Township of West Orange
Application for Local License for
the Operation of a Cannabis Business

Instructions: Applicants shall complete this Application Form in its entirety as required under the Township of West Orange Municipal Code Chapter 5, Section 34.5 and submit five (5) copies of the Application with the Mandatory Documents to the Office of the Township Clerk with the applicable licensing fee with the Application. Applicants shall also submit a copy of the Application, except for all information related to the Applicant’s proposed security measures, to: (i) the West Orange Board of Education; (ii) the West Orange Zoning Officer; (iii) the West Orange Health Department; (iv) Fire Chief of the West Orange Fire Department; and (v) the Special Improvement District, if the proposed location is within the West Orange Special Improvement District. Applicants shall also submit a Certification of Service certifying that the Application has been submitted to each of these departments and/or bodies. Failure of the Applicant to provide a response to the information requested or one of the Mandatory Documents shall result in the denial of the Application.

Mandatory Documents: In addition to a completed copy of the Application, Applicants shall provide the following mandatory documents:

1. A Copy of the License issued by the New Jersey Cannabis Regulatory Commission authorizing the Applicant to operate as a Licensed Cannabis Entity.

2. A Copy of all application materials and documents submitted to the New Jersey Cannabis Regulatory Commission.

3. A copy of all documents which show site control for the property where the proposed Licensed Cannabis Entity will operate. If the Applicant is leasing the property, a fully executed copy of the Lease Agreement with all amendments must be submitted. If the Applicant or related entity is going to be acquiring ownership of the property, the deed, agreement of sale and/or option to purchase must be submitted.

4. Plans prepared by a duly licensed architect, engineer, or planner which shall depict the layout and design for the proposed location of the Licensed Cannabis Entity.

5. Copy of the Resolution of the West Orange Planning Board granting the Applicant the conditional use for the operation of the proposed Licensed Cannabis Entity.
6. Comprehensive security plan for the proposed Licensed Cannabis Entity. (Submitted in a separate sealed envelope).

7. An organizational chart identifying the ownership, management and all related entities which identifies the individuals who own or operate the Applicant or any parent, subsidiary or related company including their full names and address. Post office box addresses are not sufficient.

8. Any and all other required documents as identified in this Application
Name of Applicant: _____________________________________________

Proposed Location of the Licensed Cannabis Entity: ___________________________

Block:_______  Lot:_______

Section I  Applicant’s Contact and Designation of a Representative:

Applicant’s Address:
[_____]  Same as Proposed Location of Licensed Cannabis Business
___________________________________________________________
___________________________________________________________

Telephone Number: _____________________________

Email Address: _____________________________

Applicant shall designate a natural person who shall be deemed the Applicant’s Representative for purposes of this application. The Representative shall certify and execute this application on behalf of the Applicant. If the Representative is not an Owner of the Applicant, the Applicant must provide:

(i) a corporate resolution authorizing or designating the Representative to act on behalf of the Applicant; or

(ii) a fully executed agreement authorizing or designating the Representative to act on behalf of the Applicant which shall be executed by the owners of the Applicant.

Representative’s Name:___________________________________________

Representative’s Home Address: _____________________________
___________________________________________________________

Representative’s Telephone Number: _____________________________

Representative’s Email Address: _____________________________

The Representative shall be responsible for providing any additional information, documents or supplements as required by the Township of West Orange.
Section II  Applicant’s Financial Officer and Independent Public Accountant:

Applicant shall identify its Chief Financial Officer, Controller, or Accountant (the “Financial Officer”) who shall prepare and certify the quarterly reports showing the monthly revenues of the Licensed Cannabis Entity for that quarter pursuant to Chapter 22, Section 3(d) of the Municipal Code for the Township of West Orange.

Financial Officer Name: ________________________________

Financial Officer Address: ________________________________

Financial Officer Telephone Number: _________________________

Financial Officer Email Address: ______________________________

Applicant shall also agree to submit the form of report completed with all specified information on a quarterly basis showing the monthly revenues of the Licensed Cannabis Entity for that quarter pursuant to Chapter 22, Section 3(d) of the Municipal Code for the Township of West Orange.

Applicant shall identify an independent public accountant who shall prepare and certify the Annual Financial Report as to the annual revenues of the Licensed Cannabis Entity pursuant to Chapter 22, Section 3(e) of the Municipal Code for the Township of West Orange.

Public Accountant Name: ________________________________

Public Accountant Address: ________________________________

Public Accountant Telephone Number: _________________________

Public Accountant Email Address: ______________________________

Applicant shall also provide a template or sample Annual Financial Statement that it shall utilize as the Annual Financial Statement showing annual revenues of the Licensed Cannabis Entity pursuant to Chapter 22, Section 3(e) of the Municipal Code for the Township of West Orange which shall be submitted with a completed cover page report issued by the Township of West Orange.
Section III   Applicant’s Approvals and Certifications

Select Cannabis Entity Category:

- Retailer
- Manufacturer
- Distributor
- Cultivator

Select All Categories that Apply to the Applicant’s Application to the NJCRC

- Microbusiness
- Social Equity Business
- Diversely Owned Business
- Conditional License

Applicant shall provide any and all documents issued by the New Jersey Cannabis Regulatory Commission declaring the Applicant as any and all of the categories identified under the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act with a copy of all application materials and documents submitted by the Applicant for such a declaration.

Identify whether the Applicant has obtained the following certifications from the State of New Jersey:

- New Jersey Minority Business Enterprise Certification
- New Jersey Women Business Enterprise Certification

Applicant shall provide a copy of the Certificate(s) issued by the State of New Jersey.

Land Use Approvals and Variances:

Applicant shall list and describe any and all bulk variances obtained from either the West Orange Planning Board or the West Orange Zoning Board of Adjustment related to construction or renovations related to the proposed Licensed Cannabis Business. Applicant shall include any resolutions approving the bulk variances.

Applicant shall identify the number of parking spaces available to the Applicant at the proposed location of the Licensed Cannabis Business.
Township of West Orange
Application for Local License for the Operation of a Cannabis Business

Total Parking Spaces: ______________________

Handicapped Accessible Parking Spaces: ______________________
Section IV Ownership Disclosure:

If the Applicant is a natural person

Applicant’s Home Address: ________________________________________________
______________________________________________________________________

Applicant’s Telephone #: ________________________________________________

If the Applicant is not a natural person, provide the name and home addresses of all stockholders or partners of the Applicant with any stock of any class or any ownership interest in the Applicant with their respective ownership percentages. If additional space is required, please add a separate sheet listing any and all additional stockholders or owners.

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Township of West Orange  
Application for Local License for the Operation of a Cannabis Business

If one or more of the Applicant’s stockholders or partners are itself a corporation or partnership, the stockholders any of that corporation's stock, or the individual partners owning any interest in that partnership, as the case may be, shall also be listed with its home address and ownership percentage. The disclosure shall be continued until names and home addresses of every noncorporate stockholder, and individual partner, exceeding the 10% ownership criteria has been listed. If additional space is required, please add a separate sheet listing any and all additional stockholders or owners.

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Ownership Percentage: __________________

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Owned by: ________________________________________________________________________________________________

Home Address: ____________________________________________________________________________________________
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Ownership Percentage: __________________
Township of West Orange
Application for Local License for the Operation of a Cannabis Business

The name and address of any other business entities in which any of the identified individuals have or have had an ownership interest which: (i) cultivates, manufactures, wholesales or dispenses cannabis or cannabis products; (ii) invests or finances in any such entity; or (iii) is regulated by any governmental entity:

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Township of West Orange  
Application for Local License for the Operation of a Cannabis Business

All identified individuals shall execute the following acknowledgments and agreements authorizing the West Orange Police Department to perform background checks and/or investigations regarding any of the identified individuals:

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<th>I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business.</th>
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<td>Signature of Individual</td>
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<tr>
<td>Printed Name of Individual</td>
<td>Printed Name of Individual</td>
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<td>Date</td>
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1 The Township reserves the right to require that the background checks be handled by an outside agency at Applicant’s sole cost and expense.
I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business.

_____________________________________
Signature of Individual

_____________________________________
Printed Name of Individual

______________________________
Date

I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business.

_____________________________________
Signature of Individual

_____________________________________
Printed Name of Individual

______________________________
Date

I hereby acknowledge and agree to authorize the West Orange Police Department to perform background checks and/or investigation regarding myself as part of this Application for a Local License for the Operation of a Cannabis Business.

_____________________________________
Signature of Individual

_____________________________________
Printed Name of Individual

______________________________
Date
Corporate Structure and Ownership Disclosure – Updates

Parent and Subsidiary Chart – Applicant shall include a chart displaying all parent, subsidiary, affiliate, predecessor, successor, and related entities to the Applicant.
Has there been any changes from the chart from the Application for a Resolution of Local Support? ____________ Yes ________ No

If the Applicant is a corporation or limited liability company, it shall provide a copy of any formation document for the Applicant, including, but not limited to any operating agreement, partnership agreement or corporate charter.
Has there been any changes to the formation document(s) from the Application for a Resolution of Local Support? ________ Yes ________ No

Has the entity or any owner, principal, partner, investor, member, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity ever applied for and/or received a license, permit, or other authorization to participate in the cultivation, processing, sale or distribution, etc. of marijuana in any jurisdiction? If so, please describe.

________________________________________________________________________
________________________________________________________________________
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Criminal History
Applicant shall disclose if any of the individuals identified in the Ownership Disclosure have been convicted for a felony which would include a crime of the 1st, 2nd, 3rd or 4th degree or if any have ever been charged with or convicted of an offense, been a party to, or named as an indicted co-conspirator in any criminal proceeding in this state or any other jurisdiction. The applicant need not include any conviction that has been fully expunged.
Section V  Management and Operations:

Applicant shall include an organization chart showing the Applicant’s personnel who will be involved with the management and operations of the proposed Licensed Cannabis Business.

The Applicant shall also describe in detail the respective duties and responsibilities of each employee or personnel identified by the Applicant. These descriptions shall include, at a minimum:

(i) The individual responsible for the overall management and operation of the proposed Licensed Cannabis Business;

(ii) The individual responsible for the security and safety protocols for the proposed Licensed Cannabis Business; and

(iii) The individual responsible for finances and/or accounting for the proposed Licensed Cannabis Business.

 Applicant shall identify whether these individuals are employees of the Applicant or third party professionals retained by the Applicant.

Section VI  Design, Façade, and Signage:

Applicant shall include with its applications drawings depicting the proposed design of the interior and exterior façade of the proposed Licensed Cannabis Business, including any proposed signage for the proposed Licensed Cannabis Business.

Applicant shall also include a resolution from either the West Orange Planning Board or the West Orange Zoning Board of Adjustment which shall include an approval of any and all proposed signage for the proposed Licensed Cannabis Business.
Section VII  Environmental Impact Plan:

Applicant shall include with its applications a detailed Environmental Impact Plan which shall address:

(i) Applicant’s plan for odor mitigation;

(ii) Applicant’s plan for disposal of cannabis product waste; and

(iii) Any and all innovations and/or plans to reduce the environmental impact of the Applicant’s operation of the proposed Licensed Cannabis Business.

Section VIII  Business Plan and Pro Forma:

Applicant shall prepare and submit an updated Business Plan, including an updated set of detailed projections as to revenues and expenses during the first five (5) years of operations to be set forth in a five (5) year pro forma.

The required pro forma shall include:

(i) the Annual License Fee as reflected as an expense of the proposed Licensed Cannabis Business; and

(ii) the Transfer Tax to the Township of West Orange reflected as an expense of the proposed Licensed Cannabis Business.
Section IX  Security Plan:

Applicant shall prepare and submit in a separate sealed envelope marked “Security Plan – Confidential” a detailed Security Plan for review by the Police Chief of the West Orange Police Department or the Chief’s designee. The Security Plan shall include:

(i) The manufacturer and model of any and all security equipment utilized at the proposed Licensed Cannabis Business. The Applicant shall also include any brochures or other materials describing the capabilities of the identified security equipment.

(ii) A separate drawing of the proposed location of the Licensed Cannabis Business identifying the location of any and all security cameras to be installed either in the location interior or exterior.

(iii) Documentations showing evidence that the Applicant’s proposed Security Plan meets each and every requirement as set forth in N.J.A.C. 17:30-9.10 as enumerated by the New Jersey Cannabis Regulatory Commission.
Section X Additional Information Required

a. Is the Applicant or any other person mentioned in this application a police officer or hold any position entrusted with the enforcement of any laws concerning Cannabis in any manner whatsoever?

___ Yes   ___ No

If the answer is “Yes,” complete following:
Name of individual ____________________________________________________________

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<th>First Name</th>
<th>Middle Name</th>
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Title of position held __________________________________________________________________________

Name of Employing Agency _________________________________________________________________

b. Does the Applicant or any other person mentioned in this application, or any person having beneficial interest in the Applicant, hold office in the unit of government issuing the license or charged with enforcing cannabis laws including the Township?

___ Yes   ___ No

If the answer is “Yes,” complete following:
Name of individual ____________________________________________________________

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Title of Office __________________________________________________________________________

Municipality _________________________________________________________________

c. Does the applicant or any other person mentioned in this license application, or anyone with a beneficial interest in the Applicant, directly or indirectly, have any interest in any other cannabis business as owner, part owner, landlord, tenant, mortgage holder or as a stockholder, officer, director, agent, employee or otherwise?

___ Yes   ___ No
If the answer is “Yes,” attach an affidavit explaining the relationship and nature of the interest and complete the following:

(i) Identify type/location of Cannabis License ________________________________

(ii) If the business does not hold a Cannabis License, answer the following questions:

Name of entity conducting business (Corporation, Partnership or Individual)

__________________________________________________________
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address________________________________________________________

Number Street Name

P.O. Box #_______ Municipality___________________ State _____________

Zip _______-_______

Type of Business_____________________________________________________

d. Has the Applicant ever been denied a Cannabis License in New Jersey ____ Yes ____ No

If the answer is “Yes,” answer the following:

Name of Entity_______________________________________________________

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Type of License or Permit Denied: ________________________________

Unit of Government which denied License: __________________________

Date of Denial (approximate if not known)_____/_____/_______

e. Does any individual, partnership, corporation or association other than the Applicant have an interest directly or indirectly in the license applied for or is the stock of any stockholder held in escrow or pledged in any way? ____ Yes ____ No

If the answer is “Yes,” answer the following using a separate page for each individual or corporation of interest, attach a separate page of explanation if more space is needed.

Name of Individual (Last Name First) or Corporation

__________________________________________________________
(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _______-_____-______

Street Address_____________________________________________________

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P.O. Box # __________________ Municipality________________________ State
Zip_________-_______
Describe Nature of Interest_______________________________________________

f. Does any individual, partnership, corporation or association hold any chattel mortgage or conditional bill of sale or other security interest on any furniture, fixtures, goods or equipment to be used in connection with the business to be operated under the license applied for? ____ Yes ____ No

If the answer is “Yes,” answer the following using a separate page for each individual or corporation of interest, attach a separate page of explanation if more space is needed.
Name of Individual (Last Name First) or Corporation
____________________________________________________
(Last Name, First Name, Middle Initial or Corporate Name)
Social Security Number _______ - _____ - _____
Street Address__________________________________________
Number Street Name
P.O. Box # ______________ Municipality_________________________ State_____
Zip_________-_______
Describe Nature of Interest_______________________________________________

g. Has the Applicant agreed to permit anyone not having an ownership interest in the license to receive or agreed to pay anyone (by way of rent, salary or otherwise) all or any percentage of the gross receipts or net profit or income derived from the business to be conducted under the license applied for? ____ Yes ____ No

If the answer is “Yes,” answer the following using a separate page for each individual or corporation of interest, attach a separate page of explanation if more space is needed.
Name of Individual (Last Name First) or Corporation
____________________________________________________
(Last Name, First Name, Middle Initial or Corporate Name)
Social Security Number _______ - _____ - _____
Street Address__________________________________________
Number Street Name
P.O. Box # ______________ Municipality_________________________ State_____
Zip_________-_______
Describe Nature of Interest_______________________________________________

h. Insert the name and address of the registered or authorized agent in New Jersey upon whom service of process in any proceedings against the Applicant in a State or U.S. District Court, may be made.
Name__________________________________________________________
(Last Name, First Name, Middle Initial or Corporation)

Street Address_______________________________________________________
Number Street Name

Municipality__________________________ New Jersey
Zip_______-_______ Telephone Number (___) ________-_________ Area Exchange Number

i. If the licensed company is owned by other corporation(s) or is in a corporate chain, attach a diagram depicting the corporation relationships and the percentage of stock interest in the company to be licensed, owned by other corporations or other non-corporate entities (individuals, partnerships, associates).

Section XI Application Fee

Annexed to this Application form as Attached “A” is a copy of Resolution 38-22 which was adopted by the Township Council for the Township of West Orange on March 1, 2022 which sets for the Application Fee for the application for a local license to operate a Licensed Cannabis Entity within the Township of West Orange. If an Applicant qualifies as more than one category of Cannabis Entity, the Applicant shall calculate the Applicant Fee for any and all categories for which it is licensed. The Applicant shall be obligated to pay the highest Application Fee of the categories calculated.

a. For Cannabis Retailers:

Applicant shall identify the square footage of retail and storage space of the proposed Licensed Cannabis Business.

________________________, square feet.

b. For Cannabis Distributors:

Applicant shall identify the total square footages of the proposed location for the Licensed Cannabis Business.

________________________, square feet.
c. For Cannabis Manufacturers:

Applicant shall identify the total square footages of the proposed manufacturing location for the Licensed Cannabis Business.

_________________, square feet.

d. For Cannabis Cultivators:

Applicant shall identify the square footages of the cannabis plan grow canopy area for the proposed Licensed Cannabis Business.

_________________, square feet.

Based upon the rates set forth in Resolution 38-22 and the disclosed square footage, if applicable, the Application Fees shall be:

Application Fee: $________________________

Application Fees are nonrefundable. Payment must be submitted as a certified check or money order, made payable to “Township of West Orange” with the Applicant’s submission of this Application.
Section XII Affidavit/Verification

The following affidavit/verification must be filled in completely, executed and notarized before submission to the Township of West Orange

STATE OF )
COUNTY OF ) SS:

I, ________________________, of the City/Township/Borough of _____________________ in the State/Commonwealth of _____________________, being of full age and duly sworn according to law, on my oath depose and say that:

I am the ___________________ at _______________________ and execute and submit this application on behalf of ___________________. I certify and swear that the information contained and provided in this application is true to the best of my knowledge and that if I knowingly provide any false information, I am subject to punishment.

__________________________________  _____ __________________
Name of Representative    Title

__________________________________  _____ __________________
Signature of Representative    Date

Subscribed and sworn to before me this
_________day of__________20__________

_____________________________________
Notary Public of
My Commission expires___________, 20__
Attachment A
RESOLUTION

WHEREAS, on February 16, 2022 the Township Council for the Township of West Orange (the “Township”) is Ordinance 2673-21 (the “Authorizing Ordinance”) which would authorize the Township Council to establish the rate for the application fee for a local license to operate a Licensed Cannabis Entity within the Township; and

WHEREAS, the Township seeks to establish the application fee for a local license to operate a Licensed Cannabis Entity within the Township as follows:

1. The application fee for a resolution of local supports shall be $500 for all applicants.

2. The application fee for a local license to operate a Licensed Cannabis Entity within the Township shall be:

   a. For Cannabis Cultivators:

      i. $1,000 for qualified Microbusinesses; and

      ii. $5,000 for Cannabis Cultivators utilizing up to 10,000 square feet of cannabis plant grow canopy area and $1 per square feet for every square foot greater than 10,000 square feet of the Cannabis Cultivator’s cannabis plant grow canopy area.

   b. For Cannabis Manufacturers:

      i. $1,000 for qualified Microbusinesses; and

      ii. $2.00 for each square feet of space at the proposed manufacturing location.

   c. For Cannabis Distributors:

      i. $1,000 for qualified Microbusinesses; and

      iii. $1.00 for each square feet of space at the proposed location where the Cannabis Distributor intends to utilize within the Township.
d. For Cannabis Retailers:
   i. $1,000 for qualified Microbusinesses; and
   ii. $1.00 for each square feet of retail and storage space at the proposed retail location.

(the “Proposed Application Fee”); and

WHEREAS, the Proposed Application Fee is based upon a recommendation of the Taskforce and Advisory Committee regarding Cannabis Businesses for the Township; and

WHEREAS, the Township seeks to maintain this Proposed Application Fee until such time as a new application fee is established by resolution of the Township Council.

NOW, BE IT HEREBY RESOLVED, by the Township Council of the Township of West Orange that the Township hereby sets the application fee for a local license to operate a Licensed Cannabis Entity within the Township consistent with the Proposed Application Fee described herein; and it is further

RESOLVED that the application fee for a local license to operate a Licensed Cannabis Entity within the Township shall remain in place until such time as the application fee is amended or changed by further resolution of the Township Council.

Karen J. Carnevale, R.M.C.
Municipal Clerk

Susan McCartney
Council President

Adopted: March 1, 2022