

BOROUGH OF ROSELLE
APPLICATION FOR LOCAL CANNABIS BUSINESS LICENSE

*One hard copy and one digital copy of this application (including all required information and attachments)
 must be delivered to the Borough Clerk at: 210 Chestnut Street, Roselle, NJ 07203*

Section 1: General Information

Legal Name of Applicant:	
Trade Name (if applicable):	
Entity Type (check one):	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual / Sole Proprietorship
Applicant's Mailing Address:	

Full Name and Title of Contact Person for Applicant:	
Mailing Address of Contact Person (if different from Applicant's address listed above):	
Phone Number:	
Email Address:	

Section 2: Cannabis Business Information

Proposed Site of Applicant's Cannabis Business (if different from Applicant's address listed above):	Block: _____, Lot: _____, Zoning District: _____ Street Address: _____
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<p>Has Applicant already submitted a Site Plan Application for the Proposed Site to the Borough?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Type(s) of Cannabis License(s) Sought (check all that apply):</p>	<p><input type="checkbox"/> Class 1 (Cannabis Cultivator)</p> <p><input type="checkbox"/> Class 2 (Cannabis Manufacturer)</p> <p><input type="checkbox"/> Class 3 (Cannabis Wholesaler)</p> <p><input type="checkbox"/> Class 4 (Cannabis Distributor)</p> <p><input type="checkbox"/> Class 5 (Cannabis Retailer)</p> <p><input type="checkbox"/> Class 6 (Cannabis Delivery Service)</p>
<p>Does Applicant qualify as a microbusiness under N.J.S.A. 24:6I-33?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Proposed Days of Operation (check all that apply):</p>	<p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Saturday</p> <p><input type="checkbox"/> Sunday</p>
<p>Proposed Hours of Operation (indicate whether hours will be different for different days of the week):</p>	

Section 3: Applicant Classification and License History

<p>Has Applicant already submitted a state license application to the New Jersey Cannabis Regulatory Commission for the proposed cannabis business described in this Application?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>If the answer to the above question is “Yes,” indicate which stage(s) the Applicant has completed in its pursuit of a state license to operate a cannabis business within the Borough (check all that apply and indicate date of completion).</p> <p>If the answer to the above question is “No, check the box for “N/A” and indicate what type of license you intend to apply for initially.</p>	<p><input type="checkbox"/> Submitted conditional license application (___/___/___)</p> <p><input type="checkbox"/> Received conditional license (___/___/___)</p> <p><input type="checkbox"/> Submitted application to convert conditional license to annual license (___/___/___)</p> <p><input type="checkbox"/> Submitted annual license application (___/___/___)</p> <p><input type="checkbox"/> Received annual license (___/___/___)</p> <p><input type="checkbox"/> N/A (will submit <input type="checkbox"/> conditional / <input type="checkbox"/> annual license application)</p>
<p>Does Applicant qualify for any the following classifications under New Jersey state cannabis regulations? (check all that apply):</p>	<p><input type="checkbox"/> Diversely Owned Business (N.J.A.C. 17:30-6.4)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Minority-Owned Business</p> <p style="padding-left: 20px;"><input type="checkbox"/> Women-Owned Business</p> <p style="padding-left: 20px;"><input type="checkbox"/> Disabled Veteran-Owned Business</p> <p><input type="checkbox"/> Impact Zone Business (N.J.A.C. 17:30-6.5)</p> <p><input type="checkbox"/> Social Equity Business (N.J.A.C. 17:30-6.6)</p>

<p>Has the Applicant, or any individual or entity named in Sections 4 through 6 below, ever had a cannabis license denied, suspended, or revoked?</p>	<p><input type="checkbox"/> Yes (provide details on separate sheet)</p> <p><input type="checkbox"/> No</p>
<p>Has the Applicant, or any individual or entity named in Sections 4 through 6 below, ever been sanctioned or fined for violating laws and/or regulations related to cannabis or public safety?</p>	<p><input type="checkbox"/> Yes (provide details on separate sheet)</p> <p><input type="checkbox"/> No</p>

Section 4: Applicant's Owners and Principals

This page must be completed for each owner (person or entity that has an ownership interest in the Applicant) and principal (person or entity that participates in control or decision-making authority over the direction, management, operations, or policies of the Applicant), including each one of the Applicant's corporate directors and officers. (Attach additional pages if necessary.)

Full Name:	
Trade Name(s) / Alias(es) Used (if any):	

Home Address (for individuals):	
Personal Phone Number:	

Office Address:	
Office Phone Number:	

Position Held / Title:	
Percentage of Ownership (if any):	

Email address:	
Website (if applicable):	

Has this person been convicted of a disqualifying conviction (as defined in N.J.A.C. 17:30-7.12)?	<input type="checkbox"/> Yes (provide details on separate sheet) <input type="checkbox"/> No
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If additional pages for one or more other owners and/or principals have been attached, this is:

Page Number: of within Section 4 of this Application

Section 5: Applicant’s Financial Sources (if applicable)

This page must be completed for each person or entity that qualifies as a “financial source” (as such term is defined in N.J.A.C. 17:30-1.2) of the Applicant.

Full Name:	
Trade Name(s) / Alias(es) Used (if any):	

Home Address (for individuals):	
Personal Phone Number:	

Office Address:	
Office Phone Number:	

Email address:	
Website (if applicable):	

Is this financial source a “qualified institutional investor” as such term is defined in N.J.A.C. 17:30-1.2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If additional pages for one or more other financial sources have been attached, this is:

Page Number: of within Section 5 of this Application

Section 6: Applicant’s Management Services Contractors (if applicable)

This page must be completed for each person or entity that qualifies as a “management services contractor” (as such term is defined in N.J.A.C. 17:30-1.2) of the Applicant.

Full Name:	
Trade Name(s) / Alias(es) Used (if any):	

Home Address (for individuals):	
Personal Phone Number:	

Office Address:	
Office Phone Number:	

Email address:	
Website (if applicable):	

Nature of services provided (check all that apply):	<input type="checkbox"/> Professional Staffing
	<input type="checkbox"/> Administrative
	<input type="checkbox"/> Operational
	<input type="checkbox"/> Advisory
	<input type="checkbox"/> Management

If additional pages for one or more other management services contractors have been attached, this is:

Page Number: of within Section 6 of this Application

Section 7: Statements on Public Interest Factors

Provide a written statement addressing each of the following public interest factors listed below. In the event that the Borough receives multiple pending license applications, applicants will be evaluated and ranked based on these factors.

In providing answers to each of these items, the Applicant may attach other materials containing the requested information (which may include, for example, a company brochure or presentation), provided that the Applicant makes clear citations to the relevant page(s) and/or section(s) of the attachments.

Applicants are encouraged to be clear, factual, comprehensive and concise in their presentation of information.

<p>A.</p>	<p>Local patients’ and consumers’ interests. This factor encompasses the benefits to local patients and consumers offered by the Applicant’s proposed business, and includes, but is not limited to, a consideration of the products and/or services offered by the Applicant, as well as the Applicant’s (and/or its owners’ or principals’) qualifications and experience operating in highly regulated industries, including cannabis, healthcare, pharmaceutical manufacturing, and retail pharmacies (with preference to experience operating such businesses within the State of New Jersey), and track record of customer/patient satisfaction. Other considerations may include siting of the facility and ease of accessibility to the facility by Roselle residents (including customer capacity, proximity to public transportation, and access via pedestrian and vehicular traffic).</p> <p>If applicable, the Borough shall also consider any commitments by the Applicant to make financial and/or in-kind contributions to the Borough’s drug and alcohol prevention programs, social work and mental health intervention initiatives, and other health related activities; and the provision of educational programs related to cannabis.</p>
<p>B.</p>	<p>Jobs and economic opportunity within the Borough. This factor encompasses the potential economic benefits that the Applicant’s proposed business offers to the Borough and its residents.</p> <p>Examples may include, but are not limited to; a commitment to recruit and employ Borough of Roselle residents to fill a certain percentage of full-time and/or part-time positions at the Applicant’s proposed cannabis business; the provision of employee health care insurance, paid family leave, and/or a minimum wage in excess of state law requirements, among other employee benefits; being a party to a collective bargaining agreement with a bona fide labor organization that currently represents, or is actively seeking to represent, cannabis workers in New Jersey; and any proposed or potential ancillary economic benefits to the area upon which the facility is proposed to be sited and the greater Roselle community.</p>
<p>C.</p>	<p>Public safety. This factor encompasses the potential health and safety issues presented by Applicant’s proposed business, and shall involve a consideration of the Applicant’s proposed security plan, vehicular and pedestrian traffic safety issues presented or addressed by the application, as well as the Applicant’s proposed measures to mitigate the potential impacts of pedestrian and/or patron congestion on the interior and exterior of the proposed licensed premises. Other relevant considerations include, but are not limited to, the</p>

	Applicant's (and/or its owners' or principals' and key employees') qualifications and experience related to maintaining public safety and security with respect to operations similar to Applicant's proposed business.
D.	Sustainability of the site for activities related to the operation of the proposed cannabis establishment. This factor encompasses the sustainability of the Applicant's proposed business, including, but not limited to, any potential environmental sustainability issues presented by Applicant's proposed location or operations (e.g., energy and water use, air emissions, waste and recycling), as well as any potential financial sustainability issues (i.e., financial capability of the Applicant to open, operate, and maintain a cannabis business, including any required construction or build out, and any potential issues presented by the amount or source of Applicant's funding); including the nature and length of site control and/or any other potential sustainability impacts arising out of the facility site and/or its surroundings.
E.	Compliance with local ordinances and regulations. This factor involves an evaluation of the Applicant's compliance with the Borough's ordinances and regulations; as well as the Applicant's (and/or its owners' or principals') history of such compliance with respect to prior and/or ongoing activities within the Borough and other New Jersey municipalities.
F.	Other relevant factors. This factor encompasses any other compelling and relevant aspects with respect to the Applicant or the Applicant's proposed business that do not clearly fall into any of the above categories, but which the Borough determines is in the public interest to consider.

Section 8A: Application Checklist

The following materials must be included in order for this Application to be deemed complete:

A.	Applicant's New Jersey Business Registration Certificate	<input type="checkbox"/>
B.	<p>Standard or Microbusiness Application Fee(s)* (NONREFUNDABLE)</p> <p><i>Check or money order payable to "Borough of Roselle." Applicants applying for multiple license types must pay the applicable fee for each class of license sought, as listed below.</i></p> <p><i>Standard License Application Fee:</i></p> <ul style="list-style-type: none"> • <i>Class 1 (Cultivator): \$200</i> • <i>Class 2 (Manufacturer): \$200</i> • <i>Class 3 (Wholesaler): \$200</i> • <i>Class 4 (Distributor): \$200</i> • <i>Class 5 (Retailer): \$200</i> • <i>Class 6 (Delivery Service): \$100</i> <p><i>Microbusiness License Application Fee:</i></p> <ul style="list-style-type: none"> • <i>Class 1 (Cultivator): \$100</i> 	<input type="checkbox"/>

	<ul style="list-style-type: none"> • <i>Class 2 (Manufacturer): \$100</i> • <i>Class 3 (Wholesaler): \$100</i> • <i>Class 4 (Distributor): \$100</i> • <i>Class 5 (Retailer): \$100</i> • <i>Class 6 (Delivery Service): \$50</i> 	
C.	<p>Background Investigation Fee(s)* (NONREFUNDABLE)</p> <p><i>Check or money order payable to “Borough of Roselle.” Applicants must pay the fee indicated below for each owner/principal, financial source, and management services contractor listed in their Application (Sections 4 through 6).</i></p> <p><i>Each owner or principal: \$250</i> <i>Each financial source: \$1,000</i> <i>Each management services contractor: \$1,000</i></p>	<input type="checkbox"/>
*	<p><i>If submitting a reduced application fee and reduced background investigation fee pursuant to Borough Code § 155-5(K)(5), provide proof demonstrating that the Applicant falls into one of the following categories.</i></p> <ul style="list-style-type: none"> • <i>Minority-owned or women-owned business</i> • <i>Disabled veteran-owned business</i> • <i>Social equity business</i> • <i>At least 50% of the Applicant’s employees are residents of the Borough</i> 	<input type="checkbox"/>
D.	<p>Proof that the Applicant has or will have lawful possession of the premises proposed for the cannabis business.</p> <p><i>This proof may consist of any of the following: a recorded deed, or a fully executed lease, fully executed real estate contract contingent upon successful licensing, or fully executed binding letter of intent by the owner of the premises indicating an intent to lease or sell the premises to the Applicant contingent upon successful licensing.</i></p>	<input type="checkbox"/>
E.	<p>A scale drawing of the interior of the premises showing all entrances and exits to and from the place where the business is to be conducted; the location and placement of all fire detection and fire suppression equipment (i.e., smoke detectors, hoses, extinguishers, sprinkler systems, etc.); and the location of all fire exits.</p>	<input type="checkbox"/>
F.	<p>A scale drawing showing the proposed plan of evacuation for the premises in the event of an emergency.</p> <p><i>Provided that all required information is clearly indicated, the same scale drawing can be used to satisfy the requirements of both paragraph E above and this paragraph F.</i></p>	<input type="checkbox"/>

G.	A written statement that includes the anticipated average number of customers and/or deliveries that the Applicant expects to receive on a daily and weekly basis, and that summarizes the Applicant's plans for addressing vehicular and pedestrian safety, as well as the Applicant's proposed measures to mitigate the potential impacts of pedestrian and/or patron congestion on the interior and exterior of the proposed licensed premises.	<input type="checkbox"/>
H.	A security plan that meets the requirements of Borough Code § 155-3(I).	<input type="checkbox"/>
I.	Written statement containing a response to each lettered paragraph listed under Section 7 of this Application.	<input type="checkbox"/>
J.	All documentation and/or certification(s) that Applicant has submitted or intends to submit to the New Jersey Cannabis Regulatory Commission, to verify its status as an impact zone business, social equity business, diversely owned business, and/or microbusiness.	<input type="checkbox"/>

Section 8B: Other Required Materials Checklist

If available, the following must be included with the Application. If not included with this Application, the Applicant shall forward the following materials to the Borough of Roselle no later than seven (7) days following their submission to, or receipt from, the New Jersey Cannabis Regulatory Commission, or other state agency dealing with cannabis business matters, as referenced below.

A.	A copy of all applications and documents submitted by the Applicant to the New Jersey Cannabis Regulatory Commission, and to any other state agency, in connection with an application for a license or permit to operate a cannabis business in the Borough of Roselle.	<input type="checkbox"/>
B.	A copy of all applications and documents received by the Applicant from the New Jersey Cannabis Regulatory Commission, and from any other state agency, in connection with an application for a license or permit to operate a cannabis business in the Borough of Roselle, including any notices of qualification or disqualification.	<input type="checkbox"/>

Section 9: Signature and Certification

I, the undersigned, hereby represent and warrant that I am signing with full and complete authority to submit this Application on behalf of the Applicant. I further represent that the Applicant has reviewed and understands the provisions of the Borough Code governing recreational and medical cannabis within the Borough of Roselle, and that the Applicant acknowledges that it must adhere to all the requirements of such Borough Code provisions and all other laws and regulations applicable to cannabis and cannabis businesses.

Additionally, I certify that the Applicant is in compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices, and further that the Applicant will not and shall not discriminate based on race, color, religion (creed), gender, gender

expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

I declare under penalty of perjury that the statements provided in this Application and its attachments are true and correct to the best of my knowledge and belief. I understand and acknowledge that any license issued based on false or misleading statements provided in this Application will be deemed invalid and subject to revocation.

Signature

Date

Print Name

Title