

TOWNSHIP OF FLORENCE

711 Broad Street
Florence, New Jersey 08518
(609) 499-2525

Thank you for your interest in seeking to open a cannabis establishment in the Township of Florence. The application included with this letter must be completed in order to apply for a Municipal Cannabis Business License in the Township of Florence.

APPLICATION REQUIREMENTS

Applications must be completed in their entirety and must include all required documents. Do not use address ranges on the application or required documents. Legal documents included as part of this application must be properly signed and executed. All materials must be legible. Please do not leave any fields blank.

Incomplete applications will be rejected.

APPLICATION PROCESS

Completed applications, including all fees, are required to be submitted to the Township Clerk's Office, 711 Broad Street, Florence, NJ 08518. Packages must include five (5) copies of the application and one (1) electronic copy. Once received, applications will be reviewed by the Township Clerk and various department of the Township of Florence for recommendation to the Governing Body. The review of applications may include an interview with the applicant. Applications will be reviewed as they are received and so long as licenses are available within the township.

Any license conditionally issued by the Township of Florence is contingent upon the applicant's receipt of a State permit or license of the same class or type of regulated cannabis activity. Licenses to operate will not be issued by the Township of Florence until the applicant has received a State permit and has satisfied all other prerequisites of municipal licensure. i.e. Planning, Zoning, Construction as applicable.

If, within six (6) months of the issuance of a conditional license by the Township, the applicant has not received a State permit or license, the Township of Florence reserves the right to either extend the conditional license for an additional six (6) months or choose to rescind the conditional license and re-open the application process.

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CANNABIS APPLICATION

LICENSE TYPE INFORMATION

1. LICENSE TYPE SOUGHT (select all that apply)

- a. _____ Class 1 – Cultivator
- b. _____ Class 2 – Manufacturer
- c. _____ Class 3 – Wholesale
- d. _____ Class 4 – Distributor
- e. _____ Class 5 – Retailer
- f. _____ Class 6 – Delivery

- 2. MICROBUSINESS** _____ YES _____ NO
- 3. SOCIAL EQUITY** _____ YES _____ NO
- 4. DIVERSITY OWNED** _____ YES _____ NO
- 5. CONSUMPTION AREA SOUGHT** _____ YES _____ NO
- 6. CCB LICENSE RENEWAL** _____ YES _____ NO
- 7. STANDARD STATE APPLICATION** _____ YES _____ NO
- 8. AMENDMENT TO APPLICATION ON FILE** _____ YES _____ NO

BUSINESS (Physical address in Florence Township)

BUSINESS NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____

APPLICANT

APPLICANT NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____ EMAIL _____

SUBMITTED	YES	NO	N/A
6. A description of the proposed location, including the surrounding area and the suitability or advantages of the proposed location	—	—	—
7. Plans to operate a cannabis consumption area, if applicable	—	—	—
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 the Township of Florence, 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 the Township of Florence.	—	—	—
c. A written plan describing any research and development regarding the adverse effects of cannabis, and any cannabis-related educational outreach activities, which the applicant intends to conduct if issued a permit by the Township, 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 the Township of Florence.	—	—	—
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 permit or for an entity that is certified microbusiness.	—	—	—
11. A business and financial plan	—	—	—

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 the Financial Interest and Financial Interest A for each corporation.

Corporation Name _____

Street Address _____

City _____ State _____ Zip Code _____

NJ Sales Tax Certification of Authority Number _____

If corporation address above is out of state, report below the address of any office location in New Jersey. Insert n/a if none.

Street Address _____

City _____ State _____ Zip Code _____

Is the corporation now an existing, valid corporation? _____ YES _____ NO

Date chartered or incorporated (mm/dd/yyyy): _____

State chartered or incorporated? _____

Certificate of incorporation number: _____

If 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 _____ NO

Has the corporation charter ever been revoked by the office of the Secretary of State in New Jersey?
_____ YES _____ 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): _____

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 US District Court, may be made:

Name (Last, First, MI or Corporate Name): _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

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

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

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 report in Financial Interest (previous page). Information on this page 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)

Name of individual (last name, first name) _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

Home Telephone Number: _____ Office Telephone Number: _____

Percent of business owned or controlled: _____ Number of shares: _____

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: _____ |

Name of individual (last name, first name) _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

Home Telephone Number: _____ Office Telephone Number: _____

Percent of business owned or controlled: _____ Number of shares: _____

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: _____ |

SUBMISSION CHECKLIST

- _____ Please attach the required affidavits and supplemental forms, reports, and other documents needed to process your application.
- _____ Please issue a \$5,000 application fee check made payable to the **Township of Florence** for your application. A submission without the \$5,000 application fee escrow will NOT be accepted. Submit the check by mail or in person.
- _____ Please complete an Affidavit of Submission. A Cannabis Application will NOT be accepted if one is NOT submitted.
- _____ Initials of the Applicant/Preparer (Must match Affidavit of Submission) _____
- _____ Once you have completed all of the Submission Checklist listed above, you can mail your application to: Florence Township Clerk, 711 Broad Street, Florence NJ 08518.

CONTACT:

Township Clerk
711 Broad Street
Florence NJ 08518
609-499-2525

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 the Township of Florence’s designee to inspect the subject property in conjunction with this application.

Address (Subject Property) : _____

Block(s)/Lot(s): _____

Applicant Signature

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

Sworn to and subscribed before me this date _____

Notary Public

60-3.D. Licenses permitted; maximum number; fees.

- i. The Township shall permit the following type of cannabis licenses within the Township and subject to a limit of three (3) licenses permitted for Classes 1, 2, 3, 4 and 6 and a limit of one (1) license permitted for Class 5:
 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 on 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 purchases items to a consumer.
- ii. The applicable fees established for each permitted license type herein are detailed in the universal fee chart located in §2-2, Schedule A of the Code of the Township of Florence. Said application fee and renewal fee shall be non-refundable and shall be in addition to any other fees or escrow due under Chapter 91 of the Township Code.

Chapter 2 Fees § 2-2 Schedule A:

<u>Item</u>	<u>Fee</u>
Cannabis Establishment Initial Application Fee	\$5,000 (non-refundable)
Cannabis Establishment License Fee	\$7,500 (non-refundable)
Cannabis Establishment License Renewal Fee	\$7,500 (non-refundable)