



Township of West Orange Application for Local License for the Operation of a Cannabis Business

Instructions: Applicants shall complete this Application Form¹ in its entirety as required under the Township of West Orange Municipal Code Chapter 5, Section 34.5, as amended by Township Ordinance No. 2808-23, and submit one (1) copy of the Application with the Mandatory Documents to the Office of the Township Clerk with the applicable licensing fee with the Application along with a thumb drive containing (i) a scanned copy of the entire application for licensing;² and (ii) a scanned copy of the application without the requirements set forth in subsection (b)(4)(a) of Ord. No. 2808-23. 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 all documents which show site control for the property where the proposed Licensed Cannabis Entity will operate. If the Applicant is leasing the property, a fully executed copy of the Lease Agreement with all amendments must be submitted. If the Applicant or related entity is going to be acquiring ownership of the property, the deed, agreement of sale and/or option to purchase must be submitted. The lease agreement or agreement to purchase must be executed by the owner of the property where the Applicant intends to operate the Licensed Cannabis Entity³. The lease agreement or agreement of sale may be contingent upon the Applicant's ability to successfully: (i) obtain a Local License; and (ii) if applicable, obtain approval from the West Orange Planning Board or the West Orange Zoning Board of Adjustment. If the owner of the property is a corporate entity, the Applicant shall also provide a copy of a corporate resolution or other authorization of the

¹ Revised as per Township Ordinance No. 2808-23.

² This includes the submission to the New Jersey Cannabis Regulatory Commission.

³ Township of West Orange Code §5-34.5(b)(4)(b).

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corporation authorizing the execution of the lease agreement or agreement of sale. No property owner may execute a lease agreement or agreement to purchase for more than one entity at the proposed location and shall notify the Township Clerk in writing of any termination and/or expiration of the lease agreement or agreement to purchase no later than five (5) days of such termination or expiration.

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. An organizational chart identifying the ownership, management and all related entities which identifies the individuals who own or operate the Applicant or any parent, subsidiary or related company including their full names and address. Post office box addresses are not sufficient.
8. Any and all other required documents as identified in this Application

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: _____

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 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 hereby agrees to submit certified report completed with all specified information on a quarterly basis 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 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.

Public Accountant Name: _____

Public Accountant Address: _____

Public Accountant Telephone Number: _____

Public Accountant Email Address: _____

Applicant shall submit a 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. The Township reserves the right to request any supplemental information needed to verify the annual revenues.

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:

Applicant shall list and describe any and all Land Use Approvals 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 attach all relevant resolutions and advise as to whether any litigation is pending.

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: _____

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, provide the name and home addresses of all Stakeholders⁴ in the Applicant with their respective ownership percentages. If additional space is required, please add a separate sheet listing any and all additional Stakeholders.

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: _____

⁴ *Stakeholders* means all shareholders, partners, convertible debt holders and option holders of a corporation, partnership and/or other single or multiple member business enterprise or other entity. See Township of West Orange Code §5-34.2.

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All such Stakeholders who are not themselves natural persons shall list the names and home addresses of the Stakeholder of that entity. The disclosure shall be continued until names and home addresses of every natural person that is a Stakeholder of the Applicant whether directly or indirectly is provided. If additional space is required, please add a separate sheet listing any and all additional Stakeholders.

Corporate Entity: _____ Owned by: _____ Home Address: _____ _____ _____ Ownership Percentage: _____	Corporate Entity: _____ Owned by: _____ Home Address: _____ _____ _____ Ownership Percentage: _____
Corporate Entity: _____ Owned by: _____ Home Address: _____ _____ _____ Ownership Percentage: _____	Corporate Entity: _____ Owned by: _____ Home Address: _____ _____ _____ Ownership Percentage: _____

(Continued) Page ____ or ____.

<p>Corporate Entity: _____</p> <p>Owned by: _____</p> <p>Home Address: _____ _____ _____</p> <p>Ownership Percentage: _____</p>	<p>Corporate Entity: _____</p> <p>Owned by: _____</p> <p>Home Address: _____ _____ _____</p> <p>Ownership Percentage: _____</p>
<p>Corporate Entity: _____</p> <p>Owned by: _____</p> <p>Home Address: _____ _____ _____</p> <p>Ownership Percentage: _____</p>	<p>Corporate Entity: _____</p> <p>Owned by: _____</p> <p>Home Address: _____ _____ _____</p> <p>Ownership Percentage: _____</p>
<p>Corporate Entity: _____</p> <p>Owned by: _____</p> <p>Home Address: _____ _____ _____</p> <p>Ownership Percentage: _____</p>	<p>Corporate Entity: _____</p> <p>Owned by: _____</p> <p>Home Address: _____ _____ _____</p> <p>Ownership Percentage: _____</p>

All identified individuals shall execute the following acknowledgments and agreements authorizing the West Orange Police Department to perform background checks⁵ and/or investigations regarding any of the identified individuals:

<p>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.</p> <p>_____</p> <p>Signature of Individual</p> <p>_____</p> <p>Printed Name of Individual</p> <p>_____</p> <p>Date</p>	<p>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.</p> <p>_____</p> <p>Signature of Individual</p> <p>_____</p> <p>Printed Name of Individual</p> <p>_____</p> <p>Date</p>
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⁵ The Township reserves the right to require that the background checks be handled by an outside agency at Applicant's sole cost and expense.

(Continued) Page ____ or ____.

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Corporate Structure and Ownership Disclosure

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

Has there been any changes from the chart from the Application for a Resolution of Local Support?
_____ Yes _____ No

If the Applicant is a corporation or limited liability company, it shall provide a copy of any formation document, including, any operating agreement, any partnership agreement, or any corporate charter, any bylaws and any other document governing the entity’s corporate governance.

Has there been any changes to the formation document(s) from the Application for a Resolution of Local Support? _____ Yes _____ No

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.

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, including outside accounting firm or accountant.

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 Additional Information Required

- a. Is the Applicant or any other person mentioned in this application a police or other law enforcement officer or hold any position entrusted with the enforcement of any laws concerning Cannabis in any manner whatsoever?

Yes No

If the answer is "Yes," complete following:

Name of individual _____
Last Name First Name Middle Name

Title of position held _____

Name of Employing Agency _____

- b. Does the Applicant or any other person mentioned in this application, or any person having beneficial interest in the Applicant, hold office in the unit of government issuing the license or charged with enforcing cannabis laws including the Township?

Yes No

If the answer is "Yes," complete following:

Name of individual _____
Last Name First Name Middle Name

Title of Office _____

Municipality _____

- c. Does the applicant or any other person mentioned in this license application, or anyone with a beneficial interest in the Applicant, directly or indirectly, have any interest in any other cannabis business as owner, part owner, landlord, tenant, mortgage holder or as a stockholder, officer, director, agent, employee or otherwise?

Yes No

If the answer is “Yes,” attach an affidavit explaining the relationship and nature of the interest and complete the following:

- (i) Identify type/location of Cannabis License _____
- (ii) If the business does not hold a Cannabis License, answer the following questions:

Name of entity conducting business (Corporation, Partnership or Individual)

(Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip Code _____ - _____

Type of Business _____

- d. Has the Applicant ever been denied a Cannabis License in New Jersey ___ Yes ___ No

If the answer is “Yes,” answer the following:

Name of Entity _____

Last Name

First Name

Middle Initial

Type of License or Permit Denied: _____

Unit of Government which denied License: _____

Date of Denial (approximate if not known) ____ / ____ / ____

- e. Does any individual, partnership, corporation or association other than the Applicant have an interest directly or indirectly in the license applied for or is the stock of any stockholder held in escrow or pledged in any way? ___ Yes ___ No

If the answer is “Yes,” answer the following using a separate page for each individual or corporation of interest, attach a separate page of explanation if more space is needed.

Name of Individual (Last Name First) or Corporation

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip Code _____ - _____

Describe Nature of Interest _____

- f. Does any individual, partnership, corporation or association hold any chattel mortgage or conditional bill of sale or other security interest on any furniture, fixtures, goods or equipment to be used in connection with the business to be operated under the license applied for? ___ Yes ___ No

If the answer is “Yes,” answer the following using a separate page for each individual or corporation of interest, attach a separate page of explanation if more space is needed.

Name of Individual (Last Name First) or Corporation

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip Code _____ - _____

Describe Nature of Interest _____

- g. Has the Applicant agreed to permit anyone not having an ownership interest in the license to receive or agreed to pay anyone (by way of rent, salary or otherwise) all or any percentage of the gross receipts or net profit or income derived from the business to be conducted under the license applied for? ___ Yes ___ No

If the answer is “Yes,” answer the following using a separate page for each individual or corporation of interest, attach a separate page of explanation if more space is needed.

Name of Individual (Last Name First) or Corporation

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip Code _____ - _____

Describe Nature of Interest _____

- h. Insert the name and address of the registered or authorized agent in New Jersey upon whom service of process in any proceedings against the Applicant in a State or U.S. District Court, may be made.

Name _____
(Last Name, First Name, Middle Initial or Corporation)

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip Code _____ - _____ Telephone Number (____) _____ - _____

Area Exchange Number

- i. If the licensed company is owned by other corporation(s) or is in a corporate chain, attach a diagram depicting the corporation relationships and the percentage of stock interest in the company to be licensed, owned by other corporations or other non-corporate entities (individuals, partnerships, associates).

Section XI 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. Application fees are subject to revision by Resolution.

- 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.

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 XII 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
My Commission expires _____, 20__