PART I

APPLICANT INFORMATION

Application for (check all that apply):	
 Class I – Cannabis Cultivator License Class III – Cannabis Wholesaler License Class V – Cannabis Retailer License 	 Class II – Cannabis Manufacturer License Class IV – Cannabis Distributer License Class VI – Cannabis Delivery License
Applicant Name:	
Mailing Address:	
Primary Telephone Number:	_ Email Address:
Date Business Established (month/day/year):	
Tax ID number:	EIN number:
Proposed Business Name:	
Registered Agent:	
Status of State License	
PAR	<u>[]]</u>
PROPOSED LICENSED PR	EMISES INFORMATION
Proposed Licensed Premises:	
Block(s): Lot(s):	
Owner of Record:	
in the Proposed Licensed Premises and atta	(i.e. tenancy, ownership or other legal interest) ach all documentation establishing Applicant's legal instrument granting Applicant possession

(2) Describe Applicant's Business and Operation Plan, providing detail of the proposed plan of operation at the Licensed Premises, including without limitation, a description of the type of licensed activity to occur at the Licensed Premises and the anticipated number of employees. The description should demonstrate compliance with Section 152-11 of the Ordinance.

(3) Describe Applicant's security plan, demonstrating how the licensed premises will maintain effective security and control of operations. The security plan shall identify a summary of the applicant's plans for storage of products and currency, physical security, video surveillance, security personnel, and visitor management. The Security Plan must demonstrate compliance with Section 152-11B of the Ordinance.

(4) Provide a letter from New Jersey American Water indicating the ability to provide water in the quantity required for the facility.

(5) Provide a letter from Atlantic City Electric indicating the ability to provide power to the facility based on the facility demand.

(6) The applicant should indicate the volume of discharge into the sanitary sewer system based on the operation of the facility.

(7) Describe and Attach a site plan of the Proposed Licensed Premises and the Licensed Property prepared by an appropriate licensed professional.

(8) Summarize and Attach any additional information and/or documentation concerning the Proposed Licensed Premises the Applicant deems relevant for the City's consideration.

PART III

APPLICANT'S QUALIFICATIONS & EXPERIENCES

(1) Identify whether any Applicant has ever applied for or has been granted any license or certificate issued by a licensing authority in New Jersey or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.

(2) Summarize the Applicant's owners' or principals' qualifications and experience operating in highly regulated industries, including cannabis, healthcare, pharmaceutical manufacturing, and retail pharmacies, with preference to experience operating such businesses within the State of New Jersey:

(3) Summarize Applicant's qualifications and experience related to public safety and security, including any of the applicant's owners' or principals' experience in law enforcement and drug enforcement, and;

(4) Summarize Applicant's environmental impact and sustainability plan; whether the applicant entity or its parent company has any recognitions from or registrations with federal or New Jersey state environmental regulators for innovation in sustainability; and whether the

applicant entity or its parent company holds any certification under international standards demonstrating the applicant has an effective environmental management system or has a designated sustainability officer to conduct internal audits to assess the effective implementation of an environmental management system;

(5) Identify Applicant's ties to the City, including residency in the City or business ownership in the City.

(6) Demonstrate Applicant's commitment to diversity in its ownership composition and hiring practices and whether the applicant entity or its parent company holds any certifications as a NJ minority-owned, women-owned, or veteran-owned business.

PART III

OWNERSHIP DISCLOSURE REQUIREMENTS

Business Type: Check the box that represents the Applicant's form of business:

□Partnership	□Corporation	□Sole Proprietor	rship	□Subchapter S Corporation
Limited Partnership	□Limited Liabi	lity Corporation	□Limi	ted Liability Partnership

Ownership Disclosure: List the name and address of the following: (a) all stockholders in the corporation who own 10% or more of its stock, of any class; (b) all individual partners in the partnership who own a 10% or greater interest therein; or, (c) all members in the limited liability company who own a 10% or greater interest therein.

Name:			Name:	Name:		
Address:		Address:	Address:			
City:	State:	Zip:	City:	State:	Zip:	
Name:		·	Name:		·	
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Name:			Name:			
Address:		Address:	Address:			
City:	State:	Zip:	City:	State:	Zip:	

For each of the corporations, partnerships, or limited liability companies identified above, please disclose any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities as follows: (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class; (b) all individual partners in the partnership who own a 10% or greater interest therein; or, (c) all members in the limited liability company who own a 10% or greater interest therein. The disclosure(s) shall be continued until the names and addresses of every non-corporate stockholder, individual partner, and/or member a 10% or greater interest has been identified.

Name:			Name:		
Address:		Address:	Address:		
City:	State:	Zip:	City:	State:	Zip:
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Name:			Name:		
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Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:

As an alternative, an Applicant with any direct or indirect parent entity which is publicly traded, may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10% or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10% or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10% or greater beneficial interest.

SIGNATURE AND VERIFICATION

The undersigned declares under the penalties provided by law, that this application form (including any accompanying schedules and statements) has been examined and to the best of his/her knowledge and belief is a true and correct application.

DATE

Applicant's Signature

Title