

License Fee

One Time Showcase Fee \$250.00
Recurring Showcase Fee \$500.00



Office of the City Clerk
24 Eagle Street, Room 202
Albany, NY 12207
518-434-5090
cityclerk@albanyny.gov

City of Albany, NY Municipal Cannabis Growers Showcase Application

Cannabis Growers Showcases (CGS) authorize New York's conditional cannabis licensees to partner on events to showcase and sell adult-use cannabis products to customers. The CGS Organizer who must be a Conditional Adult-Use Retail Dispensary (CAURD) licensee, or an Adult-Use Conditional Cultivator (AUCC) licensee must submit CGS applications to the City of Albany City Clerk. Per NYSOCM, provisional licensees may not participate in a CGS. Note: All CGS applicants must receive explicit final written approval from the Office of the City Clerk and the New York State Office of Cannabis Management before the CGS can be held.

INSTRUCTIONS: Please complete the information below regarding the proposed Cannabis Growers Showcase. This application must be completed in full, either typed or printed clearly, and submitted to the City Clerk, Albany City Hall, 24 Eagle Street, Room 202, by the organizer of the Cannabis Growers Showcase with proof of approval from the owner or tenant of the property for which the license is being requested. Organizers are required to complete the form in its entirety for the Cannabis Growers Showcase Application to be reviewed by the Office of the City Clerk. If you have any questions, please contact the office of the City Clerk at (518)434-5090. Applications must be submitted 30 days prior to the Cannabis Growers Showcase.

The form must be accompanied by a copy of the certificate of occupancy (In-side events only), proof of official NYSOCM CAURD or AUCC licensure, and approval from the organizer of the associated event if applicable.

APPLICANT:

CGS Organizer Name/DBA: _____

CGS Organizer Telephone Number (mobile): _____

CGS Organizer E-mail: _____

CGS Business Address: _____
(Street) (City) (Zip Code)

Name(s) of CAURD and AUCC Licensees
DBAs: _____

CGS OCM-issued License Number: _____

Name of Cannabis Growers Showcase (if available): _____

Date(s) of Proposed Cannabis Growers Showcase: _____

Time of Proposed Cannabis Growers Showcase: _____

Mon. _____ Tue. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Location of CGS: _____

For approved recurring CGS, frequency of recurring CGS: _____

Copy of signed Cannabis Growers Attestation (including name of signatory, signature, license number, license DBA, and date): _____

PROPERTY

Name of Property Owner: _____

Additional Owner's Name(s): _____ Phone: _____

Address: _____

ASSOCIATED EVENT (if applicable)

Associated Event, if applicable: _____

Contact Person & Phone Number: _____

Location of Associated Event: _____

Signature and Proof of Approval from Organizer of Associated Event: _____

Applicant's Signature: _____ Date _____ / _____ / _____