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BOROUGH OF MAYWOOD
15 Park Avenue, Maywood, NJ 07607

BOROUGH OF MAYWOOD
CANNABIS BUSINESS APPLICATION FOR LOCAL NONTRANSFERABLE LICENSE

--Applicants shall submit five copies this application and supporting documents--

Application Fee \$1,000.00

MAYWOOD APPLICATION NO.: _____

Applicants must post escrows necessary for review of the application by the various Borough Departments and Professionals. The applicant will be contacted by the Borough once the various Borough Departments and Professionals provide escrow amounts necessary for review. The application process will not continue until such escrows are posted by the applicant.

Applicants New Jersey State Licensee No: _____

APPLICATION IS MADE OF BEHALF OF: _____

1. An Individual
2. Business Corporation
3. Partnership
4. Limited Liability Company
5. Other

APPLICANT IS SEEKING TO OPEN _____

1. Class 1 Cannabis Cultivator license, for facilities involved in growing and cultivating cannabis;
2. Class 2 Cannabis Manufacturer license, for facilities involved in the manufacturing, preparation, and packaging of cannabis items;
3. Class 3 Cannabis Wholesaler license, for facilities involved in obtaining and selling cannabis items for later resale by other licensees;

4. Class 4 Cannabis Distributor license, for businesses involved in transporting cannabis plants in bulk from one licensed cultivator to another licensed cultivator, or cannabis items in bulk from any type of licensed cannabis business to another;
5. Class 5 Cannabis Retailer license for locations at which cannabis items and related supplies are sold to consumers; and
6. Class 6 Cannabis Delivery license, for businesses providing courier services for consumer purchases that are fulfilled by a licensed cannabis retailer in order to make deliveries of the purchased items to a consumer, and which service would include the ability of a consumer to make a purchase directly through the cannabis delivery service which would be presented by the delivery service for fulfillment by a retailer and then delivered to a consumer.

SQUARE FOOTAGE OF THE FACILITY TO BE UTILIZED _____

IS APPLICANT DESIGNATED A “MICROBUSINESS” BY THE STATE OF NEW JERSEY? Yes No (choose one)

IS APPLICANT A STATE OF NEW JERSEY CERTIFIED MINORITY-OWNED, WOMAN-OWNED, OR VETERAN-OWNED BUSINESSES? Yes No (choose one)

DOES APPLICANT HAVE OTHER LICENSED CANNABIS BUSINESSES IN THE STATE OF NEW JERSEY? Yes No (choose one)

If yes, please provide detailed information on each licensed cannabis business including the business name, State license number, location & nature of the business.

HOW MANY MONTH/YEARS HAS THE APPLICANT BEEN OPERATING A CANNABIS BUSINESS IN THE STATE OF NEW JERSEY? _____

DOES THE APPLICANT HAVE ANY OTHER LICENSED CANNABIS BUSINESSES IN ANY OTHER STATE? Yes No (choose one)

If yes, please provide detailed information on each licensed cannabis business including the business name, State of licensure, license number, location & nature of the business.

HOW MANY MONTH/YEARS HAS THE APPLICANT BEEN OPERATING A CANNABIS BUSINESS IN ANOTHER STATE? _____

Note: The applicant shall provide additional information, plans, financial information, corporate information, renderings or documentation the various Borough Departments and Professionals deem necessary upon their review of the application

NAME AS IT APPEARS ON THE STATE ISSUED LICENSE TO BE UTILIZED IN THE BOROUGH OF MAYWOOD.

BUSINESS OR TRADE NAME AS IT WILL APPEAR ON ANY BUILDING, ADVERTISEMENT, OR SIGNAGE.

ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED.

Street Address: _____

Telephone Number : _____ Email Address : _____

HOW IS THE ADDRESS UTILIZED? Owned by Applicant Leased Other (Circle One)

IF LEASED, GIVE THE FOLLOWING INFORMATION OF PROPERTY OWNER/LANDLORD.

Name of Property Owner: _____

Street Address of Property Owner: _____

Telephone Number: _____ Email Address: _____

PROPERTY OWNER KNOWS THE PROPERTY WILL BE USED FOR A CANNABIS BUSINESS? Yes No (Circle One)

IS THERE A MORTGAGE ON THE BUILDING? Yes No (Circle One)

WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE? Yes No (Circle One)

IF NO, PROVIDE ANTICIPATED DATE OF BUSINESS OPERATION.

HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? _____

IF ONLY ONE BUILDING IS UTILIZED; IS THE ENTIRE BUILDING TO BE LICENSED? Yes No (Circle One)

IS THERE ANY UNLICENSED AREA LOCATED ON THE SUBJECT PROPERTY BETWEEN OR AROUND BUILDING(S) UNDER THIS LICENSE? Yes No (Circle One)

IS THE PLACE TO BE LICENSED WITHIN 200 FEET OF ANY SCHOOL, CHILD-CARE CENTER, OR PLAYGROUND? Yes No (Circle One)

The applicant is required to attach a more detailed explanation with sketches to clearly delineate the following

- *Proof that the applicant has or will have lawful possession of the premises proposed for the cannabis facility, which proof may consist of: a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the applicant contingent upon successful licensing application.*
- *Applicants leasing a location must submit a certification from the property owner acknowledging the property owner's understanding that the property will be used for a cannabis business.*
- *Applicant's plans for the facility, layout, ventilation, HVAC, electrical use/needs/install storage of products and currency, physical security, video surveillance, security personnel and visitor management.*
- *The applicant shall provide a graphic rendering of its proposed signage.*

Note: The applicant shall provide additional information, plans, renderings or documentation the various Borough Departments and professionals deem necessary upon their review of the application

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 (Circle One)

DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE? Yes No (Circle One)

HAS THE APPLICANT EVER BEEN DENIED A CANNABIS LICENSE IN NEW JERSEY? Yes No (Circle One)

IF THE ANSWER TO THIS QUESTION IS “YES” ANSWER THE FOLLOWING:

Type of License Denied: _____

Unit of Government which denied the application: _____

Date of Denial (approximate if not known): _____

Reason for Denial: _____

HAS THE APPLICANT EVER BEEN DENIED A CANNABIS LICENSE IN ANY OTHER STATE? Yes No (Circle One)

IF THE ANSWER TO THIS QUESTION IS “YES” ANSWER THE FOLLOWING:

Type of License Denied: _____

Unit of Government which denied the application: _____

Date of Denial (approximate if not known): _____

Reason for Denial: _____

HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A CANNABIS LICENSE WHICH WAS SURRENDERED, SUSPENDED, REVOKED, CANCELLED OR BEEN THE SUBJECT OF A PENALTY IN THE UNITED STATES WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? Yes No (Circle One)

IF THE ANSWER IS “YES” PROVIDE DETAILS OF WHY THE LICENSE WAS SURRENDERED, SUSPENDED, REVOKED, CANCELLED OR PENALTY INCLUDING THE JURISDICTION OF LICENSE AND PROVIDE ANY FINDINGS OF THAT JURISDICTION.

HAS THE APPLICANT OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS, LICENSED, OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Yes No (Circle One)

IF THE ANSWER IS “YES” PROVIDE THE FOLLOWING:

Name of Individual: _____

Date of Birth: _____

State Description of offense (specific charge): _____

Court of Jurisdiction: _____

CERTIFICATION AND ACKNOWLEDGMENT

I CERTIFY that I have read and agree to be bound by the licensing process as delineated by the Borough of Maywood and will provide all information, records, financial records, technical drawings/schematics and plans as necessitated by the Borough, in the Borough’s discretion to proceed with the licensing process.

I FURTHER CERTIFY that I shall provide all escrows, provide any information requested by the Borough, its Officials, Department Heads and/or Professionals and take part in the creation of a host agreement (if required by the Borough) to facilitate my application and acknowledge that my failure to provide such escrows, information or to take part in the creation of a host agreement (if required by the Borough) will cause my application to be denied or otherwise fail to move forward with the application process.

I FURTHER CERTIFY that I shall, if licensed by the Borough, satisfy all of the operational requirements as mandated by the State of New Jersey, County of Bergen and the Borough of Maywood both in its Ordinances and by any other requirement that may be imposed in the creation of a host agreement and/or during the application process.

I FURTHER CERTIFY that I shall, if licensed by the Borough, satisfy all of the requirements necessary to pay and facilitate the Cannabis businesses transfer tax which shall include, but not be limited to making my business/financial records and physicals facilities available for inspection, audit and review.

I, _____, make this application and certify that the forgoing statements made by me are an accurate and correct representation of the truth. I am aware that if any of the forgoing statements are willfully false, I am subject to punishment and the denial of my application.

Applicant's Signature

Date