# Local Cannabis Control Commission

**Tuesday, November 12, 2024, 8:00 PM, Contois Auditorium, 149 Church Street, 2nd Floor**

**Please click the link below to join the webinar:**
**https://zoom.us/j/91408253963**
**Or Telephone: +1 305 224 1968 US**
**Webinar ID: 914 0825 3963**

****CCTV link: https://www.youtube.com/playlist?list=PLljLFn4BZd2PwCge7lNoKug676jIf_iUA ****

## 1. Agenda

| | |
|---|---|
| **Subject** | **1.1. Motion to adopt agenda** |
| Meeting | November 12, 2024 - Local Cannabis Control Commission Meeting - Tuesday, November 12, 2024, 8:00 PM, Contois Auditorium, 149 Church Street, 2nd Floor |
| Category | 1. Agenda |
| Department | Council and Board |
| Type | Action<br>Procedural |
| Recommended Action | Motion to adopt agenda |

## 2. 2024 Cannabis Applications

| | |
|---|---|
| **Subject** | **2.1. Green Haven Herbals LLC, d/b/a Artisan Vapor, 16-18 Pearl Street** |
| Meeting | November 12, 2024 - Local Cannabis Control Commission Meeting - Tuesday, November 12, 2024, 8:00 PM, Contois Auditorium, 149 Church Street, 2nd Floor |
| Category | 2. 2024 Cannabis Applications |
| Department | Clerk/Treasurer's Office |

| | |
|---|---|
| Type | Action |
| Recommended Action | to approve and authorize transmission of local approval of the following local cannabis control license application to the State Cannabis Control Board, subject to all municipal conditions currently in effect on such local license: Green Haven Herbals LLC, d/b/a Artisan Vapor, 16-18 Pearl Street |
| **Subject** | **2.2. Cannaciello, LLC, d/b/a Cannaciello, 276 North Avenue** |
| Meeting | November 12, 2024 - Local Cannabis Control Commission Meeting - Tuesday, November 12, 2024, 8:00 PM, Contois Auditorium, 149 Church Street, 2nd Floor |
| Category | 2. 2024 Cannabis Applications |
| Department | Clerk/Treasurer's Office |
| Type | Action |
| Recommended Action | to approve and authorize transmission of local approval of the following local cannabis control license application to the State Cannabis Control Board, subject to all municipal conditions currently in effect on such local license: Cannaciello, LLC, d/b/a Cannaciello, 276 North Avenue |
| **Subject** | **2.3. Herbmont Inc., d/b/a Herbmont, 191 Bank Street** |
| Meeting | November 12, 2024 - Local Cannabis Control Commission Meeting - Tuesday, November 12, 2024, 8:00 PM, Contois Auditorium, 149 Church Street, 2nd Floor |
| Category | 2. 2024 Cannabis Applications |
| Department | Clerk/Treasurer's Office |
| Type | Action |
| Recommended Action | to approve and authorize transmission of local approval of the following local cannabis control license application to the State Cannabis Control Board, subject to all municipal conditions currently in effect on such local license: Herbmont Inc., d/b/a Herbmont, 191 Bank Street |

## 3. Adjournment

| | |
|---|---|
| **Subject** | **3.1. Motion to adjourn** |
| Meeting | November 12, 2024 - Local Cannabis Control Commission Meeting - Tuesday, November 12, 2024, 8:00 PM, Contois Auditorium, 149 Church Street, 2nd Floor |
| Category | 3. Adjournment |
| Department | Council and Board |
| Type | Action<br>Procedural |
| Recommended Action | Motion to adjourn |

City of Burlington, VT

November 7, 2024

**LCC-24-9**
Local Cannabis Control Application
Status: Active
Submitted On: 10/23/2024

**Primary Location**
16-18 Pearl Street
Burlington, VT 05401

**Owner**

**Applicant**

## Organization Information

**Corporation/Sole Proprietor name***
green haven herbals llc

**D/B/A (Business Name)***
artisan vapor

**Business Address***

**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*

8:00 AM

Sunday End Time*

12:00 Midnight

Monday Start Time*

8:00 AM

Monday End Time*

12:00 Midnight

Tuesday Start Time*

8:00 AM

Tuesday End Time*

12:00 Midnight

Wednesday Start Time*

8:00 AM

Wednesday End Time*

12:00 Midnight

Thursday Start Time*

8:00 AM

Thursday End Time*

12:00 Midnight

Friday Start Time*

8:00 AM

Friday End Time*

2:00 AM

Saturday Start Time*

8:00 AM

Saturday End Time*

2:00 AM

## 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? ***

Our store has sigs on doors for entry of 21+ and there will be id check points and on point of sale

**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? ***

No

**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.*

City of Burlington, VT

November 7, 2024

**LCC-24-11**
Local Cannabis Control Application
Status: Active
Submitted On: 11/6/2024

**Primary Location**
276 North Avenue
Burlington, VT 05401

**Owner**

**Applicant**

## Organization Information

**Corporation/Sole Proprietor name***
Cannaciello, LLC

**D/B/A (Business Name)***
Cannaciello

**Business Address***

**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*

10:00 AM

Sunday End Time*

5:00 PM

Monday Start Time*

10:00 AM

Monday End Time*

5:00 PM

Tuesday Start Time*

10:00 AM

Tuesday End Time*

5:00 PM

Wednesday Start Time*

10:00 AM

Wednesday End Time*

5:00 PM

Thursday Start Time*

10:00 AM

Thursday End Time*

5:00 PM

Friday Start Time*

10:00 AM

Friday End Time*

5:00 PM

Saturday Start Time*

10:00 AM

Saturday End Time*

5:00 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? ***

All customers will be age verified upon entry to the premises.

**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

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City of Burlington, VT

November 7, 2024

**LCC-24-10**
Local Cannabis Control Application
Status: Active
Submitted On: 10/31/2024

**Primary Location**
191 Bank Street
Burlington, VT 05401

**Owner**

**Applicant**

## Organization Information

**Corporation/Sole Proprietor name***
Herbmont Inc.

**D/B/A (Business Name)***
Herbmont

**Business Address***

**Business Phone ***

**Contact person (Owner/CEO/Designated) ***

**Contact Phone (Owner/CEO/Designated) ***

**Contact Email Address***

## License Type (check all that apply)

**Cultivator**
☐

**Manufacturer**
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**Testing Laboratory**
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Retailer

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Integrated License Types

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## Regular Hours of Operation

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Thursday End Time*

9:00 PM

Friday Start Time*

8:00 AM

Friday End Time*

9:00 PM

Saturday Start Time*

8:00 AM

Saturday End Time*

9:00 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? ***

Multiple Age Verification Checks (Entrance, Check Out), Regular Staff Training, Store Design and Signage

**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

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