

TOWNSHIP OF PARSIPPANY – TROY HILLS CANNABIS APPLICATION

1001 Parsippany Blvd, Parsippany, NJ, 07054 | 973.263.4391 | jcryan@parsippany.net

THIS SECTION IS FOR TOWNSHIP OF PARSIPPANY-TROY HILLS STAFF ONLY

Intake Date:

Case Number:

**1.
LICENSE**

1.	LICENSE TYPE SOUGHT (mark below)			
	Class 1 – Cultivator		Class 2 – Manufacturer	
	Class 3 – Wholesale		Class 4 – Distributor	
	Class 5 – Retailer		Cannabis Testing Lab	
2.	LICENSE RENEWAL		Yes	No
3.	STANDARD STATE APPLICATION		Yes	No
4.	AMENDMENT TO APP ON FILE		Yes	No

**2.
BUSINESS**

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/LOI		Yes, we own the site
7.	Submitted Conditional Use Application to Planning?		
8.	If yes, is the Planning application already approved?		
LICENSE RENEWAL ONLY			
9.	Has license type information changed?		

6. APPLICATION CHECKLIST

(An applicant shall submit the following documents or information)

	SUBMITTED	YES	NO	N/A
1.	Every applicant shall specify the location where the cannabis facility will operate. Name, address of owner, applicant, property location, including address and lot and block on the official tax map and zone identification.			
2.	The applicant shall submit proof that the applicant has or will have lawful possession of the premises proposed for the cannabis establishment, which proof may consist of a deed, lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises.			
3.	The applicant and/or owner, as may be applicable, shall submit an affidavit and documentary proof of compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices. The applicant and/or owner, as may be applicable, shall also certify under oath that they will not discriminate based on race, color, religion (creed), gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.			
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.	The appropriate application fee and escrow fee.			
8.	A community impact, social responsibility, and research statement, which shall include, but shall not be limited to the following:			

	SUBMITTED	YES	NO	N/A
	a. A community impact plan summarizing how the applicant intends to have a positive impact on Township, which shall include an economic impact plan, and a description of outreach activities			
	b. A written description of the applicant’s record of social responsibility, philanthropy, and ties to Township			
	c. A written description of any research the applicant has conducted on the adverse effects of the use of cannabis items, substance abuse or addiction, and the applicant’s participation in or support of cannabis-related research and educational activities; and			
	d. A written plan describing any research and development regarding the adverse effects of cannabis, and any cannabis- related educational and outreach activities, which the applicant intends to conduct if issued a resolution of support by the Governing Body, including the applicant’s plan to implement or contribute to educational or training programs for individuals formally sentenced for marijuana-related charges to teach those individuals the legal cannabis industry within Township.			
9.	A workforce development and job creation plan, which may include information on the applicant’s history of job creation and planned job creation at the proposed cannabis establishment or cannabis distributor; education, training and resources to be made available for employees; any relevant certifications, and an optional diversity plan.			
10.	An attestation signed by a bona fide labor organization stating that the applicant has entered into a labor peace agreement. This requirement shall not apply to applicants for a conditional license.			
11.	A business and financial plan.			
12.	A list of schools and childcare providers that are within one hundred (100) feet of a proposed cannabis location.			
13.	A letter from the appropriate zoning official indicating that the location proposed for licensing by the applicant complies with all applicable Township zoning laws. The fee for the letter from the zoning official is \$100.			
14.	The applicant shall submit proof of financial capability to open and operate a cannabis establishment. Standards of proof shall be Profit and Loss Statements and sixty (60) days of the most recent bank statements.			

**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?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
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?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Has the corporation charter ever been revoked by the Office of the Secretary of State in New Jersey?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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, section 7, will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

Name of corporation or club covered 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.	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:
	<input type="checkbox"/>		<input type="checkbox"/>	
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.	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:
	<input type="checkbox"/>		<input type="checkbox"/>	

9. SUBMISSION CHECKLIST

	Please attach the required affidavits and supplemental forms, reports, and other documents needed to process your application, see section 6.
	Please issue the appropriate application fee and escrow fee for us to intake your application. A submission without the fees will <u>NOT</u> be accepted. Submit the check by mail or in person.
	Please fill out an Affidavit of Submission.
	Initials of the Applicant/Preparer: (Must match Affidavit of Submission) _____
	Once you have completed all of the Submission Checklist items above, submit five (5) hard copies and one (1) electronic copy to: Township of Parsippany–Troy Hills c/o Office of Administration 1001 Parsippany Blvd Parsippany, NJ 07054 Email application to Jamie Cryan, CPM Business Administrator - jcryan@parsippany.net

Fee schedule established.

The application **escrow fee** for professionals is five thousand dollars (\$5,000).

TOWNSHIP OF PARSIPPANY-TROY HILLS CANNABIS LICENSE AND FEE SCHEDULE

License	Class	Maximum Number of Licenses to be Issued	<u>Nonrefundable</u> Application Fee	Initial License Fee	Annual Renewal License Fee
Cannabis Cultivator	1	5	\$10,000	\$25,000	\$25,000
Cannabis Manufacturer	2	7	\$10,000	\$25,000	\$25,000
Cannabis Wholesaler	3	5	\$10,000	\$25,000	\$25,000
Cannabis Distributor	4	1	\$25,000	\$35,000	\$35,000
Cannabis Retailer	5	3	\$10,000	\$25,000	\$25,000
Cannabis Testing Labs	n/a	3	\$25,000	\$35,000	\$35,000

* Township considering an increase to up to 5 Cannabis Retailers

CONTACT: Jamie Cryan, CPM
Business Administrator
Email: jcryan@parsippany.net or Phone: 973.263.4391

AFFIDAVIT OF SUBMISSION

I, the Applicant, certify that the statements and information on the submitted Cannabis 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 Township official to inspect the subject property in conjunction with this application.

Address (Subject Property) : _____

Block(s)/Lot(s): _____

Initials of Applicant

Applicant Signature

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

Sworn to and subscribed before me this date _____

Notary Public