

Initial Fee _____

Renewal Fee _____

Date _____

BOROUGH OF NORTH PLAINFIELD



CANNABIS LICENSE APPLICATION

Applications are to be delivered to the Borough Clerk, located at 263 Somerset Street North Plainfield, NJ 07060.

Your license application is subject to the provisions and exceptions set forth in the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1et.Seq. and as such the application shall be considered public information.

The Borough Council may approve or deny any application for a municipal cannabis license at its sole discretion, consistent with all governing State Law.

Process:

1. Demonstrate Compliance with N.J.A.C. 17:30 and Local Ordinances: §4-17 *et. als*; §22-115.33; §26-14.2 {5,6,7&8}; §23-8 (**\$100.00 Zoning Determination/Council Resolution**)
2. Fill out and submit this application (**\$1000.00 application fee**)
3. Schedule Appearance before Borough Council.
4. Await Final determination by Borough Council.

Applicant Information:

1. Date of Application _____
2. Legal name of business _____
3. Address _____
4. Email address _____
5. Phone _____
6. Website _____
7. Name of Contact _____
8. Contact cell# _____

Applicant must provide the following with this application:

- Cannabis Regulatory Commission Approval
- New Jersey Business Registration Certificate
- Federal Tax Identification Number
- State Tax Identification Number
- Certification of Property Owner
- Proof of Legal Possession of Proposed Premises (Deed, lease, notarized letter of intent signed by landlord and proposed tenant)

Nature of Business/Type of Cannabis license requested: (Annual Renewal Fee \$1,000.00)

- Class I Cultivator - \$1,000.00
- Class II Manufacturer - \$1,000.00
- Class III Wholesaler - \$1,000.00
- Class IV Distributor - \$1,000.00
- Class V Retailer - \$1,000.00
- Class VI Delivery - \$1,000.00

Address of the Proposed Establishment in North Plainfield: Block# _____ Lot# _____

NOTE:

The proposed location shall not be located on a property within the Drug Free School Zones.

Does the applicant own/operate an Alternate Cannabis location?

Yes **No (If yes, add name & address of Alternate Location)**

Proposed Hours of Operation

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

Safety & Security Plan

Describe your safety & security protocol and all complaints, including those related to noise, light, odor, litter, parking, theft or loss. Attach a copy of Cannabis Regulatory Commission Safety and Security Plan to this application.

Name, address and direct phone number of a Community Relations Liaison who shall receive all complaints regarding the cannabis business:

Experience or Affiliation with other Cannabis Businesses:

I/We commit to posting the Liaison’s name and contact information in the lobby of the cannabis establishment and providing such information to North Plainfield Police Department and North Plainfield Fire Department.

Signature of Applicant/Applicant Representative _____

I declare under penalty of perjury under the laws of the State of New Jersey that the foregoing statements are true and correct.

Signature

Print Name

Fee Paid _____
Check No. _____
Date _____