

Township of West Orange
Application for
Resolution of Local Support for the Submission of an
Application to the New Jersey Cannabis Regulatory Commission

I. Contact Information

Name of Applicant:

_____ (the "Applicant")

Name of Representative of Applicant submitting this Application:

_____ (the "Representative")

Applicant's Principal Business Address:

Representative's Contact Information

Telephone Number: _____

Email Address: _____

II. Location of the Proposed Cannabis Business

Applicant must provide the requested information regarding the proposed location within the Township of West Orange where the Applicant proposed to operate a Cannabis Entity (the "Proposed Location").

Address of Proposed Location:

Block _____ Lot _____

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Name and Address of the Current Owner of the Proposed Location:

Applicant must enclose evidence of site control of the Proposed Location or evidence that the Applicant shall obtain site control of the Proposed Location, including one of the following items:

- (1) Proof of ownership of the Proposed Location;
- (2) Lease for the Proposed Location; or
- (3) Agreement or Memorandum of Agreement between the Applicant and the current owner of the Proposed Location that in the event that the Applicant obtains both a license from the New Jersey Cannabis Regulatory Commission and/or a local license from the Township of West Orange the current owner of the Proposed Location with either sell or lease the Proposed Location to the Applicant provided that the Agreement or Memorandum of Agreement includes:
 - (i) A notarized signature of the current owner of the Proposed Property; and
 - (ii) A date by which the Applicant must obtain the required licenses to operate on the Proposed Property.

III. Select Cannabis Entity Category:

_____ Retailer _____ Manufacturer
_____ Distributor _____ Cultivator

IV. Does Applicant Intend to Operate as a Medical Marijuana Facility

_____ Yes _____ No

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

_____ Microbusiness _____ Social Equity Business
_____ Diversely Owned Business _____ Conditional License

VI. 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

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VII. Narrative:

Provide a summary of prior experience of operating a Cannabis Business. You may add an additional sheet if additional space is necessary.

Describe the benefits that the proposed Cannabis Business would offer to the community and residents of the Township of West Orange. You may add an additional sheet if additional space is necessary.

VIII. Corporate Structure and Ownership Disclosure

Organizational Chart - Attach an organizational chart displaying all parent, subsidiary, affiliate, predecessor, successor, and related entities to the proposed business.

Set forth the names and home addresses of all stockholders in the corporation or members of the partnership who own 10% or more of its stock, of any class or of all individual partners in the partnership who own a 10% or greater interest therein, as the case may be. If one or more such stockholder or partner is 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. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed. You may add an additional sheet if additional space is necessary.

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.

IX. Criminal History

Please 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.

X. Required Documents

The following documents shall be required, unless otherwise noted, including:

- Enclose preliminary business design/facade/concept showing an image of the proposed Cannabis Business.
- Enclose Business Plan describing how the Applicant projects revenues and expenses during the first five (5) years of operations, including: (i) a pro forma for that period of time; and (ii) a financial report of any other cannabis business owned or operated by the Applicant.
- Enclose Regulatory Plan describing how the Applicant intends to comply with all of the regulations required by the New Jersey Cannabis Regulatory Commission and the Township of West Orange requirements as set forth in the Township’s Municipal Code.
- Enclose Facility Plan describing both the equipment it intends to install at the Proposed Location and the manner in which the Applicant intends to operate the facilities at the Proposed Location.
- Enclose New Jersey Minority Business Enterprise Certification (if applicable)
- Enclose New Jersey Women Business Enterprise Certification (if applicable)
- Enclose Environmental Impact Plan (for cultivation and manufacturing).
- Enclose a Community Impact, Social Responsibility and Research Statement.
- Enclose Community, Organization letter of support.

XI. 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.

Application Fee	
Application for Resolution of Township Support	\$500

I have read and understand the application fees as stated herein and have enclosed a check payable to the Township of West Orange in the amount set forth above as the Application Fee on behalf of the Applicant.

_____ Initial.

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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 State
(Name of Representative) (Municipality)
(Commonwealth) of _____, being of full age and duly sworn according to law, on my oath
(State)

depose and say that:

I am the _____ at _____ and execute and submit this
(Representative's Title) (Applicant)
application on behalf of _____. I certify and swear that the information contained
(Applicant)
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__