



Local Cannabis Control Sub-committee Meeting - Wednesday, July 12, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR REMOTELY via ZOOM

6:00 pm, Bushor Conference Room, 1st Floor City Hall OR Remotely via ZOOM:

Please click the link below to join the webinar:

<https://zoom.us/j/93101981614>

Or Telephone: +1 309 205 3325 US

Webinar ID: 931 0198 1614

1. Agenda

Subject	1.1. Motion to amend/adopt agenda
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Meeting	July 12, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, July 12, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR REMOTELY via ZOOM
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Category	1. Agenda
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Department	Council and Board
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Type	Action Procedural
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Recommended Action	Motion to amend/adopt agenda
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2. Public Forum

Subject	2.1. Verbal Comments
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Meeting	July 12, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, July 12, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR REMOTELY via ZOOM
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Category	2. Public Forum
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Department	Council and Board
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Type	Action Procedural
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3. 2023 Cannabis Applications

Subject	3.1. Barking Dog Farm and Bern Living Organics
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Meeting	July 12, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, July 12, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR REMOTELY via ZOOM
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Category	3. 2023 Cannabis Applications
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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 following local cannabis control applications: Barking Dog Farm and Bern Living Organics to the Cannabis Control Board

4. Adjournment

Subject	4.1. Motion to adjourn
Meeting	July 12, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, July 12, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR REMOTELY via ZOOM
Category	4. Adjournment
Department	Council and Board
Type	Action Procedural
Recommended Action	Motion to adjourn

Local Cannabis Control Application · 48676 – BARKING DOG FARM LLC



Expiration Date

Active

**LCC-23-6****Details**

Submitted on Jun 28, 2023 at 10:21 am

**Attachments**

0 files

**Activity Feed**

Latest activity on Jun 28, 2023

**Applicant**

0

**Location****Timeline**

Add New ▾

Local Control Review

In Progress



Jun 28 1

Organization Information

Corporation/Sole Proprietor name *

D/B/A (Business Name) *

Barking Dog Farm

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 *

Not Applicable

Sunday End Time *

Not Applicable

Monday Start Time *

Not Applicable

Monday End Time *

Not Applicable

Tuesday Start Time *

Not Applicable

Tuesday End Time *

Not Applicable

Wednesday Start Time *

Not Applicable

Wednesday End Time *

Not Applicable

Thursday Start Time *

Not Applicable

Thursday End Time *

Not Applicable

Friday Start Time *

Not Applicable

Friday End Time *

Not Applicable

Saturday Start Time *

Not Applicable

Saturday End Time *

Not Applicable

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? *

This is not a retail operation

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

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 certify that this application has been examined by me, and is, to the best of my knowledge and belief, true, correct, and complete.

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. *



Local Cannabis Control Application

48666 – BLO MANUFACTURING

 **Expiration Date**

Active



LCC-23-5



Details
Submitted on Jun 27, 2023 at 11:29 am



Attachments
0 files



Activity Feed
Latest activity on Jun 27, 2023



Applicant

 0



Location



Timeline

Local Control Review
In Progress

Jun 27

Add New ▾

Organization Information

Corporation/Sole Proprietor name *

D/B/A (Business Name) *
Bern Living Organics

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 *

Sunday End Time *

Monday Start Time *

Monday End Time *

Tuesday Start Time *

Tuesday End Time *

Wednesday Start Time *

Wednesday End Time *

Thursday Start Time *

Thursday End Time *

Friday Start Time *

Friday End Time *

Saturday Start Time *

Saturday End Time *

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? *

we will not conduct sales of cannabis products under this license type

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

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 certify that this application has been examined by me, and is, to the best of my knowledge and belief, true, correct, and complete.

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. *

