



# BOROUGH OF ROSELLE

108 WEST THIRD AVENUE • ROSELLE, NEW JERSEY 07203  
TELEPHONE (908) 259-3010

## ANNUAL CANNABIS RENEWAL APPLICATION

*One hard copy and one digital copy of this application (including all required information, attachments and renewal fee) must be delivered to Lisette Sanchez, Borough Clerk, at 108 West Third Ave., Roselle, NJ 07203*

YEAR: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Renewal Fee: \$ \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THE COMPLETED SIGNED APPLICATION**

- Type of Cannabis License: \_\_\_\_\_
- Proof of Valid/Updated State of NJ Cannabis License
- Copy of Renewal Application submitted to Cannabis Regulatory Commission
- Certified Statement that ALL Cannabis taxes are current/up to date
- Copy of any/all complaints made or maintained against the prior License with status/resolution, service calls to the location and a separate written report from the Chief of Police

Name of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Tel. #: \_\_\_\_\_ Owners Tel. #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Person/Mgr.: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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 of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_