Local Cannabis Control Commission

Wednesday, March 20, 2024, 6:10 PM, Bushor Conference Room 1st Floor, City Hall

Please click the link below to join the webinar:
https://zoom.us/j/96892248594
Or Telephone: +1 305 224 1968 US
Webinar ID: 968 9224 8594

1. Agenda

Subject	**1.1. Motion to adopt agenda**
Meeting	March 20, 2024 - Local Cannabis Control Sub-committee Meeting - Wednesday, March 20, 2024, 6:10 PM, Bushor Conference Room 1st Floor, City Hall
Category	1. Agenda
Department	Council and Board
Type	Action Procedural
Recommended Action	Motion to adopt agenda

2. Public Forum

Subject	**2.1. Verbal Comments**
Meeting	March 20, 2024 - Local Cannabis Control Sub-committee Meeting - Wednesday, March 20, 2024, 6:10 PM, Bushor Conference Room 1st Floor, City Hall
Category	2. Public Forum
Department	Council and Board
Type	Action Procedural

Recommended Action	open Public Forum close Public Forum

3. 2024 Cannabis Application

Subject	**3.1. Judy's Holistic Solution, 64 Archibald Street**
Meeting	March 20, 2024 - Local Cannabis Control Sub-committee Meeting - Wednesday, March 20, 2024, 6:10 PM, Bushor Conference Room 1st Floor, City Hall
Category	3. 2024 Cannabis Application
Department	Clerk/Treasurer's Office
Type	Action
Recommended Action	to approve and recommend to the Local Cannabis Control Commission that it authorize transmission of local approval of the attached local cannabis control license application to the Cannabis Control Board

4. Adjournment

Subject	**4.1. Motion to adjourn**
Meeting	March 20, 2024 - Local Cannabis Control Sub-committee Meeting - Wednesday, March 20, 2024, 6:10 PM, Bushor Conference Room 1st Floor, City Hall
Category	4. Adjournment
Department	Council and Board
Type	Action Procedural
Recommended Action	Motion to adjourn

City of Burlington, VT

3/4/2024

Local Cannabis Control Application

Primary Location

Burlington, VT 05401

Owner

Applicant

* New *

Organization Information

Corporation/Sole Proprietor name*

Judy's Holistic Solution LLC

D/B/A (Business Name)*

Judy's Holistic Solution

Business Address*

64 Archibald St. Burlington, VT 05401

Business Phone *

Contact person (Owner/CEO/Designated) *

Contact Phone (Owner/CEO/Designated) *

Contact Email Address*

License Type (check all that apply)

Cultivator ☐

Manufacturer ☐

Wholesaler ☐

Testing Laboratory ☐

Retailer ☑

Integrated License Types ☐

Regular Hours of Operation

Sunday Start Time*
9:30 AM

Sunday End Time*
8:00 PM

Monday Start Time*
9:30 AM

Monday End Time*
8:00 PM

Tuesday Start Time*
9:30 AM

Tuesday End Time*
8:00 PM

Wednesday Start Time*
10:00 AM

Wednesday End Time*
8:00 PM

Thursday Start Time*
9:30 AM

Thursday End Time*
8:00 PM

Friday Start Time*
9:30 AM

Friday End Time*
8:00 PM

Saturday Start Time*

9:30 AM

Saturday End Time*

8:00 PM

Business Operations Information

Is your business plan in compliance with all Vermont State laws and regulations, including but not limited to advertising, marketing, and product packaging requirements?*

Yes

What kind of precautions will you take to prevent underage sales? *

ID's will be checked/scanned before entry into retail space. (Only valid IDs will be accepted)

Is your business registered with the Vermont Secretary of State's Office? *

Yes

Does your occupancy load comply with all necessary FMO approval?*

Yes

Will you be complying with all state security requirements? *

Yes

For Retail Establishments Only: Is the location for the proposed business located within a 500 ft buffer from an education facility, as depicted on the Map of Education Facilities with Buffer Zones?

If so, is the establishment on a property that shares a property line with or is across the street from one of these facilities?*

No

Have you obtained a water/wastewater capacity allocation from the City of Burlington's Department of Public Works, Water Resources Division, and any other water/wastewater approvals necessary from the State of Vermont? *

Not Applicable

Have all fees been paid?*

Yes

Certification

I have agreed to submit this application by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By checking this box and typing my name, I am electronically signing my application.*