



CITY OF ELIZABETH CANNABIS LICENSE APPLICATION

Anyone looking to open a cannabis business in the City of Elizabeth must successfully complete the full application process enclosed in this application.

Complete all parts of the following application and submit this application, with all the required attachments, and the appropriate application fee to City of Elizabeth, c/o Central Licensing Bureau, 50 Winfield Scott Plaza, Elizabeth, NJ 07201.

- I. Complete the Entity Disclosure Form
- II. Complete the Affidavit, Release Authorization, and Waiver of Liability for each owner, shareholder, and / or member.
- III. Submit all documents required on the Additional Attachment Checklist
- IV. Application Fee of \$1,000 made payable to the City of Elizabeth

Upon receipt of a completed application, the Chief License Inspector shall refer such application for review, comment, and recommendation. The applicant shall hear back from the Chief License Inspector within 75 days if the application was approved or denied.

The Chief License Inspector may deny an initial application for a cannabis business license only where:

- The applicant has materially failed to complete any portion of the application;
- The applicant has failed to pay the application fee set forth in Section 5.26.080
- Issuance would be contrary to the public health, safety, and welfare of the residents of the City of Elizabeth.

Pursuant to Chapter 5.26.100, such denial shall be communicated to the applicant in writing to the address provided on the application.

If approved, the applicant shall receive their license to operate upon payment of the appropriate annual licensing fee:

Class 1 Cannabis Cultivator license	\$7,500.00
Class 2 Cannabis Manufacturer license	\$5,000.00
Class 3 Cannabis Wholesaler license	\$5,000.00
Class 4 Cannabis Distributor license	\$5,000.00
Class 5 Cannabis Retailer license	\$5,000.00
Cannabis Consumption Area	\$10,000.00

All Microbusiness Annual Licensing Fees shall be half the amount of the aforementioned fees.

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, the _____ of
(NAME) (TITLE/POSITION)

the applicant cannabis business, being duly sworn according to law, on my oath, under penalties of perjury, depose and say that I make this statement on behalf of the cannabis business, and that the statements contained in this Application are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue a permit/license to operate a cannabis business. I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment. Further, I agree to provide updates to the statements provided herein as required under all applicable statutes and rules, or as requested by the City of Elizabeth.

Name of Cannabis Business Applicant

Cannabis Business Representative's Name and Title

Cannabis Business Representative's Signature

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

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of _____,
(NAME OF CANNABIS BUSINESS ENTITY)

I, _____ have
(NAME AND TITLE OF APPLICANT)

authorized the City of Elizabeth to conduct a full investigation into the background of said Cannabis Business Applicant.

Therefore, you are hereby authorized to release any and all information pertaining to the said Cannabis Business Applicant, documentary or otherwise, as requested by any employee, agent or representative of the City of Elizabeth provided that he or she certifies to you that said Cannabis Business Applicant has made an application before the City of Elizabeth.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to

before me this _____ day

of _____, 20_____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

WAIVER OF LIABILITY

On behalf of _____,
(NAME OF CANNIBS BUSINESS APPLICANT)

I, _____
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

hereby waive liability, as to the City of Elizabeth and their instrumentalities and agents, for any damages resulting to the said City of Elizabeth from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the permitting/licensing process or during any inquiries, investigations, or hearings.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to
before me this _____ day
of _____, 20_____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

Entity Disclosure Forms



CITY OF ELIZABETH

CANNABIS BUSINESS ENTITY DISCLOSURE FORM INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. Any reference to the word “Entity” in this form shall be defined as the company/entity that is requesting, through the completion and submission of this form to the City of Elizabeth, to conduct cannabis related business in the City of Elizabeth.
- b. The Entity must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the Entity’s request for suitability.
- c. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the Entity, indicate “Does Not Apply” in response to that question. If there is nothing to disclose in response to a question, indicate “None” in response to that question. Failure to provide a response to every question may result in the denial of the Entity’s request for suitability.
- d. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If the entries are not legible, the form will not be accepted.
- e. If the space available is insufficient to respond to a question, the Entity must supply the required information on an attachment page. If an attachment page(s) is used, clearly identify which question it is responsive to.
- f. If the Entity makes any modification to the pre-printed questions or information contained in this form, the Entity’s request for suitability may be denied. Once the form is accepted, it becomes the property of the City of Elizabeth and will not be returned.

II. BEFORE SUBMITTING THIS FORM BE SURE THAT:

- a. All required attachments listed in this form are included either with the form or as part of the entity’s cannabis business or testing laboratory application, as is applicable. If a document is submitted as part of the application, there is no need to submit it twice. Simply note it is included in the application in the checklist at the end of this form.
- b. Every question has been answered completely.
- c. The Entity has maintained a completed copy of this form for its own records.
- d. Once instructed by the City of Elizabeth, all owners, shareholders, and principals must schedule and complete an appointment to have their fingerprints taken by the City of Elizabeth Police Department. The Entity’s disclosure form will not be completely processed if the fingerprint appointments are incomplete.

ENTITY DISCLOSURE FORM CHECKLIST

On the following chart, indicate with a checkmark which attachments are included with this Entity Disclosure Form. If an attachment is not applicable, indicate N/A.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	✓ IF ATTACHED N/A IF NOT APPLICABLE
1A	Incorporation documents, charter, bylaws, operating agreements, certificates of good standing, etc.	<input type="checkbox"/>
1B	Management Agreements, Contracts, Financial Arrangements	<input type="checkbox"/>
2	Corporate structure/related entities	<input type="checkbox"/>
3	Owners, principals, partners, members, board members, investors/lenders, directors and trustees	<input type="checkbox"/>
4	Former owners, principals, partners, members, board members, investors/lenders, directors and trustees	<input type="checkbox"/>
5	Officers	<input type="checkbox"/>
6	Former officers	<input type="checkbox"/>
7	Managers, Staff members and employees	<input type="checkbox"/>
8	Other Personnel, Management Services Contractors	<input type="checkbox"/>
9	Compensation of owners, principals, partners, board members, directors, trustees, officers, staff members, and employees	<input type="checkbox"/>
10	Compensation of all others	<input type="checkbox"/>
11	Description of long-term debt	<input type="checkbox"/>
12	Holders of long-term debt	<input type="checkbox"/>
13	Other indebtedness and security devices	<input type="checkbox"/>
14	Holders of other indebtedness	<input type="checkbox"/>

ENTITY DISCLOSURE FORM ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	IF ATTACHED N/A IF NOT APPLICABLE
15	Financial institutions	<input type="checkbox"/>
16	Contractors and suppliers	<input type="checkbox"/>
17	Stock held by the Entity	<input type="checkbox"/>
18	Litigation/arbitration – Entity & Owners, Shareholders, and / or Principals	<input type="checkbox"/>
19	Criminal History	<input type="checkbox"/>

Cannabis Related Business Entity Disclosure Form

Name of Entity requesting suitability. (Do not abbreviate names)

D/B/A or Trade Name(s)

PERSON TO BE CONTACTED ABOUT THIS ENTITY DISCLOSURE FORM

Name and Title

Mailing Address

Telephone Number

E-mail Address

PRINCIPAL BUSINESS ADDRESS OF ENTITY

Street

City, Zip Code, and County

Telephone Number

Website

NEW JERSEY CANNABIS BUSINESS

Provide the name of the New Jersey cannabis business that the Entity is requesting to conduct business with by the completion and submission of this Entity Disclosure Form.

(Name of New Jersey Cannabis Business)

NATURE OF ENTITY’S BUSINESS

What is the nature and location of the Entity applying for the cannabis license (Identify the class of license and if microbusiness)?

ITEM 1 – GENERAL ENTITY BACKGROUND/NONPROFIT STATUS

A. Is the Entity incorporated?

Yes No

If no, continue below to the section that reads: “If the Entity is not incorporated”: If yes:

1. In what state(s) is the Entity incorporated? Is the Entity registered to do business in New Jersey?

2. Is the Entity in good standing in all states in which it is incorporated?

Yes No

If not, list the states in which it is not in good standing.

3. Provide, as Attachment 1A, the following:

- a. All incorporation documents/articles of incorporation.
- b. Charter.
- c. Bylaws.
- d. Certificates of good standing from all states in which the Entity is incorporated.

B. If the Entity is not incorporated:

1. Identify how the Entity is organized (e.g., partnership, LLP, etc.)

2. Identify in what states it is authorized/approved/registered to conduct business.

3. State whether it is in good standing in all states in which it is authorized/approved/registered to conduct business.

4. Identify any states in which it is not in good standing.

5. Provide, as Attachment 1A, the following:

- a. All certificates of good standing (to the extent applicable) and/or any documents reflecting that the Entity is not in good standing (to the extent applicable).
- b. All documents reflecting the formation of the Entity, including, but not limited to, charter, bylaws, operating agreements and/or any other governing document.

6. Has the Entity entered into any agreement, contract, merger, consolidation or financial arrangement with any other New Jersey cannabis related business?

Yes No

If so, provide as Attachment 1B a copy of any such documents.

ITEM 2 – CORPORATE STRUCTURE/RELATED ENTITIES

A. Attach as Item 2 a listing of the following:

- 1. All parent, subsidiary, affiliate, and predecessor of the Entity requesting suitability.
- 2. The business engaged in by any parent, subsidiary, affiliate, or predecessor of the Entity, including the approximate time during which each identified business was/has been conducted;
- 3. All sales, mergers, and/or consolidations involving the Entity within the last three years; and
- 4. All former names of the Entity.

ITEM 3 – OWNERS, PRINCIPALS, PARTNERS AND FINANCIAL SOURCES, INCLUDING MEMBERS, BOARD MEMBERS, INVESTORS/LENDERS, DIRECTORS AND TRUSTEES

Provide the following information for each owner, principal, partner, member, board member, investor/lender, director, and trustee of the Entity. Owners shall include anyone who has any ownership interest whatsoever in the Entity. Each owner must be clearly identified, and its percentage of ownership must be disclosed.

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES		OCCUPATION, TITLE, POSITION, OR ASSOCIATION WITH THE ENTITY	DATE OF BIRTH
		FROM	TO		

ITEM 4 – FORMER OWNERS, PRINCIPALS, AND FINANCIAL SOURCES, INCLUDING PARTNERS, MEMBERS, BOARD MEMBERS, INVESTORS/LENDERS, DIRECTORS AND TRUSTEES

Provide the following information for each person, not listed in response to Item 3, who formerly held the position of owner, principal, partner, board member, investor/lender, director or trustee of the Entity. Each former Owner must be clearly identified, and its percentage of ownership must be disclosed.

NAME AND LAST KNOWN HOME ADDRESS	POSITION HELD	DATES POSITION HELD		PRESENT OCCUPATION AND BUSINESS ADDRESS	DATE OF BIRTH
		FROM	TO		

ITEM 5 – OFFICERS

Provide the following information for each officer of the Entity. Officers include, but are not limited to, all persons serving as president, secretary, treasurer, vice-president, general/corporate counsel, or any such other officer as may be prescribed by the incorporation documents or corporate bylaws.

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM	TO		

ITEM 6 – FORMER OFFICERS

Provide the following information for each person, not listed in response to Item 5, who formerly was an officer of the Entity. Officers include, but are not limited to, all persons serving as president, secretary, treasurer, vice-president, general/corporate counsel, or any such other officer as may be prescribed by the incorporation documents or corporate bylaws.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION AND BUSINESS ADDRESS	DATE OF BIRTH
		FROM	TO		

ITEM 7 – MANAGERS, STAFF MEMBERS AND EMPLOYEES

Provide the following information regarding each person not listed in the previous items who is a staff member and/or employee of the Entity.

NAME AND HOME ADDRESS	POSITION	DATES POSITION HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM	TO		

ITEM 8 – OTHER PERSONNEL, INCLUDING MANAGEMENT SERVICES CONTRACTORS AND PASSIVE INVESTORS

Provide a listing of all other personnel associated with the Entity not otherwise listed above. Other personnel shall mean all people and entities *in any way* affiliated with the operation or funding of the Entity including, but not limited to: **consultants, vendors, independent contractors, subcontractors, landlord(s), suppliers, business partners, investors, joint venturers**, and other professionals retained by the Entity.

NAME AND HOME ADDRESS	POSITION	DATES POSITION HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM	TO		

ITEM 9 – COMPENSATION OF OWNERS AND PRINCIPALS, INCLUDING PARTNERS, MEMBERS, BOARD MEMBERS, DIRECTORS, TRUSTEES, AND OFFICERS

Provide the following information regarding the amount of total annual compensation received in connection with the Entity during the last calendar year and the amount to be received in connection with the Entity during the subsequent calendar year by each person identified in Items 3, 5, and 7 above, whether such compensation is in the form of salary, wages, commissions, fees, bonuses, percentage of revenues or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION

ITEM 10 – BONUS, PROFIT/REVENUE SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION, AND SIMILAR PLANS

Provide a description of all bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plans in existence or to be created by the Entity. This description shall include, but not be limited to, the following:

1. The title or name of the plan;
2. The identity and address of the trustee of the plan or the person administering the plan;
3. The material features of the plan;
4. The methods of financing the plan;
5. The identity of each class of person who is or will participate in the plan;
6. The approximate number of persons in each such class; and
7. The amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

Additionally, provide a copy of any written bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plan in existence.

ITEM 11 – DESCRIPTION OF LONG TERM DEBT

Provide a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness issued or executed, or to be issued or executed, by the Entity or on its behalf. Additionally, attach as Item 12 a copy of any such executed bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness.

ITEM 12 – HOLDERS OF LONG TERM DEBT

Provide the following information for each person, entity or financial institution holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness executed or issued by the Entity or on its behalf.

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

ITEM 13 – OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide a description of the nature, type, terms, conditions, and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Entity other than those described in response to Items 11 and 12, and attach a copy of each.

ITEM 14 – HOLDERS OF OTHER INDEBTEDNESS

Provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge, or other evidence of indebtedness or security device described in response to Item 14.

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

ITEM 15 – FINANCIAL INSTITUTIONS

Provide the following information with respect to each bank, savings and loan association, or other financial institution, whether domestic or foreign, at which the Entity has or has had an account.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME ACCOUNT HELD	
			FROM	TO

ITEM 16 – CONTRACTORS AND SUPPLIERS

Provide the following information with respect to all persons and/or entities with whom the Entity has contracts or agreements, including, but not limited to, all employment, consulting, or service contracts or agreements. Only include contracts that annually exceed \$30,000.

NAME	BUSINESS ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED (ATTACH A COPY OF THE CONTRACT)

ITEM 17 – STOCK HELD BY THE ENTITY

Provide the following information about each entity in which the Entity holds stock.

NAME AND ADDRESS OF ENTITY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP

ITEM 18 – LITIGATION/ARBITRATION – ENTITY & OWNERS, SHAREHOLDERS, AND PRINCIPALS

Provide, a description of all existing or past litigation within the past five years (including any arbitrations or other forms of alternative dispute resolution) to which the Entity, or any parent, subsidiary, affiliate, predecessor, is/was a party, whether in this state or in another jurisdiction. Additionally, provide a description of all existing or past litigation within the past five years (including any arbitrations or other forms of alternative dispute resolution) to which each owner, shareholder, and principal are / were a party, whether in this state or in another jurisdiction.

This description must include the title and docket number of the litigation, the name and location of the court before which it is or was pending, the identity of all parties to the litigation, the general nature of all claims made, and the adjudication (if any).

NAME OF CASE AND DOCKET NUMBER	NATURE OF MATTER	DATE OF CHARGE	LOCATION OF LITIGATION	DISPOSITION

ITEM 19 – CRIMINAL HISTORY

Prior to answering this question, carefully review the definitions that follow.

DEFINITIONS: For purposes of this question:

- A. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- B. “Offense” includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly person’s offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order.

Has the Entity or any of its owners, principals, partners, members, board members, directors, trustees, officers, staff members or employees ever been charged with or convicted of an offense, or been a party to, or been named as an unindicted co-conspirator in, any criminal proceeding in this state or any other jurisdiction?

Yes No

If yes, provide the following information for each charge.

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE	DATE OF CHARGE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE

Additional Attachments

ADDITIONAL ATTACHMENTS CHECKLIST

The following attachments are required, unless stated otherwise. Indicate with a checkmark which attachments are included. If an attachment is not applicable, indicate N/A.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	✓ IF ATTACHED N/A IF NOT APPLICABLE
1	Description of the Proposed Location	<input type="checkbox"/>
2	Evidence of Site Control	<input type="checkbox"/>
3	Odor Mitigation Plan	<input type="checkbox"/>
4	Safety & Security Plan	<input type="checkbox"/>
5	Community Impact, Social Responsibility, and Research statement	<input type="checkbox"/>
6	Workforce Development and Job Creation Plan	<input type="checkbox"/>
7	Contact Information	<input type="checkbox"/>
8	Copy of the Applicant's License Application to the State of NJ	<input type="checkbox"/>
9	Copy of Planning Board / Board of Adjustment resolution, if applicable	<input type="checkbox"/>

ATTACHMENT 1 DESCRIPTION PROPOSED LOCATION

Provide the address and floor plan of the proposed cannabis location. Architectural and engineering plans must also be submitted for the proposed location.

ATTACHMENT 2 EVIDENCE OF SITE CONTROL

Applicant must submit either:

- Proof of ownership of the proposed location; or
- Landlord's notarized consent to use proposed location for cannabis

ATTACHMENT 3 ODOR MITIGATION PLAN

The plan shall include a ventilation system with carbon filters sufficient in type and capacity to eliminate cannabis odors emanating from the interior of the premises.

ATTACHMENT 4 SAFETY AND SECURITY PLAN

The plan must include the following:

- Security Personnel
- Security and Surveillance Features
- Plans for the Storage of Cannabis and Cannabis Item
- Diversion Prevention Plan
- Emergency Management Plan
- Procedures for Screening, Monitoring, and Performing Criminal History Record Background Checks of Employee
- Cybersecurity Procedures
- Workplace Safety Plan

ATTACHMENT 5 COMMUNITY IMPACT, SOCIAL RESPONSIBILITY, AND RESEARCH STATEMENT

The submission shall include, but shall not be limited to the following:

- A community impact plan summarizing how the applicant intends to have a positive impact on the City of Elizabeth, which shall include an economic impact plan, and a description of outreach activities; and
- A written description of the applicant’s record of social responsibility, philanthropy, and ties to the City

ATTACHMENT 6 WORKFORCE DEVELOPMENT AND JOB CREATION

The submission should include:

- Information on the job creation and planned job creation at the proposed cannabis establishment;
- Re-entry hiring;
- Education, training and resources to be made available for employees;
- Any relevant certifications; and
- Diversity plan.

ATTACHMENT 7 CONTACT INFORMATION

Provide name and contact information (Mailing address, Email and Phone number) for the following:

- Person responsible for nuisance complaints on the proposed location
- Person to be contacted for on-site emergency