



CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD FOUR

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JESSICA CHAIT
Chair

JESSE R. BODINE
District Manager

February 26th, 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 Microbusiness at 621 West 46th Street - AMAA Venture

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 applicant AMAA Venture LLC (the “Applicant”) for an Microbusiness at 621 W 46th St.

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.




AMAA Venture is fully owned by Ariel Tumminello, and will be operated by her and her family. MCB4 notes positively the Applicant's detailed plans for overhauling their space to make it safe and suitable for indoor cannabis cultivation. The Applicant is also located on a largely industrial block, which is highly appropriate for a "brewery-like" business, and, unusually, zero members of the public expressed concern with their proposed location during public comment.

As a microbusiness, the Applicant is currently focused on setting up to grow cannabis at their chosen location; since it will be a significant amount of time before they are ready to begin retail sales, they were not prepared to discuss their proposed method of operations regarding security, ID checks, signage, storage, and delivery.

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:¹

- The Applicant will come before the board again prior to beginning retail operations (and discuss their proposed method of operations regarding security, ID checks, signage, storage, and delivery).
- The Applicant will operate the microbusiness in accordance with OCM regulations.
- The Applicant will operate the microbusiness 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	
<p>Signature:  Print: Jesse Bodine Date: 2/26/24</p>	<p>Signature:  Print: Jesse Greenwald Date: 2/26/24</p>	
Applicant		
<p>Signature:  Print: Anel Tumminello Date: 2/27/24</p>		

Enclosure

¹ 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.

CB4 Cannabis Licensing Applicant Questionnaire

Email *

alex.pia@rivkin.com

Corporation Name *

AMAA Venture LLC

*Doing Business As *

AMAA Venture

Address (or intended address) *

621 West 46th Street

Attorney/Representative

Alex Pia, Rivkin Radler

Owner *

Ariel Tumminello

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

Tumminello

Phone Number/Email Address *

ariel.impagliazzo@gmail.com

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

617-625 W 46TH STREET OWNER LLC, 412 8TH AVE, NEW YORK NY 10001-1822

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?

11/17/2023

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: *

No.
.....

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. *

Family is involved in multiple customer facing retail and trade service businesses.

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

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

Operational Details

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

617-625 W 46TH STREET OWNER LLC

What are the hours of operation M-F? *

10-11

What are the hours of operation Sat-Sun? *

10-12

Please provide the applicant's detailed security plan. *

To be prepared by security plan contractor.

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? *

Professional security and customer management plan will be implemented by contractors.

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

10-25

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

Applicant is looking to hire members of surrounding community, including those negatively impacted by war on drugs.

What products does the applicant expect to carry? *

Cannabis

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

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. *

n/a

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

n/a

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.

Choose



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. *

n/a

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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