City of Boston
Boston Cannabis Board

Commissioners:
Ava C. Concepcion, Chair
Lisa Holmes
John Smith
Ramon Soto
Sonal Gandhi
Jack Kenslea

REQUEST FORM:
DISTRICT CITY COUNCILOR LETTER OF SUPPORT, NON-OPPOSITION, OR OPPOSITION

This request form shall be utilized to request a letter of support, non-opposition, or opposition from the respective District City Councilor in which the proposed cannabis establishment has requested to locate. This request form should not be submitted to the District City Councilor unless and until the following steps have occurred:

1. Completed application and supporting documentation for a cannabis establishment filed with the Boston Cannabis Board (the "BCB");
2. Plans filed with Inspectional Services Department and ALT number received; and
3. Community meeting hosted by the Mayor's Office of Neighborhood Services.

Once the above referenced steps have occurred please submit this form via email to the respective District City Councilor and cc: the BCB at cannabisboard@boston.gov. Upon receipt of a copy of this request form the BCB will also notify the District City Councilor via email. If the BCB has not received a copy of a letter of support, non-opposition, or opposition from the District City Councilor regarding Applicant within forty five (45) days from the date of submission of this request form the absence of a letter shall be considered a statement of non-opposition and the Applicant will be scheduled for a hearing before the BCB. Please note that public testimony will be taken at the hearing and written correspondence will also be accepted as part of the record which may supplement or replace any previously received letter of support, non-opposition, or opposition at the discretion of the District City Councilor.

DATE: _____

APPLICANT ENTITY NAME: _____

PROPOSED D/B/A: _____

PROPOSED LICENSED PREMISE ADDRESS: _____

LICENSE TYPE (e.g.: adult use recreational, cultivation, testing lab): _____

DATE OF COMMUNITY MEETING: _____

CONTACT NAME: _____

RELATIONSHIP TO APPLICANT: _____

EMAIL: _____

PHONE: _____