



**COUNTY OF MONROE**  
ROCHESTER, NEW YORK 14614  
DISBURSING ACCOUNT

**ACH Payment Advice**

**Date : 11/15/2023**

PAY TO THE ORDER OF:  
BROCKPORT VILLAGE OF  
127 MAIN ST  
BROCKPORT NY 14420  
USA

INVOICE NO.	DATE	P.O. NUMBER	DESCRIPTION	AMOUNT
	11/15/2023		SALES TAX 3rd QTR 2023-VILLAGE OF BROCKPORT	529,212.16

## VILLAGE OF BROCKPORT RESOLUTION

RESOLVED, that in accordance with New York State Environmental Quality Review (SEQR) procedures, the Village Board of the Village of Brockport hereby expresses its intent to serve as lead agency to comply with SEQR regulations. In accordance with the Board serving as the Lead Agent, the Board has prepared an Environmental Assessment of the significance and potential impact of the proposed slab jacking project at the Welcome Center canalfront.

The project's purpose shall be as follows.

- To lift the uneven sections of the concrete patio at 11 Water Street using polyurethane foam.

RESOLVED, that the Village Board hereby accepts the Environmental Assessment of the project. The Village Board further declares that, based on the Environmental Assessment, it finds that the project will result in no adverse impacts to the environment. Therefore, the Village Board does not anticipate the preparation of an Environmental Impact Statement for the proposed slab jacking project. Further, the Village Board herewith states its intent to issue a Negative Declaration under SEQR for the project, pending review by the involved agencies.

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 – Project and Sponsor Information</b>			
Village of Brockport			
Name of Action or Project: Slab Jacking at the Welcome Center			
Project Location (describe, and attach a location map): 11 Water Street, Brockport Welcome Center, cement walkway along the Erie Canal			
Brief Description of Proposed Action: Proposed scope of work if to lift uneven concrete patio at 11 Water Street in the Village of Brockport.  Process is to drill 5/8" holes into the concrete and insert a metal packer, attach spray foam gun to packer to fill voids under with polyurethane foam to lift Proposed scope of work if to lift uneven concrete to level. Remove packer and fill holes with sand/cement mixture. Dust from drilling holes is saved and used to help match color of patches holes.  Work will take 2 men one day from approximately 8:30am to 4pm. The 2 man crew will wear appropriate ppe at all times.  Equipment truck will be parked in The village of Brockport parking area. Work areas will be taped off from pedestrians.			
Name of Applicant or Sponsor: Village of Brockport	Telephone: 585-637-5300		
	E-Mail: elinden@brockportny.org		
Address: 127 Main Street			
City/PO: Brockport	State: NY	Zip Code: 14420	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: NYS Canal Corporation		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ >1 acres			
b. Total acreage to be physically disturbed? _____ >1 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ >1 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action: <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input checked="" type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input checked="" type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies:			
N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____			
N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____			
N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
Located near the Erie Canal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____			
_____			
_____			

<p>14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:</p> <p><input type="checkbox"/> Shoreline   <input type="checkbox"/> Forest   <input type="checkbox"/> Agricultural/grasslands   <input type="checkbox"/> Early mid-successional</p> <p><input type="checkbox"/> Wetland   <input checked="" type="checkbox"/> Urban   <input type="checkbox"/> Suburban</p>		
<p>15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>16. Is the project site located in the 100-year flood plan?</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>17. Will the proposed action create storm water discharge, either from point or non-point sources?</p> <p>If Yes,</p> <p>    a. Will storm water discharges flow to adjacent properties?</p> <p>    b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?</p> <p>If Yes, briefly describe:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?</p> <p>If Yes, explain the purpose and size of the impoundment:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe:</p> <p>_____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p><b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor/name: <u>Village of Brockport</u> Date: _____</p> <p>Signature: _____ Title: _____</p>		



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA: \_\_\_\_\_

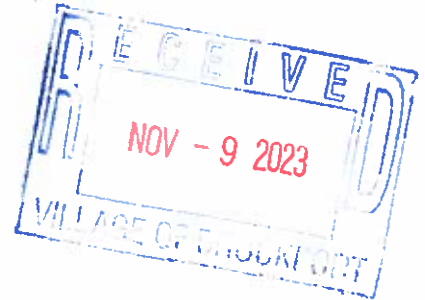
License Number (if applicable): \_\_\_\_\_

Applicant Name: CARTEL PALACE INCORP

Phone Number: 5853541811

Email Address: CONTACTCARTEL.PALAC

*contacthassan2020@gmail.com*



Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) HAYYAN ALTAWEL

of (dba) CARTEL PALACE INCORPORATED

intend to, or have, file(d) an application for licensure with the Office of Cannabis Management to open a(n):

- retail dispensary premises (new or additional)  registered organization with dispensing (or ROD)
- microbusiness

in (county name) Monroe County. This business, once the license is approved, shall be located at:

Address Line 1: 53-55 N MAIN STREET

Address Line 2: \_\_\_\_\_

Village  BROCKPORT

Zip code: 14420

The mailing address is (if different from business location):

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

State:  Zip code: \_\_\_\_\_

(As applicable, name of business if different from above) has \_\_\_\_\_  
retained the legal services of (attorney or representative)

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

State:  Zip code: \_\_\_\_\_

Telephone with area code: \_\_\_\_\_

If the municipality or community board would like to express an opinion to the Cannabis Control Board, they must respond to this notification within 30 days by emailing an opinion to [municipalities@ocm.ny.gov](mailto:municipalities@ocm.ny.gov). This expressed opinion must be on official municipality or community board letterhead.

If the municipality or community board would like to request a one-time 30 day extension for the municipality or community board to provide their opinion, or if the municipality or community board has any comments, concerns, or questions, they must reach out to the Office at [municipalities@ocm.ny.gov](mailto:municipalities@ocm.ny.gov) with "Notification to Municipalities Municipality Opinion 30 Day Extension Request – [Insert municipality or community board name here]" in the subject line. Municipalities or community boards should be sure to provide proof of the date of receipt of the Notification to Municipalities that they wish to request an extension of time for submitting a municipality opinion. Any request that does not include such information will be rejected as incomplete.

Signed \_\_\_\_\_

Today's date: \_\_\_\_\_

Print HAYYAN ALTAWEL