



Township of West Orange

Application for Local License for the Operation of a Cannabis Business

Instructions: Applicants shall complete this Application Form in its entirety as required under the Township of West Orange Municipal Code Chapter 5, Section 34.5 and submit five (5) copies of the Application with the Mandatory Documents to the Office of the Township Clerk with the applicable licensing fee with the Application. Failure of the Applicant to provide a response to the information requested or one of the Mandatory Documents **shall** result in the denial of the Application.

Mandatory Documents: In addition to a completed copy of the Application, Applicants shall provide the following mandatory documents:

1. A Copy of the License issued by the New Jersey Cannabis Regulatory Commission authorizing the Applicant to operate as a Licensed Cannabis Entity.
2. A Copy of all application materials and documents submitted to the New Jersey Cannabis Regulatory Commission.
3. A copy of the Lease Agreement for the property where the proposed Licensed Cannabis Entity will operate if the Applicant is leasing the property, or an Agreement of Sale for the purchase of the property where the proposed Licensed Cannabis Entity will operate if the Applicant owns the property.
4. Plans prepared by a duly licensed architect, engineer, or planner which shall depict the layout and design for the proposed location of the Licensed Cannabis Entity.
5. Copy of the Resolution of the West Orange Planning Board granting the Applicant the conditional use for the operation of the proposed Licensed Cannabis Entity.
6. Comprehensive security plan for the proposed Licensed Cannabis Entity. (Submitted in a separate sealed envelope).
7. Any and all other required documents as identified in this Application

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Name of Applicant: _____

Proposed Location of the Licensed Cannabis Entity: _____

Block: _____ **Lot:** _____

Section I Applicant's Contact and Designation of a Representative:

Applicant's Address:

[] Same as Proposed Location of Licensed Cannabis Business

Telephone Number: _____

Email Address: _____

Applicant shall designate a natural person who shall be deemed the Applicant's Representative for purposed of this application. The Representative shall certify and execute this application on behalf of the Applicant. If the Representative is not an Owner of the Applicant, the Applicant must provide:

(i) a corporate resolution authorizing or designating the Representative to act on behalf of the Applicant; or

(ii) a fully executed agreement authorizing or designating the Representative to act on behalf of the Applicant which shall be executed by the owners of the Applicant.

Representative's Name: _____

Representative's Home Address: _____

Representative's Telephone Number: _____

Representative's Email Address: _____

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The Representative shall be responsible for providing any additional information, documents or supplements as required by the Township of West Orange.

Section II Applicant's Financial Officer and Independent Certified Public Accountant:

Applicant shall identify its Chief Financial Officer, Controller, or Accountant (the "Financial Officer") who shall prepare and certify the quarterly reports showing the monthly revenues of the Licensed Cannabis Entity for that quarter pursuant to Chapter 22, Section 3(d) of the Municipal Code for the Township of West Orange.

Financial Officer Name: _____

Financial Officer Address: _____

Financial Officer Telephone Number: _____

Financial Officer Email Address: _____

Applicant shall also provide a template or sample report that it shall utilize as the quarterly reports showing the monthly revenues of the Licensed Cannabis Entity for that quarter pursuant to Chapter 22, Section 3(d) of the Municipal Code for the Township of West Orange.

Applicant shall identify an independent certified public accountant who shall prepare and certify the Annual Financial Report as to the annual revenues of the Licensed Cannabis Entity pursuant to Chapter 22, Section 3(e) of the Municipal Code for the Township of West Orange.

Certified Public Accountant Name: _____

Certified Public Accountant Address: _____

Certified Public Accountant Telephone Number: _____

Certified Public Accountant Email Address: _____

Applicant shall also provide a template or sample Annual Financial Statement that it shall utilize as the Annual Financial Statement showing annual revenues of the Licensed Cannabis Entity pursuant to Chapter 22, Section 3(e) of the Municipal Code for the Township of West Orange.

Section III Applicant's Approvals and Certifications

Select Cannabis Entity Category:

_____ Retailer _____Manufacturer _____Distributor _____Cultivator

Select All Categories that Apply to the Applicant's Application to the NJCRC

_____Microbusiness _____Social Equity Business

_____Diversely Owned Business _____Conditional License

Applicant shall provide any and all documents issued by the New Jersey Cannabis Regulatory Commission declaring the Applicant as any and all of the categories identified under the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act with a copy of all application materials and documents submitted by the Applicant for such a declaration.

Identify whether the Applicant has obtained the following certifications from the State of New Jersey:

_____New Jersey Minority Business Enterprise Certification

_____New Jersey Women Business Enterprise Certification

Applicant shall provide a copy of the Certificate(s) issued by the State of New Jersey.

Land Use Approvals and Variances:

Applicant shall list and describe any and all bulk variances obtained from either the West Orange Planning Board or the West Orange Zoning Board of Adjustment related to construction or renovations related to the proposed Licensed Cannabis Business. Applicant shall include any resolutions approving the bulk variances.

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Applicant shall identify the number of parking spaces available to the Applicant at the proposed location of the Licensed Cannabis Business.

Total Parking Spaces: _____

Handicapped Accessible Parking Spaces: _____

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Section IV Ownership Disclosure:

If the Applicant is a natural person

Applicant's Home Address: _____

Applicant's Telephone #: _____

If the Applicant is not a natural person the name and home addresses of all stockholders or partners of the Applicant 10% or more of stock of any class or 10% or more ownership interest in the Applicant with their respective ownership percentages. If additional space is required, please add a separate sheet listing any and all additional stockholders or owners.

Name: _____ Home Address: _____ _____ _____ _____ Ownership Percentage: _____	Name: _____ Home Address: _____ _____ _____ _____ Ownership Percentage: _____
Name: _____ Home Address: _____ _____ _____ _____ Ownership Percentage: _____	Name: _____ Home Address: _____ _____ _____ _____ Ownership Percentage: _____
Name: _____ Home Address: _____ _____ _____ _____ Ownership Percentage: _____	Name: _____ Home Address: _____ _____ _____ _____ Ownership Percentage: _____

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If one or more of the Applicant's stockholders or partners are itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed with its home address and ownership percentage. The disclosure shall be continued until names and home addresses of every noncorporate stockholder, and individual partner, exceeding the 10% ownership criteria has been listed. If additional space is required, please add a separate sheet listing any and all additional stockholders or owners.

Corporation or Partnership Name:	Corporation or Partnership Name:
Owned by:	Owned by:
Home Address:	Home Address:
Ownership Percentage: _____	Ownership Percentage: _____
Corporation or Partnership Name:	Corporation or Partnership Name:
Owned by:	Owned by:
Home Address:	Home Address:
Ownership Percentage: _____	Ownership Percentage: _____

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(Continued) Page ____ or ____.

Corporation or Partnership Name:	Corporation or Partnership Name:
Owned by:	Owned by:
Home Address:	Home Address:
Ownership Percentage:_____	Ownership Percentage:_____
Corporation or Partnership Name:	Corporation or Partnership Name:
Owned by:	Owned by:
Home Address:	Home Address:
Ownership Percentage:_____	Ownership Percentage:_____
Corporation or Partnership Name:	Corporation or Partnership Name:
Owned by:	Owned by:
Home Address:	Home Address:
Ownership Percentage:_____	Ownership Percentage:_____

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The name and address of any other business entities in which any of the identified individuals have or have had an ownership interest which: (i) cultivates, manufactures, wholesales or dispenses cannabis or cannabis products; (ii) invests or finances in any such entity; or (iii) is regulated by any governmental entity:

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All identified individuals shall execute the following acknowledgments and agreements authorizing the West Orange Police Department to perform background checks and/or investigations regarding any of the identified individuals:

I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date	I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date
I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date	I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date

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(Continued) Page ____ or ____.

I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date	I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date
I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date	I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business. _____ Signature of Individual _____ Printed Name of Individual _____ Date

Parent and Subsidiary Chart – Applicant shall include a chart displaying all parent, subsidiary, affiliate, predecessor, successor, and related entities to the Applicant.

If the Applicant is a corporation or limited liability company, it shall provide a copy of any formation document for the Applicant, including, but not limited to any operating agreement, partnership agreement or corporate charter.

Has the entity or any owner, principal, partner, investor, member, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity ever applied for and/or received a license, permit, or other authorization to participate in the cultivation, processing, sale or distribution, etc. of marijuana in any jurisdiction? If so, please describe.

[illegible]

Applicant shall disclose if any of the individuals identified in the Ownership Disclosure have been convicted for a felony which would include a crime of the 1st, 2nd, 3rd or 4th degree or if any have ever been charged with or convicted of an offense, been a party to, or named as an indicted co-conspirator in any criminal proceeding in this state or any other jurisdiction. The applicant need not include any conviction that has been fully expunged.

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Section V Management and Operations:

Applicant shall include an organization chart showing the Applicant's personnel who will be involved with the management and operations of the proposed Licensed Cannabis Business.

The Applicant shall also describe in detail the respective duties and responsibilities of each employee or personnel identified by the Applicant. These descriptions shall include, at a minimum:

- (i) The individual responsible for the overall management and operation of the proposed Licensed Cannabis Business;
- (ii) The individual responsible for the security and safety protocols for the proposed Licensed Cannabis Business; and
- (iii) The individual responsible for finances and/or accounting for the proposed Licensed Cannabis Business.

Applicant shall identify whether these individuals are employees of the Applicant or third party professionals retained by the Applicant.

Section VI Design, Façade, and Signage:

Applicant shall include with its applications drawings depicting the proposed design of the interior and exterior façade of the proposed Licensed Cannabis Business, including any proposed signage for the proposed Licensed Cannabis Business.

Applicant shall also include a resolution from either the West Orange Planning Board or the West Orange Zoning Board of Adjustment which shall include an approval of any and all proposed signage for the proposed Licensed Cannabis Business.

Section VII Environmental Impact Plan:

Applicant shall include with its applications a detailed Environmental Impact Plan which shall address:

- (i) Applicant's plan for odor mitigation;
- (ii) Applicant's plan for disposal of cannabis product waste; and
- (iii) Any and all innovations and/or plans to reduce the environmental impact of the Applicant's operation of the proposed Licensed Cannabis Business.

Section VIII Business Plan and Pro Forma:

Applicant shall prepare and submit an updated Business Plan, including an updated set of detailed projections as to revenues and expenses during the first five (5) years of operations to be set forth in a five (5) year pro forma.

The required pro forma shall include:

- (i) the Annual License Fee as reflected as an expense of the proposed Licensed Cannabis Business; and
- (ii) the Transfer Tax to the Township of West Orange reflected as an expense of the proposed Licensed Cannabis Business.

Section IX Security Plan:

Applicant shall prepare and submit in a separate sealed envelope marked “Security Plan – Confidential” a detailed Security Plan for review by the Police Chief of the West Orange Police Department or the Chief’s designee. The Security Plan shall include:

- (i) The manufacturer and model of any and all security equipment utilized at the proposed Licensed Cannabis Business. The Applicant shall also include any brochures or other materials describing the capabilities of the identified security equipment.
- (ii) A separate drawing of the proposed location of the Licensed Cannabis Business identifying the location of any and all security cameras to be installed either in the location interior or exterior.
- (iii) Documentations showing evidence that the Applicant’s proposed Security Plan meets each and every requirement as set forth in N.J.A.C. 17:30-9.10 as enumerated by the New Jersey Cannabis Regulatory Commission.

Section X Application Fee

Annexed to this Application form as Attached “A” is a copy of Resolution 38-22 which was adopted by the Township Council for the Township of West Orange on March 1, 2022 which sets for the Application Fee for the application for a local license to operate a Licensed Cannabis Entity within the Township of West Orange. If an Applicant qualifies as more than one category of Cannabis Entity, the Applicant shall calculate the Applicant Fee for any and all categories for which it is licensed. The Applicant shall be obligated to pay the highest Application Fee of the categories calculated.

a. For Cannabis Retailers:

Applicant shall identify the square footage of retail and storage space of the proposed Licensed Cannabis Business.

_____, square feet.

b. For Cannabis Distributors:

Applicant shall identify the total square footages of the proposed location for the Licensed Cannabis Business.

_____, square feet.

c. For Cannabis Manufacturers:

Applicant shall identify the total square footages of the proposed manufacturing location for the Licensed Cannabis Business.

_____, square feet.

d. For Cannabis Cultivators:

Applicant shall identify the square footages of the cannabis plan grow canopy area for the proposed Licensed Cannabis Business.

_____, square feet.

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Based upon the rates set forth in Resolution 38-22 and the disclosed square footage, if applicable, the Application Fees shall be:

Application Fee: \$_____

Application Fees are nonrefundable. Payment must be submitted as a certified check or money order, made payable to “Township of West Orange” with the Applicant’s submission of this Application.

Section XI Affidavit/Verification

The following affidavit/verification must be filled in completely, executed and notarized before submission to the Township of West Orange

STATE OF _____)
) SS:
COUNTY OF _____)

I, _____, of the City/Township/Borough of _____ in the
(Name of Representative) (Municipality)

State/Commonwealth of _____, being of full age and duly sworn according to
(State)

law, on my oath depose and say that:

I am the _____ at _____ and execute and
(Representative's Title) (Applicant)

submit this application on behalf of _____. I certify and swear that the
(Applicant)

information contained and provided in this application is true to the best of my knowledge and
that if I knowingly provide any false information, I am subject to punishment.

Name of Representative

Title

Signature of Representative

Date

Subscribed and sworn to before me this
_____ day of _____ 20____

Notary Public of

Township of West Orange

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My Commission expires_____, 20__