

Notification to Municipality OCM-06009

RE:	Notification of adult-use retail dispensary license application	
License Type: [New Establishment	
Previous DBA:	_None	Dr.
License Number (i	f applicable): N/A	RECEIVED
Applicant Name:	Ocean Rain, LLC	RECEIVED
Phone Number:	248-420-0420	BY COMMUNITY BOARD 8
Email Address:	newyorkstatelicensing@gmail.com	and the second s
•	Clerk/NYC Community Board: otification that I (name) Ocean Rain, LLC	
-	e, file(d) an application for licensure with the Office of	Cannabis Management
to open a(n):		
	ail dispensary premises (new or additional)regis crobusiness	tered organization with ensing (or ROD)
in (county name) at:	New York County . This business, once	e the license is approved, shall be located
Address Line 1:	1160 First Ave	
Address Line 2:		
City	New York	
Zip code:	10065	
The mailing addre	ess is (if different from business location):	
Address Line 1:	418 Broadway	<u></u>
Address Line 2:	Suite R	
City/Town/Village	Albany	
State: NY	Zip code: <u>12207</u>	

(As applicable, name	e of business if different from above) has Nor	<u>ne</u>	
retained the legal se	ervices of (attorney or representative)		
Name:		<u></u>	
Address Line 1:			
Address Line 2:	50		
City/Town/Village:			
State:	Zip code:	 _	
Telephone with area	a code:		
they must respond to	r community board would like to express an op to this notification within 30 days by emailing a n.ny.gov. This expressed opinion must be on o	n opinion to	
If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at municipalities@ocm.ny.gov with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.			
Signed Ands	real faterna T	oday's date: <u>01/22/2025</u>	
Print Andrea Ya	U		