



City of Bordentown  
 324 Farnsworth Avenue  
 Bordentown City, NJ 08505  
<https://cityofbordentown.com>

## CITY OF BORDENTOWN CANNABIS LOCAL LICENSE APPLICATION (part 1 of 3)

NOTICE TO APPLICANTS
<p>This information is subject to disclosure under Public Record Law.</p> <p>The City will <b>NOT</b> accept applications that are incomplete or missing information. <b>NO EXCEPTIONS.</b></p> <p>The licensee or legal representative <b>MUST</b> notify the City of any changes within 10 business days to avoid civil penalties, up to and including suspension or revocation of the license.</p> <p>Once complete, the Committee will schedule a meeting with the applicant to initiate the review process.</p>

Application Type (Select ONE)		
<input type="radio"/> New Application	<input type="radio"/> Renewal Application	<input type="radio"/> Amend Existing Application

Business Information				
<small>Must match Secretary of State Registry and CRC Application</small>				
Entity Name:				
<small>DBA</small>				
Trade Name:				
Facility Address: <small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip</small>
Business Email:		Employer Identification No.:		
Does your business have a Security Plan that describes how your business intends to comply with City and State security and access requirements?			Yes	No
Business Structure	<input type="radio"/> Sole Proprietor		<input type="radio"/> Partnership	
	<input type="radio"/> Limited Liability Corporation		<input type="radio"/> Limited Partnership	
	<input type="radio"/> Corporation		<input type="radio"/> Other	

License Type(s)			
Retailer	Manufacturer	Cultivator: Tier I	Cultivator: Tier II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery	Distributor	Cultivator: Tier III	Cultivator: Tier IV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wholesaler	Consumption	Cultivator: Tier V	Cultivator: Tier VI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail: Micro	Manufacturer: Micro	Cultivation: Micro	Wholesale: Micro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City Permits/License Numbers
City Business License Cert.
City Alarm Reg:

Endorsements (Manufacturers ONLY, select ALL that apply)				
Cannabis Manufacturing Licensees with an CRC endorsement to produce edibles will need a Commercial Kitchen Certificate before being granted a license. Additionally, all employees producing edible products must have a valid Food Handler card issued by the Burlington County Health Department.				
Topicals	Edibles	Concentrates	Extracts	Micro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a description of the type of products to be processed, a description of the equipment to be used, and any solvents, gases, chemicals, or other compounds proposed to be used to create extracts or concentrates.				

Information About Recreational Cannabis Tax		
Please select "Yes" if you are aware that Bordentown City businesses are required to collect a 2% transfer tax on recreational cannabis and cannabis products from the customer at the point of sale for all sales. All tax collected by the seller must be segregated, then remitted as required by law.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

### NOTICE REGARDING BUSINESS CONTACT INFORMATION

The "Primary Business Contact Information" section is the ONLY information used for the City of Bordentown to contact the business about matters related to the application or license.

The licensee or legal representative **MUST** notify the City Commission of any changes to this contact information within 10 business days.

#### Primary Business Contact Information

Primary Business Contact: <small>First Name</small>		<small>Last Name</small>	
Ownership Percentage:	Title/Position:		
Is this person at least 21 years of age?			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
Primary Business Contact Phone Number:		Primary Business Contact Email:	
Primary Business Contact Mailing Address: <small>Street</small>		<small>City</small>	<small>State</small>
			<small>Zip</small>

#### Property Lease/Ownership Information

Licensees must have legal possession of the premises for duration of license issuance.

Do you own the property where the business is or will be located?  Yes  No

If you are NOT the property owner, fill out the information below. The applicant must provide a true and complete copy of the executed lease, and/or proof that the property owner has authorized the use as a Cannabis Business in writing.

Property Owner: <small>First Name</small>		<small>Last Name</small>	
Mailing Address: <small>Street</small>		<small>City</small>	<small>State</small>
			<small>Zip</small>
Phone Number:		Email:	
Lease start date:		Lease end date:	

**Social Equity Applicant**

Please select “Yes” or “No” if are eligible to apply as a Social Equity Applicant. The requirements to apply as a Social Equity Business as cited in N.J.A.C.17:30-6.6;

- More than 50% of the Ownership interest must meet the following criteria;
  - Lived in an Economically Disadvantaged area for 5 of preceding 10 years; AND
  - At the time of application household income is 80% of average median income in the state.
- More than 50% of Ownership interest is eligible to be pronounced rehabilitated in accordance with N.J.A.C.17:30-7.12(e) and have been adjudicated for, or convicted of;
  - at least two Marijuana- or hashish-related disorderly persons offenses, or;
  - at least one Marijuana- or hashish-related indictable offense.

Yes

No

**OATH OF APPLICATION**

Completion of these forms and submission with the non-refundable fee does not imply any obligation on the part of the City of Bordentown to grant the requested License. Issuance of a City of Bordentown Regulatory License does not relieve the Licensee from the obligation to meet all other applicable Federal, State, and local laws and regulations. The undersigned hereby states that the statements made in this application are true and correct to the best of their knowledge and belief, and that this statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information may be cause for refusal to issue, or suspension or revocation, of any License issued under City Ordinance. The applicant understands that a complete application includes all three parts; Application, Personal History, and Community Plan along with any relevant exhibits.

By signing this document, I acknowledge that upon presentation of proper credentials, an Applicant or Licensee shall allow any representative of the City to enter the business location to ensure compliance with the provisions of Chapter 127 and 215.

Authorized Signature:

Date:

Printed Name:

Title:



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## CITY OF BORDENTOWN CANNABIS LOCAL LICENSE APPLICATION PERSONAL HISTORY FORM (part 2 of 3)

Please include primary business contacts, business owners, and managers.

**Business Name:**

	Must match Secretary of State Business Registry
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**Facility Address:**

	Street, City, Zip
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**License Type:**

<b>Retailer</b>	<b>Delivery</b>	<b>Manufacturer</b>	<b>Cultivator</b>	<b>Distrib/Wholesale</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Micro-Retailer</b>	<b>Micro-Manufact</b>	<b>Micro-Cultivator</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*This contact will be the PRIMARY BUSINESS CONTACT. All business correspondence will be sent to this individual.*

**PRIMARY CONTACT**

First Name	Last Name
<b>Ownership %:</b>	<b>Title/Position:</b>
<b>Phone Number:</b>	<b>Email:</b>

**Contact 2:**

First Name	Last Name
<b>Ownership %:</b>	<b>Title/Position:</b>
<b>Phone Number:</b>	<b>Email:</b>

**Contact 3:**

First Name	Last Name
<b>Ownership %:</b>	<b>Title/Position:</b>
<b>Phone Number:</b>	<b>Email:</b>

**Contact 4:**

First Name	Last Name
<b>Ownership %:</b>	<b>Title/Position:</b>
<b>Phone Number:</b>	<b>Email:</b>

Please list the names and locations of other cannabis businesses with which these contacts are affiliated. Attach additional sheets if necessary.

<b>PRIMARY CONTACT:</b>	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>

<b>Contact 2:</b>	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>

<b>Contact 3:</b>	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>

<b>Contact 4:</b>	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>

<b>Contact 5:</b>	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>
	<b>Business Name:</b>	<b>City/State:</b>

Have any of these contacts engaged in the direct management and operation of, OR had five percent (5%) or more interest in, a Cannabis Business regulated by the City of Bordentown whose license has been revoked?

**Yes**  
 **No**

The undersigned hereby states that the statements made in this form are true and correct to the best of their knowledge and belief, and that this statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information **may be cause for refusal to issue, suspension, or revocation, of any License issued under Bordentown City Ordinance.**

<b>Print Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	



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## CITY OF BORDENTOWN CANNABIS LOCAL LICENSE APPLICATION COMMUNITY PLAN (part 3 of 3)

Business Information				
Entity Name	Must match Secretary of State Business Registry			
Trade Name (DBA)				
Facility Address	Street	City	State	Zip
Mailing Address	Street	City	State	Zip
Phone Number:	Email:			
Website:	Facebook link:		Optional	

**1. Please provide a summary of your experience and/or commitment to community health related programs and associated charitable organizations with particular attention toward prevention of drug and alcohol abuse including but limited to youth and vulnerable persons both locally and regionally.**

**2. Please describe how your business will prevent and address potential negative impacts to neighborhood livability such as noise, parking, garbage, or loitering.**

**3. Please describe a summary of your operational plans; including, but not limited to: storage of products, currency and transport, physical security, video surveillance, security personnel, and visitor management.**



**4. Applicant's owners' or principals' qualifications and experience operating in highly regulated industries.**

**5. Applicant's brand and proposal for the physical presence of the business. Include any marketing pieces and artwork. (Submit additional pages as necessary)**

**6. Applicant's orientation to research and development of Cannabis. If any.**

**7. Applicant's or its owners' demonstrated commitment or sufficient experience as responsible employers, defined as the applicant entity being committed to a local program in collaboration with organizations committed to the well-being of residents, including, but not limited to the City and surrounding service area. Provide evidence in letters of support and agreements.**

**8. Summary of the applicant's environmental impact/mitigation, and sustainability plan. (e.g. solar, water conservation, stormwater mitigation, etc)**

**9. Applicant's demonstrated commitment to Applicant's ties to the host community demonstrated by New Jersey residency or one shareholder's proof of residency in City of Bordentown for five or more years in the past ten years, or at least one shareholder's continuous ownership of a business based in town for five or more years in the past ten years.**

**10. Applicant's brand and proposal for the physical presence of the business. Include any marketing pieces and artwork. (Submit additional pages as necessary)**

**11. Diversity in its ownership composition and hiring practices; Including applicant's commitment to utilize local sources of labor and associated building materials. Highlight any experience working on NJ-based development projects and familiarity with NJ Codes and Standards.**

*\*\*Please submit any supporting documents and/or presentations applicant feels pertinent to assist the Committee in its review process.*