PART I

APPLICANT INFORMATION

Application for (check all that apply):	
□ Class I – Cannabis Cultivator License □ Class III – Cannabis Wholesaler License □ Class VI – Cannabis Delivery License	☐ Class II – Cannabis Manufacturer License☐ Class IV – Cannabis Distributer License
Applicant Name:	
Mailing Address:	
Primary Telephone Number:	
Date Business Established (month/day/year):	
Tax ID number:	EIN number:
Proposed Business Name:	
Registered Agent:	
PAR	<u>T II</u>
PROPOSED LICENSED PR	REMISES INFORMATION
Proposed Licensed Premises:	
Block(s): Lot(s):	
Owner of Record:	
(1) Describe the Applicant's property interest in the Proposed Licensed Premises and att	(i.e. tenancy, ownership or other legal interest) tach all documentation establishing Applicant's legal instrument granting Applicant possession

of operation	Applicant's Business and Operation Plan, providing detail of the proposed plan on at the Licensed Premises, including without limitation, a description of the censed activity to occur at the Licensed Premises and the anticipated number of s.
maintain e summary e	Applicant's security plan, demonstrating how the licensed premises will effective security and control of operations. The security plan shall identify a of the applicant's plans for storage of products and currency, physical security reillance, security personnel, and visitor management
average ga	e amount of water usage estimated for the facility, including the estimated allons per day and peak gallons per minute as well as estimated needs for fire on, if applicable.
ability to d	hether the current electric system, in the opinion of a licensed engineer, has the leliver the estimated peak capacity (kW) and energy (kWh) required to operate bis Establishment. Attach the engineer's report or analysis which is the basis inclusion.

(6) Describe and Attach a site plan of the Proposed Licensed Premises and the Licensed Property prepared in accordance with City land use ordinance and the Municipal Land Use Law.
(7) Summarize and Attach any additional information and/or documentation concerning the Proposed Licensed Premises the Applicant deems relevant for the City's consideration.
PART III APPLICANT'S QUALIFICATIONS & EXPERIENCES (1) Identify whether any Applicant has ever applied for or has been granted any license or certificate issued by a licensing authority in New Jersey or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
(2) Summarize the Applicant's owners' or principals' qualifications and experience operating in highly regulated industries, including cannabis, healthcare, pharmaceutical manufacturing, and retail pharmacies, with preference to experience operating such businesses within the State of New Jersey:

(3)	Summarize Applicant's qualifications and experience related to public safety and security, including any of the applicant's owners' or principals' experience in law enforcement and drug enforcement, and;
(4)	Summarize Applicant's or its owners' experience conducting or supporting or plans to conduct institutional review board-approved research involving human subjects that is related to medical cannabis or substance abuse, where the value of past or ongoing clinical research with IRB approval shall outweigh plans to conduct such research, whether the applicant has had any assurance accepted by the U.S. Department of Health & Human Services indicating the applicant's commitment to complying with 45 CFR Part 46, and whether the applicant has a research collaboration or partnership agreement in effect with an accredited U.S. school of medicine or osteopathic medicine with experience conducting cannabis-related research;
	Demonstrate Applicant's or its owners' commitment or sufficient experience as responsible employers, defined as the applicant entity being a party to a labor peace agreement or the applicant entity or its parent company being a party to a collective bargaining agreement in the regulated cannabis industry for at least one year prior to application for a Cannabis Establishment license, in an effort to create well-paying jobs with employee benefits in the municipality;

(6)	Summarize Applicant's environmental impact and sustainability plan; whether the applicant entity or its parent company has any recognitions from or registrations with federal or New Jersey state environmental regulators for innovation in sustainability; and whether the applicant entity or its parent company holds any certification under international standards demonstrating the applicant has an effective environmental management system or has a designated sustainability officer to conduct internal audits to assess the effective implementation of an environmental management system;
	Identify Applicant's ties to the City, demonstrated by at least one shareholder's proof of residency in the municipality for five or more years in the past ten years or at least one shareholder's continuous ownership of a business based in the municipality for five or more years in the past ten years; and
	Demonstrate Applicant's commitment to diversity in its ownership composition and hiring practices and whether the applicant entity or its parent company holds any certifications as a NJ minority-owned, women-owned, or veteran-owned business.

PART III

OWNERSHIP DISCLOSURE REQUIREMENTS

Business Type:	Check the	box that rep	resents the Applica	nt's form of business	s:		
□Partnership	□Co	rporation	□Sole Proprieto:	ole Proprietorship			
□Limited Partn	ership 🔲	Limited Lia	bility Corporation	□Limited Liability	Partnership		
corporation who	own 10% own a 10%	or more of it for greater i	ts stock, of any clas interest therein; or,	following: (a) all stoo s; (b) all individual p (c) all members in th	partners in the		
Name:			Name:	Name:			
Address:			Address:	Address:			
City:	State:	Zip:	City:	State:	Zip:		
Name:			Name:				
Address:			Address:	Address:			
City:	State:	Zip:	City:	State:	Zip:		
Name:			Name:				
Address:			Address:	Address:			
City:	State:	Zip:	City:	State:	Zip:		

For each of the corporations, partnerships, or limited liability companies identified above, please disclose any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities as follows:

(a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class; (b) all individual partners in the partnership who own a 10% or greater interest therein; or, (c) all members in the limited liability company who own a 10% or greater interest therein. The disclosure(s) shall be continued until the names and addresses of every non-corporate stockholder, individual partner, and/or member a 10% or greater interest has been identified.

Name:			Name:			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Name:			Name:			
Address:		Address:				
City:	State:	Zip:	City:	State:	Zip:	
Name:			Name:			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	

As an alternative, an Applicant with any direct or indirect parent entity which is publicly traded, may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10% or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10% or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10% or greater beneficial interest.

SIGNATURE AND VERIFICATION

The undersigned declares under the penalties provided by law, that this application form (including any accompanying schedules and statements) has been examined and to the best of his/her knowledge and belief is a true and correct application.

DATE Applicant's Signature Title