



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: \_\_\_\_\_

License Number: TBD

Applicant Name: FARMERS CHOICE DISPENSARY 2, LLC

Phone Number: 845-417-1781

Email Address: georgevlamis@icloud.com



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) George Vlamis

of (dba) Farmers Choice Dispensary 2, LLC

have obtained a provisional license from the Cannabis Control Board and intend to file an application for full licensure with the Office of Cannabis Management to open a

- retail dispensary
- on-site consumption business

in (county name) Ulster County. This business, once the license is approved, shall be located at:

Address Line 1: 1 Old Route 299

Address Line 2: \_\_\_\_\_

Town: New Paltz

Zip code: 12561

The mailing address is (if different from business location):

Address Line 1: 199 Hawleys Corners Rd

Address Line 2: \_\_\_\_\_

City/Town/Village: Highland

State: **NY** Zip code: 12525

(As applicable, name of business if different from above) has \_\_\_\_\_  
retained the legal services of (attorney or representative)

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone with area code: \_\_\_\_\_

**If you would like to express an opinion to the Cannabis Control Board** please respond to this notification within 30 days by emailing an attached opinion to [municipalities@ocm.ny.gov](mailto:municipalities@ocm.ny.gov). This expressed opinion must be on official municipality or community board letterhead.

If you would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if you have any comments, concerns, or questions, please reach out to the Office at [municipalities@ocm.ny.gov](mailto:municipalities@ocm.ny.gov) with "Notification to Municipalities Municipality Opinion 30 Extension Request – [Insert your municipality name here]" in the subject line. Please be sure to provide proof of the date of receipt of the Notification to Municipalities that you 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 **George Vlamis** Digitally signed by George Vlamis  
Date: 2023.09.23 13:46:38 -04'00' Today's date: 09-25-23

Print George Vlamis



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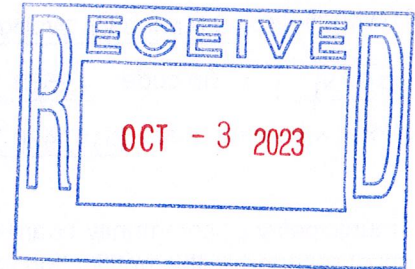
Previous DBA: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

Applicant Name: Audrey Bonanno-Williams

Phone Number: 718-825-7550

Email Address: audreybonanno@aol.com



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Audrey Bonanno-Williams of (dba) CanniBus-NY

intend to, or have, file(d) an application for licensure with the Office of Cannabis Management to open a(n):

- retail dispensary premises (new or additional)  registered organization with dispensing (or ROD)
- microbusiness

in (county name) bolster(jr) Orange County. This business, once the license is approved, shall be located at:

Address Line 1: 56 Main Street

Address Line 2: \_\_\_\_\_

Town: New Paltz, New York

Zip code: 12561

The mailing address is (if different from business location):

Address Line 1: 9 Marino Drive

Address Line 2: \_\_\_\_\_

City/Town/Village: Wallkill

State: NY Zip code: 12589

(As applicable, name of business if different from above) has CanniBus-NY  
retained the legal services of (attorney or representative)

Name: John D. Mackewich, Esq.

Address Line 1: 1001 Woodward, Suite 05-A117 Detroit MI, 48226

Address Line 2: Maverick Consulting Group

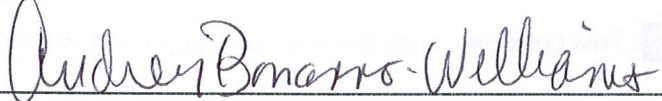
City/Town/Village: 9 Marino Dr, Wallkill NY 12589

State:  Zip code: 12589

Telephone with area code: (516) 430-7644

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to [municipalities@ocm.ny.gov](mailto:municipalities@ocm.ny.gov). This expressed opinion must be on official municipality or community board letterhead.

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](mailto: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  Today's date: 9/27/23

Print Audrey Bonnano-Williams