

## Notification to Municipality OCM-06009

RE:	Notification of adult-use retail dispensary license application				
License Type: [	New Establishment				
Previous DBA:					
License Number (i)	(if applicable):				
Applicant Name:	Annick Monk-Goldsmith				
Phone Number:	(850) 333-8499				
Email Address:	citruccino@gmail.com				
Dear Municipal C	Clerk/NYC Community Board:				
This serves as no	notification that I (name) Annick Monk-Goldsmith	_			
of (dba) Citrucci	cino LLC				
intend to, or have	ve, file(d) an application for licensure with the Office of Cannabis	Management			
to open a(n):					
	etail dispensary premises (new or additional) registered orga dispensing (or nicrobusiness	nization with ROD)			
in (county name)	e) Ulster County . This business, once the licer	se is approved, shall be located			
at:					
Address Line 1:	29 Main Street				
Address Line 2:					
City	New Paltz				
Zip code:	12561				
The mailing addr	lress is (if different from business location):				
Address Line 1:	8 North Front Street				
Address Line 2:					
City/Town/Village	ge: Kingston				
State:	Zip code: 124011				

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Annique L. Monk-Goldsmith

Print

	ne of business if different from above	,	
retained the legal s	ervices of (attorney or representativ	e)	
Name:			
Address Line 1:			
Address Line 2:			
City/Town/Village:			
State:	Zip code:		
Telephone with are	a code:		
they must respond	r community board would like to ex to this notification within 30 days by n.ny.gov. This expressed opinion m	emailing an opinion to	·
or community boar concerns, or quest Municipalities Mun name here]" in the date of receipt of the	or community board would like to red to provide their opinion, or if the rions, they must reach out to the Officipality Opinion 30 Day Extension Subject line. Municipalities or comme Notification to Municipalities that ipality opinion. Any request that do	nunicipality or community ice at municipalities@oc Request – [Insert municipality boards should be they wish to request an	y board has any comments, m.ny.gov with "Notification to pality or community board sure to provide proof of the extension of time for mation will be rejected as

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