Application for

BOROUGH OF HIGHLANDS
CANNABIS RETAILER LICENSE

Date of initial submission _____

Date of approval by Borough Administrator _____

Applicant Business Name _____

Contact Information

Contact Name _____

Phone No: _____ **E-Mail:**_____

1. **Business Entity Type**

A. ( ) Individual

List name, address and interest in business _____

_____

_____

B. ( ) Partnership

List name, address and percentage of interest in Partnership _____

_____

_____

C. ( ) Corporation/LLC

List name, address and interest of all stockholders _____

_____

_____

2. Name as it will appear on the State License _____

_____

3. NJ. Sales Tax Certificate of Authority No: _____

4. Trade names under which the business is to be conducted. Each and every trade name

must be listed and registered with the NJ. Secretary of State (if a corporation) or the Monmouth County Clerk (if a partnership or sole proprietor) _____

_____

_____

5. **Business Marketing Information**

   a. Business phone number _____

   b. Cell phone number of chief operating officer or executive of the business that will be the principal contact with the Borough _____

   c. E-mail for business _____

   d. Website for business (if any) _____

6. Business location where cannabis will be sold to consumers

   Street address:_____
   Block _____ Lot _____
   Zone: ( ) Central Business District or ( ) Highway Oriented Business Zone

7. Does the applicant have Conditional Use Approval from the Land Use Board? ( ) Yes ( ) No

   a. If yes, attach copy of the Resolution of Approval.

   b. If no, provide the status of any application to the Land Use Board:
      _____
      _____

8. Describe building and attach a picture _____

_____

9. Does the applicant own the building? ( ) Yes ( ) No

   a. If yes, attach a copy of the deed to the premises.

   b. If no, attach a copy of the lease agreement. It is the duty of the applicant to advise the landlord that if the license is issued to the applicant, it is not transferable.

10. Fully describe the business operation with an emphasis on:

    a. Will there be non-cannabis uses on site? _____

_____

b. How will the operations remain separate from non-cannabis operations?

_____

_____

c. How will cannabis be secured? _____

_____

11. Explain how the Highlands Police Department is to be advised of all security measures.

_____

_____

12. Provide the location of all surveillance cameras on site. _____

_____

13. Will there be any special fire suppression equipment? _____

14. Will there be any exhausting of cannabis odors or particulate and how will they be eliminated?

_____

_____

15. Will there be business offices in addition to the retail operations? If so, describe their size and location. _____

_____

_____

16. Does the applicant have a New Jersey Conditional or Annual Cannabis Retailer License?

a. If yes, please provide your license number:_____

b. If no, please provide the documents attached to your New Jersey Conditional or Annual Cannabis Retailer License Application.

17. Provide a signed and notarized Affidavit in Support of Cannabis License Application.

AFFIDAVIT IN SUPPORT OF CANNABIS LICENSE APPLICATION

STATE OF NEW JERSEY:

SS:

COUNTY OF MONMOUTH:

( ) Individual Applicant ( ) Members of Partnership Applicant ( ) Pres./V.P.

_____ of _____(name of business)

Consent(s) that the licensed premises and all portion of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the N.J. Cannabis Regulatory, Enforcement, Assistance and Marketplace Modernization Act, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in stance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

_____

Signature of Individual Agent/Sole Prop.

_____

Partnership Name

CORPORATIONS ONLY

Attestation by Corporate Secretary

_____

Signature of Partner

Attest:_____ _____

Corporate Name Signature of Partner

Secretary signature: _____

SWORN and SUBSCRIBED to before me this _____ day of _____, 20_____

_____

Signature of Officer Administering Oath

Duly Authorized by Notary Public or Attorney at Law

_____ _____

Printed Name of Officer Administering Oath Date of expiration of Commission