Local Cannabis Control Sub-committee Meeting - Wednesday, November 15, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR via ZOOM

Please click the link below to join the webinar:
https://zoom.us/j/96983911635
Or Telephone: +1 646 931 3860 US
Webinar ID: 969 8391 1635

1. Agenda

Subject	**1.1. Motion to adopt agenda**
Meeting	November 15, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, November 15, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR via ZOOM
Category	1. Agenda
Department	Council and Board
Type	Action Procedural
Recommended Action	Motion to adopt agenda

2. Public Comments

3. 2023 Cannabis Applications

Subject	**3.1. Heybud, 47 Maple Street**
Meeting	November 15, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, November 15, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR via ZOOM
Category	3. 2023 Cannabis Applications
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 for Heybud, 47 Maple Street, to the State Cannabis Control Board
Subject	**3.2. Weedy's Warehouse, 35 Main Street, Suite 4**

Meeting	November 15, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, November 15, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR via ZOOM
Category	3. 2023 Cannabis Applications
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 for Weedy's Warehouse, 35 Main Street, Suite 4, to the State Cannabis Control Board

4. Adjournment

Subject	**4.1. Motion to adjourn**
Meeting	November 15, 2023 - Local Cannabis Control Sub-committee Meeting - Wednesday, November 15, 2023, 6:00 PM, Bushor Conference Room 1st Floor, City Hall OR via ZOOM
Category	4. Adjournment
Department	Council and Board
Type	Action Procedural
Recommended Action	Motion to adjourn

Organization Information
Edit

Corporation/Sole Proprietor name*

D/B/A (Business Name)*
Heybud
Business Address*
47 MAPLE STREET

Business Phone *

Contact person (Owner/CEO/Designated) *

Contact Phone (Owner/CEO/Designated) *

Contact Email Address*

License Type (check all that apply)
Edit

Cultivator

Manufacturer

Wholesaler

Testing Laboratory

Retailer

Integrated License Types

Regular Hours of Operation
Edit

Sunday Start Time*
Not Applicable
Sunday End Time*
Not Applicable
Monday Start Time*
10:00 AM
Monday End Time*

6:00 PM
Tuesday Start Time*
10:00 AM
Tuesday End Time*
6:00 PM
Wednesday Start Time*
10:00 AM
Wednesday End Time*
6:00 PM
Thursday Start Time*
10:00 AM
Thursday End Time*
6:00 PM
Friday Start Time*
10:00 AM
Friday End Time*
6:00 PM
Saturday Start Time*
11:00 AM
Saturday End Time*
6:00 PM

Business Operations Information

Edit

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? *

Two stage Ia of ID and customer database

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? *

Yes

Have all fees been paid?*

Yes

Certification

Edit

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.*

Nov 1, 2023

Details

Organization Information

Edit

Corporation/Sole Proprietor name*

D/B/A (Business Name)*

Weedy's Warehouse

Business Address*

35 Main St, Suite 4, Burlington, VT 05401

Business Phone *

Contact person (Owner/CEO/Designated) *

Contact Phone (Owner/CEO/Designated) *

Contact Email Address*

License Type (check all that apply)

Edit

Cultivator

Manufacturer

Wholesaler

Testing Laboratory

Retailer

Integrated License Types

Regular Hours of Operation

Edit

Sunday Start Time*

Not Applicable

Sunday End Time*

Not Applicable

Monday Start Time*

9:00 AM

Monday End Time*

7:00 PM

Tuesday Start Time*

9:00 AM

Tuesday End Time*

7:00 PM

Wednesday Start Time*

9:00 AM

Wednesday End Time*

7:00 PM

Thursday Start Time*

9:00 AM

Thursday End Time*

7:00 PM

Friday Start Time*

9:00 AM

Friday End Time*

7:00 PM

Saturday Start Time*

10:00 AM

Saturday End Time*

5:00 PM

Business Operations Information

Edit

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? *

Selling to licensed dispensaries and wholesalers only. No public sales.

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
Edit
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.*

Oct 24, 2023