

# EXL - Social Impact Plan

Submission date: **13 April 2023, 6:25AM**

Receipt number: **46**

Related form version: **4**

## License holder?

Do you currently hold or are you applying for a marijuana license in Denver? **Yes**

Are you applying for a new marijuana license or a renewal of a marijuana license? **Renewal**

Is your business address in the City and County of Denver? **Yes**

Select the statistical neighborhood in which your business is located. **Globeville**

Type of marijuana license **Medical marijuana cultivation facilities**

## Business information - Entity details

Legal entity name - as registered with the Secretary of State (Company Name, LLC) **Fox Street Wellness, LLC**

Trade name / DBA - as registered with the Secretary of State **FOX 5280**

Business File Number **2022-BFN-0002088**

Business physical address **4773 N. Fox Street**

Unit

City **Denver**

State	CO
Zip	80216
Does business have a different mailing address?	No

## Business information - Mailing address

Business mailing address
Unit
City
State
Zip

## Business information - Social Impact Plan contact

Name	Andrew Beisner
Email	andrewbeisner@gmail.com
Phone	720-881-7460

## Registered Neighborhood Organizations

List all registered neighborhood organizations whose boundaries encompass the location of the proposed licensed premises.	<b>Council District 9</b> <b>Council District At Large</b> <b>Denver North Business Association</b> <b>Globeville Civic Partners</b> <b>Inter-Neighborhood Cooperation (INC)</b> <b>Strong Denver</b> <b>Unite North Metro Denver</b> <b>United Community Action Network</b>
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Please describe how your business will engage with each registered neighborhood organization.

**Fox Street Wellness ("FSW") intends to stay up to date with the RNOs through their public communications. Also, FSW is located in Council District 9 and when available, would like to attend Denver City Council meetings to keep abreast of salient issues facing Denver. These steps will help FSW assess where it can become more involved and be engaged in the community.**

Who should residents, registered neighborhood organizations, or businesses in the neighborhood contact with questions, concerns, or complaints? Provide name, phone number and email.

**Andrew Beisner (Owner, Manager); 720-881-7460; Andrewbeisner@gmail.com**

Please describe how your business will address concerns of residents, registered neighborhood organizations, and businesses in the neighborhood.

**Upon receipt of a complaint, concern or question, FSW management and ownership will discuss and determine the best way to address and/or resolve the complaint, concern or question. FSW will do its best to respond to the complaint, concern or question within five (5) business days.**

## Social Impact Plan

Instructions

**Complete this section by selecting each activity completed in the year prior to application. Denver marijuana licensees must select at least one activity in each impact area. You may satisfy this requirement by selecting "other" and describing an activity not listed that your business completed.**

Community Engagement

**Educate employees about the history of the neighborhood in which the business is located.**

### Community Engagement Information - Activity 1

Date Completed

Amount of Contribution

Amount of Contribution Range

Number of volunteer hours

Number of volunteer hours range

Organization

Description of activity

## Social Equity

Activities

**Purchase products from a cannabis social equity businesses at least once per quarter.**

### Social Equity Information - Activity 1

Date Completed

Amount of Contribution

Amount of Contribution Range

Number of volunteer hours

Number of volunteer hours range

Organization

Description of activity

## Diversity and Inclusion

Activities

**Offer childcare support for employees (e.g. childcare flexible spending accounts as a benefit).**

### Diversity and Inclusion Information - Activity 1

Date Completed

Amount of Contribution

Amount of Contribution Range

Number of volunteer hours

Number of volunteer hours range

Organization

Description of activity

## Sustainability

Activities

Replace all incandescent lighting with compact fluorescent light bulbs (CFLs) or LEDs.

### Sustainability Information - Activity 1

Date Completed

Amount of Contribution

Amount of Contribution Range

Number of volunteer hours

Number of volunteer hours range

Organization

Description of activity

## Contracting

Activities

Purchase containers or packaging from a minority-owned business.

### Contracting Information - Activity 1

Date Completed

Amount of Contribution

Amount of Contribution Range

Number of volunteer hours

Number of volunteer hours range

Organization

Description of activity

## Oath of applicant

Name

Andrew Beisner

Title

Owner of Fox Street Wellness

Email

Andrewbeisner@gmail.com

Signature

A handwritten signature in black ink, appearing to read "Andrew Beisner", is written over a horizontal line. The signature is cursive and stylized.

[Uploaded signature image: For Signature.jpg](#)

Today's date

04/13/2023