

BOROUGH OF HIGH BRIDGE

APPLICATION FOR A MUNICIPAL CANNABIS LICENSE

Date Application filed: ____/____/____ Application Fee Due - \$2,500.00

Class of License Requested: Class 5 Cannabis Retailer

Name of Applicant _____

Applicant's Business Name: _____

Address of Business: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Website Address: _____

Type of Business Entity:

_____ Individual

_____ Partnership

_____ Limited Partnership

_____ Limited Liability Co.

_____ Corporation

_____ Other (Describe)

Business Ownership: Provide additional sheets if needed.

NAME			
TITLE			
DATE OWNERSHIP ACQUIRED			
% OWNERSHIP			
FINANCIAL INTEREST IN OTHER CANNABIS ESTABLISHMENT			
SOCIAL EQUITY BUSINESS OWNER			
MINORITY BUSINESS OWNER			
WOMAN BUSINESS OWNER			
DISABLED VETERAN BUSINESS OWNER			
MICRO BUSINESS OWNER			

1: Name(s) as it does or will appear on the license certificate (not trade name)

License may be held by Individual (Last Name, First Name, Middle Initial), Partnership, Corporation, LLP or LLC

Attach proof of business structure such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports the structure, including State certifications such as SBE, MBE, WBE, VOB.

2: If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):

Street Address: _____

PO Box # _____ Municipality: _____ State: _____

Zip _____ - _____ Telephone Number of business (_____) _____ - _____

3: New Jersey Sales Tax Certificate of Authority Number: _____

4: Has the Applicant secured a New Jersey cannabis license from the State or any municipality in New Jersey as of the date of this application?

___ Yes – If yes, provide a copy of such cannabis license.

5: Trade name(s) under which business is to be conducted. all trade names must be listed and registered with the NJ secretary of state (if a corporation) or County Clerk (if a partnership or sole proprietor).

6: The following questions are to be answered by the applicant:

a. Will the license be used at an operating place of business immediately upon issuance?

___ YES ___ NO

B. If no, provide anticipated date of license activation:

7: Does the applicant own the proposed premises? YES NO

If yes, is there a mortgage on the proposed premises? YES NO

Please provide documentary proof (a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing) demonstrating Applicant's interest in the proposed premises.

If there is a mortgage on the proposed premises, please provide the mortgage provider:

8: Does the applicant lease the proposed premises? YES NO

If the applicant leases the proposed premises, please provide the information regarding the owner, a copy of the lease or real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the applicant contingent upon successful licensing, along with documentary proof the building owner is aware of the intended use as a cannabis retailer:

9: Will any business other than the sale of cannabis products be conducted on the premises to be licensed? YES NO

If the answer is "yes" indicate the nature of the business and who will conduct it by responding to the following questions:

Nature of business:

Business Owner:

10. Has the Applicant secured a Zoning Review of the proposed location affirming that the proposed cannabis establishment is a permitted use in the location listed?

Yes- If yes, provide a copy of the approval.

No – If not, what is the status of the Applicant’s Zoning Review.

11: If someone other than the applicant will operate the other business on the licensed premises, answer this question. if there is more than one individual or company, attach a separate page listing the requested information for each operator.

Business to be operated: _____

Name of company/individual: _____

Street Address: _____

Municipality: _____ State: _____

Zip: _____ - _____ NJ Sales Tax Certificate of Authority No: _____

12: Would any person or corporation named in this application fail to qualify for ownership of the license if applying as an individual because of criminal conviction (**as delineated at N.J.A.C. 17:30 et. seq.**) or due to the holding of a prohibited interest in other licenses (**as delineated at N.J.S.A. 52:13d-17.2**)? YES NO

If the answer is yes, answer the following by inserting the name of the individual or corporation and the social security number and date of birth, if an individual. Use additional pages as needed.

Name: _____

Social Security Number: _____

NJ Sales Tax Certificate of Authority No: _____

Date of birth: ____/____/____

13: Has any person proposed to have an ownership interest in the license applied for, or is in the process of applying for, a license in any other municipality in the state of New Jersey?

____ YES ____ NO

If answering "yes", please detail the municipality, class of license sought, and status of such application.

Municipality: _____

Class of License Sought: _____

Status of Application:

14: Has any person proposed to have an ownership interest in the license had any cannabis license or permit suspended or revoked in the State of New Jersey or a subdivision thereof within the preceding five (5) years?

____ YES ____ NO

If answering "yes", please provide a thorough explanation regarding the circumstances surrounding such suspension or revocation, and the outcome regarding same (license reinstated, appeal pending, etc.).

15: Does any person proposed to have an ownership interest in the license hold a cannabis business license or permit in any other state? ____ YES ____ NO

If answering "yes", please detail the name of the licensed entity, State, class of license, and date of licensure.

Name of the Licensed Entity: _____

State: _____

Class of License: _____

Date of Licensure: _____

16: Has any person proposed to have an ownership interest in the license had any cannabis license or permit suspended or revoked in **any other state** within the preceding five (5) years?

____YES ____NO

If answering “yes”, please provide a thorough explanation regarding the circumstances surrounding such suspension or revocation, and the outcome regarding same (license reinstated, appeal pending, etc.).

ALL APPLICANTS SHALL SUBMIT THE FOLLOWING DOCUMENTATION

1. **The Applicant shall submit a detailed description of the proposed facility, including but not limited to:**
 - Proof that the applicant has or will have lawful possession of the premises proposed for the cannabis business. Such proof may consist of a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing.
 - Proof that the location proposed for permitting by the applicant complies with all applicable municipal zoning laws and the location restrictions.
 - Information with respect to size, renderings/drawings, staffing, etc.
 - The proposed operating hours of the establishment.
 - i. Cannabis retailers in High Bridge are only permitted to be open to the public between the hours of 10 a.m. to 7 p.m.
 - A site plan, in accordance with *N.J.A.C. 17:30 et seq.*
 - A safety and security plan, in accordance with *N.J.A.C. 17:30-9.10.*
 - A noise control plan, in accordance with Chapter 244 (Noise) of the Revised General Ordinances of the Borough of High Bridge.
 - An odor control plan, in accordance with *N.J.S.A. 24:6I-36.*
 - The proposed signage for the establishment, in accordance with *N.J.A.C. 17:30 et. Seq.* and as defined in Chapter 145-405C. (8) (c). of the Borough Land Use Laws.
 - Proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit, including a detailed description of the proposed financial plan for the development, operation, and maintenance of the facility.
 - Proof of New Jersey Business Registration issued by the New Jersey Department of Treasury, Division of Revenue in accordance with *N.J.S.A. 52:32 44(b).*
 - Application Fee

In addition, please provide responses to the following:

1. Describe qualifications and experience of the Applicants/Owners in operating a cannabis retail establishment.
2. Is the Applicant a certified Diversely Owned Business, pursuant to N.J.A.C. 17:30-6.4? If yes- provide documentation.
3. Is the Applicant a Microbusiness under P.L. 2021, c16 (C.24:61-31 et al.)?
 - a. Employs no more than 10 employees.
 - b. Operates a cannabis establishment occupying an area of no more than 2,500 square feet
 - c. Acquires for resale each month, I the case of a retailer, no more than 1,000 pounds of usable cannabis, or the equivalent amount in any form of manufactured cannabis product or cannabis resin, or any combination thereof.

If yes – provide documentation

4. Explain any community ties to the Borough of High Bridge or commitment to community events

CERTIFICATION

The undersigned, on behalf of the cannabis license applicant, _____

declares under penalty of perjury that I have read and understand the provisions of High Bridge Borough Ordinance No. 2022-008, and that the operation of this cannabis establishment must adhere to all the requirements of High Bridge’s Municipal Code, Municipal Land Use Laws, and all other applicable State and Local Laws and all regulations promulgated thereunder. Suspension or revocation of this license may result from violations imposed if not remedied or corrected in the specified time frame.

I understand that I am the responsible party for any violation(s) of the cannabis establishment that may arise.

I understand and acknowledge that a license issued based on false or misleading statements provided in this application will be deemed invalid and subject to revocation.

I understand that the Borough of High Bridge Mayor and Council may approve or deny an application for a municipal cannabis license at its sole discretion, consistent with all governing State Law, based on an evaluation of the benefits to the Borough of High Bridge.

I certify that all information being provided to the Borough of High Bridge in this Application for a Municipal Cannabis License is true and accurate.

Signature

Name (print)

Title

Date