

CARLSTADT CANNABIS APPLICATION

500 Madison Street, Carlstadt NJ 07072 | 201-531-7180 | jcrifasi@carlstadtnj.us

THIS SECTION IS FOR CITY STAFF ONLY

Intake Date:

Case Number:

**1.
LICENSE TYPE
INFORMATION**

1.	LICENSE TYPE SOUGHT (mark below)			
	Class 1 – Cultivator		Class 2 – Manufacturer	
	Class 3 – Wholesale		Class 4 – Distributor	
	Class 5 – Retailer		Class 6 – N/A	
2.	MICROBUSINESS		Yes	No
3.	SOCIAL EQUITY		Yes	No
4.	DIVERSITY OWNED		Yes	No
5.	DISABLED VETERANS		Yes	No
6.	LICENSE RENEWAL		Yes	No
7.	STANDARD STATE APPLICATION		Yes	No
8.	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 Borough Planning		
8.	If yes, is the Planning application already approved?		
LICENSE RENEWAL ONLY			
9.	Has license type information changed?		
10.	If applicable, are you still a Microbusiness?		

5. APPLICATION CHECKLIST

(An applicant shall submit the following documents or information)

	SUBMITTED	YES	NO	N/A
1.	Complete and Notarized Financial Interest Section. See next page. Names and residences of all persons financially interested in the business, and the nature and extent of this interest; and, if a corporation, the names, residences and citizenship of the officers, directors and stockholders, and shall disclose whether the applicant has been convicted of any criminal or quasi-criminal offense, and if so, the date and place of such conviction and the nature of the offense.			
2.	Proof the cannabis establishment or cannabis distributor will be operated pursuant to all local and state regulations			
3.	Any necessary approvals by the Carlstadt Planning Board, Zoning Board or other related boards			
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:			

	a. A community impact plan summarizing how the applicant intends to have a positive impact on Carlstadt, 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 Carlstadt			
	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 marijuana industry within Carlstadt.			
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 or for an entity that is a certified microbusiness.			
11.	A business and financial plan			
12.	A list of schools and childcare providers that are within five hundred (500) feet of a proposed Class 5 cannabis retail location. Distance shall be measured walking legally from door to door.			

6. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has the corporation charter ever been revoked by the Office of the Secretary of State in New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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).

**7.
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 <u>ONLY</u> 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.	Number of shares:					
9.	Check position that applies:					
	<input type="checkbox"/>	Sole Owner	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Stockholder
	<input type="checkbox"/>	President	<input type="checkbox"/>	Vice-President	<input type="checkbox"/>	Secretary
	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Director	<input type="checkbox"/>	Trustee
	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Executor/Administrator
	<input type="checkbox"/>	Receiver	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Other: <input type="text"/>
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.	Number of shares:					
9.	Check position that applies:					
	<input type="checkbox"/>	Sole Owner	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Stockholder
	<input type="checkbox"/>	President	<input type="checkbox"/>	Vice-President	<input type="checkbox"/>	Secretary
	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Director	<input type="checkbox"/>	Trustee
	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Agent	<input type="checkbox"/>	Executor/Administrator
	<input type="checkbox"/>	Receiver	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Other: <input type="text"/>

**8.
SUBMISSION
CHECKLIST**

	Please attach the required affidavits and supplemental forms, reports, and other documents needed to process your application, see section 5. Download FAQ, Instructions and Standards Document if you have any questions.
	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. A Cannabis Control Board Application will not be accepted if one is <u>NOT</u> submitted.
	Initials of the Applicant/Preparer: (Must match Affidavit of Submission) _____
	Once you have completed all of the Submission Checklist items above, you can email you application to Borough Administrator Joseph Crifasi: jcrifasi@carlstadtnj.us

CONTACT: Borough Administrator Joseph Crifasi
500 Madison Street
Carlstadt, NJ 07072
Email: jcrifasi@carlstadtnj.us

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 City official to inspect the subject property in conjunction with this application.

Address (Subject Property) : _____

Block(s)/Lot(s): _____

Initials of Applicant (must match GDA)

Applicant Signature

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

Sworn to and subscribed before me this date _____

Notary Public

Fee schedule established.

The application escrow fee is five thousand dollars (\$5,000.00). In addition, the applicant shall submit a nonrefundable application fee in the amount of \$10,000.00. The micro business applicant shall submit a nonrefundable application fee in the amount of \$5,000.00. The amount of the escrow fee and non-refundable application fee may be modified from time to time by a subsequent duly adopted resolution of the Borough Council.