



CANNABIS BUSINESS APPLICATION

512 MONMOUTH STREET GLOUCESTER CITY NJ 08030

856-456-0205

1. LICENSE TYPE INFORMATION

1.	LICENSE TYPE SOUGHT (mark below)			
	Class 1 – Cultivator		Class 2 – Manufacturer	
	Class 3 – Wholesale		Class 4 – Distributor	
	Class 5 – Retailer		Class 6 – Delivery	
2.	MICROBUSINESS		Yes	No
3.	SOCIAL EQUITY		Yes	No
4.	DIVERSITY OWNED		Yes	No

2. BUSINESS (location in Gloucester City)

1.	Business Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	

3. APPLICANT

1.	Applicant Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	
7.	Email:	

4. PRIMARY CONTACT

1.	Primary Contact Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	
7.	Email:	

5. APPLICATION STATUS

STATE APPLICATION STATUS		YES	NO
1.	Submitted Application to State CRC		
2.	Seeking Condition Application with State CRC		
3.	Has CRC Approved your application?		
4.	Was your CRC Application denied?		
5.	State license number (if applicable)		
LOCAL APPLICATION STATUS			
6.	Does the Applicant have site control? (proof required)		
	Yes, we have a signed lease		Yes, we own the site
7.	Submitted Conditional Use Application to Land Use Board		
8.	If yes, is the Land Use Board application already approved?		
LICENSE RENEWAL ONLY			
9.	Has license type information changed?		
10.	If applicable, are you still a Microbusiness?		

6. APPLICATION CHECKLIST

(An applicant shall submit the following documents or information)

		SUBMITTED	YES	NO	N/A
1.	Complete and Notarized Financial Interest Section. See next page. Names and residences of all persons financially interested in the business, and the nature and extent of this interest; and, if a corporation, the names, residences and citizenship of the officers, directors and stockholders, and shall disclose whether the applicant has been convicted of any criminal or quasi-criminal offense, and if so, the date and place of such conviction and the nature of the offense.				
2.	Proof the cannabis establishment or cannabis distributor will be operated pursuant to all local and state regulations				
3.	Any necessary approvals by the Gloucester City Planning, Zoning or other related boards				
4.	Statement and/or plans of odor mitigating practices				
5.	Safety and security plans and procedures				
6.	A description of the proposed location, including the surrounding area and the suitability or advantages of the proposed location, along with a floor plan and optional renderings or architectural or engineering plans				
7.	A business and financial plan				

7. FINANCIAL INTEREST

(Attach additional sheets
as necessary)

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY			
Any corporation that is reported to have an interest in the business to be licensed, whether the licensee company, the parent corporation or the licensed company, holding company, or otherwise affiliated in the corporate chain must answer the following using separate sheets for each corporation. Answer questions for both section 6 and 7 for each corporation.			
1.	Name or Corporation:		
2.	Street address of home office:		
	Municipality:		
	State/Country:		
	Zip Code:		
3.	NJ Sales Tax Certificate of Authority Number:		
4.	If corporation address in number 2 above it out of state, report below the address of any office location in New Jersey, insert n/a if none.		
	Street address:		
	Municipality:		
	State:	New Jersey	
	Zip Code:		
5.	Is the corporation now an existing, valid corporation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Date chartered or incorporated (mm/dd/yyyy):		
	State chartered or incorporated:		
7.	Certificate of incorporation number:		
8.	If not incorporated under the laws of New Jersey, has the corporation received an authorization to conduct business in New Jersey from the New Jersey Office of the Secretary of State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Has the corporation charter ever been revoked by the Office of the Secretary of State in New Jersey?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If the Answer is "Yes", insert the date of revocation, or if suspended, the beginning and ending date of the suspension.		
	Date of revocation (mm/dd/yyyy):		
	Beginning date (mm/dd/yyyy):		
	Ending date (mm/dd/yyyy):		
10.	Insert the name and address of registered or authorized agent in New Jersey upon whom service of process in any proceedings against the Applicant, pursuant to the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act, or proceedings in a State of U.S. District Court, may be made:		
	Name (last, first, MI or Corporate Name):		
	Street Address:		
	Municipality:		
	State:	New Jersey	
	Zip Code:		
	Phone Number:		
	Email:		
11.	If the licensed company is owned by other corporation(s) or in a corporate chain, attached a diagram depicting the corporate relationships and the percentage of stock interest, in the company to be licensed, owned by other corporations or other non-corporate entities (individuals, partnerships, associations).		

8.**FINANCIAL
INTEREST A***(Attach additional
sheets as necessary)***ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)****SOLE OWNERS AND PARTNERSHIPS:** Complete this page in full**LIMITED PARTNERSHIP:** All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.**CORPORATIONS:** All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported in section 6. Information on this page will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company.**Name of corporation by this page (complete ONLY if applicant or stockholder is a corporation or a partnership)**

1.	Name of individual (last name first), stockholder, partner, officer or director:			
2.	Home Street address:			
	P.O. Box:			
	Municipality:			
	State/Country:			
	Zip Code:			
3.	Social Security Number:			
4.	Date of Birth (MM/DD/YYYY):			
5.	Home Telephone Number:			
6.	Office Telephone Number:			
7.	Percent of business owned or controlled:			
8.	Number of shares:			
9.	Check position that applies:			
	<input type="checkbox"/>	Sole Owner	<input type="checkbox"/>	Partner
	<input type="checkbox"/>	President	<input type="checkbox"/>	Vice-President
	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Director
	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Agent
	<input type="checkbox"/>	Receiver	<input type="checkbox"/>	Beneficiary
	<input type="checkbox"/>		<input type="checkbox"/>	Stockholder
	<input type="checkbox"/>		<input type="checkbox"/>	Secretary
	<input type="checkbox"/>		<input type="checkbox"/>	Trustee
	<input type="checkbox"/>		<input type="checkbox"/>	Executor/Administrator
	<input type="checkbox"/>		<input type="checkbox"/>	Other:

1.	Name of individual (last name first), stockholder, partner, officer or director:			
2.	Home Street address:			
	P.O. Box:			
	Municipality:			
	State/Country:			
	Zip Code:			
3.	Social Security Number:			
4.	Date of Birth (MM/DD/YYYY):			
5.	Home Telephone Number:			
6.	Office Telephone Number:			
7.	Percent of business owned or controlled:			
8.	Number of shares:			
9.	Check position that applies:			
	<input type="checkbox"/>	Sole Owner	<input type="checkbox"/>	Partner
	<input type="checkbox"/>	President	<input type="checkbox"/>	Vice-President
	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Director
	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Agent
	<input type="checkbox"/>	Receiver	<input type="checkbox"/>	Beneficiary
	<input type="checkbox"/>		<input type="checkbox"/>	Stockholder
	<input type="checkbox"/>		<input type="checkbox"/>	Secretary
	<input type="checkbox"/>		<input type="checkbox"/>	Trustee
	<input type="checkbox"/>		<input type="checkbox"/>	Executor/Administrator
	<input type="checkbox"/>		<input type="checkbox"/>	Other:

**9.
SUBMISSION
CHECKLIST**

	Please attach the required affidavits and supplemental forms, reports, and other documents needed to process your application, see section 5.
	Please issue a \$2,500 check to "City of Gloucester City". Submission without the \$2,500 application fee will <u>NOT</u> be accepted. Submit the check by mail or in person.
	Please fill out an Affidavit of Submission. A Cannabis Business Application will not be accepted if one is <u>NOT</u> submitted.
	Initials of the Applicant/Preparer: (Must match Affidavit of Submission) _____
	Once you have completed all of the Submission Checklist items, email application to vanessa@cityofgloucester.org

CONTACT:

Vanessa Little, City Clerk
512 Monmouth St.
PO Box 150
Gloucester City NJ 08030
vanessa@cityofgloucester.org
856-456-0205 ext. 218

AFFIDAVIT OF SUBMISSION

I, the Applicant, certify that the statements and information on the submitted Cannabis Business Application and the attached materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate Applicant and that I am authorized to sign the Affidavit of Submission for the Corporation or that I am a General Partner of the Partnership Applicant. I hereby permit authorized City official(s) to inspect the subject property in conjunction with this application.

Address (Subject Property) : _____

Block(s)/Lot(s): _____

Initials of Applicant (must match GDA)

Applicant Signature

Property Owner Signature Authorizing Submission of the Application if other than Applicant

Sworn to and subscribed before me this date _____

Notary Public