>-51<sup>st</sup> Street Block Association meeting<sup>2</sup>
- The Applicant will operate the dispensary in accordance with the methods outlined in the applicant's MCB4 Cannabis Task Force application (annexed hereto as Exhibit A).

MCB4 District Office	MCB4 Cannabis Task Force	
Signature:  Print: Jesse Bodine Date: 2/26/24	Signature:  Print: Jesse Greenwald Date: 2/26/24	
Applicant		
Signature: <b>Biren Patel</b> Print: Biren Patel Date: 02/26/24		

**Enclosure**

<sup>1</sup> Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its dispensary license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

<sup>2</sup> As of February 7, 2024, the Applicant has successfully fulfilled these stipulations

# CB4 Cannabis Licensing Applicant Questionnaire

Email \*

ccnyllc23@gmail.com

Corporation Name \*

Cannabis Company of New York LLC

\*Doing Business As \*

NA

Address (or intended address) \*

743 9th Ave, New York, NY 10019

Attorney/Representative

Owner \*

Biren Patel

Please list all individuals and entities with financial interest in this business and percentage of ownership: \*

Biren and Nisha Patel

Phone Number/Email Address \*

516-971-0028/ ccnyllc23@gmail.com

Property Owner Information: Name, Phone Number, Business Address & Email Address \*

Indo Canadian Realty Corp, John Sharma, 917-225-4799, john@panexpresstravel.com

Does the Applicant have a fully executed lease? \*

Yes

No

Application Type \*

- Adult-Use Retail Dispensary
- Adult-Use Retail Dispensary & Consumption Facility
- Microbusiness
- Registered organization (ROD)
- Other: .....

Applicant Priority

- Social & Economic Equity Applicant
- CAURD Licensee
- CAURD Applicant
- N/A

Has the owner filed with the Cannabis Control Board/OCM? \*

- Yes
- No

If no, when does the owner plan on filing?

.....

Pursuant to § 119.1 of the Adult-Use Cannabis Regulations, has the applicant confirmed that the location is not: (a) on the same road and within 200 feet of a building occupied exclusively as a house of worship? \*

Yes

No

(b) on the same road and within 500 feet of the entrance of a building occupied exclusively as a school? \*

Yes

No

(c) on the same road and within 500 feet of a structure and its grounds occupied exclusively as a public youth facility? \*

Yes

No

N/A (see § 119.1 (3))

Are there any drug treatment facilities, harm reduction facilities, playgrounds or parks within 1000 ft. of the proposed cannabis business location? If yes, please list: \*

NA

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Background

Does the owner(s) have a connection to Community District 4? \*

- Business Owner
- Resident
- Other
- None

Please provide a brief overview of the applicant's previous business experience. \*

Biren Patel, co-owner had started and operated several healthcare related business.

If the applicant has previous experience in the cannabis industry, please explain.

No

Is there any other information the applicant would like to provide the Board regarding work or life experience?

Both Biren and Nisha Patel have medical backgrounds that will assist in explaining the pro and cons of cannabis.

### Operational Details

State the name and type of business previously located in this space. \*

Hair Salon

What are the hours of operation M-F? \*

10-8 M to F

What are the hours of operation Sat-Sun? \*

10-8 Sat and 10 to 6 Sunday

Please provide the applicant's detailed security plan. \*

We will install remote security monitoring along with personnel at the site.

What is the anticipated increase in sidewalk traffic? How will you manage the sidewalk, crowd control, vehicular traffic? Will you use utilize stanchions and ropes? \*

Hired security personnel will control any crowd with both stanchions and/or ropes to maintain a clear path for both customers and pedestrians

How many employees does the applicant expect to employ? How many full-time/part-time? \*

10 FT and 5 PT

Please provide the applicant's hiring plan; please explain if the applicant will take steps to hire from CB4. \*

Along with local posting and online posting for employment. The goal is to hire as many as local residents of the neighborhood.



What products does the applicant expect to carry? \*

All cannabis-related products, flowers, edibles, vapes etc.

Will the applicant accept online or telephone orders? If yes, how will the applicant verify the purchaser is over the age of 21? (See § 123.10 (d)(4)) \*

Yes we will accept online and telephone orders. Age verification will be conducted at the point of pick up.

Does the applicant intend to operate a delivery service? \*

As of 5/28/2023, the revised Adult-Use Regulations do now allow a business licensed to sell adult-use cannabis to simultaneously hold a delivery license/make deliveries. (See § 123.20 (c)(1))

Yes

No

If this dispensary includes or plans to include on-site consumption at any point, please describe how it will be managed. What is the capacity? 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. \*

No onsite intended.

Do you use/plan to use any outdoor space? If so, please explain how you intend to use the space. \*

No

Is the entrance of the store ADA compliant?

Yes

No

Please upload an Executed Lease or Landlord Letter of Intent (LOI) for your intended location.

Please upload the site/floor plan for your business.

#### Community Notification/Relations

List all: block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted. \*

Once OCM grants the license.  
.....

Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? \*

Yes

No

Will applicant inform the Community Board of its job openings and/or provide a hyperlink to applicants jobs webpage? \*

Yes

No

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