TOWN OF NEWTON CANNABIS
LICENSE RENEWAL APPLICATION

Applications for renewal of a Cannabis license should be received by the Town of Newton no later than one (1) month before your license is due to be renewed. No license will be considered for renewal unless:

1. The complete Cannabis license renewal application is submitted at least one (1) month before it is due for renewal.

2. The annual Cannabis license fee must be included with this Cannabis license renewal application.

Applications for renewal of the Cannabis license are to be delivered to the Town of Newton at the office of the Municipal Clerk, 39 Trinity Street, Newton, NJ 07860. The Town shall not be responsible as to mailings or other delivery processes that do not have the application filed timely.

Applicants shall submit an original and one (1) paper copy of the renewal application, as well as a digital copy on a flash drive. The application shall be in a sealed envelope, clearly marked on the outside with the words “Newton Cannabis License Renewal Application”, as well as the name and address of the Applicant. Applicants shall not use plastic covers or sheets for their applications. Binders are also discouraged.

Applicants shall include a check, made payable to the Town of Newton, for the appropriate application fee amount listed below in the application form.

Applicants shall assume full responsibility for the delivery of their application to the offices of the Municipal Clerk.

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A. This 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-1 *et. seq.* and as such the application is considered public information. submission of the application constitutes a waiver of liability for any damages that may result to the Applicant from any legally required disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any information acquired during the licensing process.

B. A license application shall be deemed incomplete, and shall not be processed, until all documents and application fees are submitted timely. Once the Town of Newton has determined the application is complete, it will notify the Applicant. The Town will begin reviewing completed applications upon receipt of same, with the exception that an application from an existing Newton Alternative Treatment Center shall be reviewed once deemed complete.

C. The Newton Town Council may approve or deny an application for renewal of a municipal cannabis license, at its sole discretion, consistent with all governing State Law, based on an evaluation of the benefits to the Town of Newton, a review of any complaints or commendations and verification that all applicable taxes are paid to date.

D. Fees.

Type of Municipal Cannabis License Being Renewed	**Renewal Fee**
☐ Class I Cultivator	$5,000.00
☐ Class II Manufacturer	$5,000.00
☐ Class III Wholesaler	$5,000.00
☐ Class IV Distributor	$5,000.00
☐ Class V Retailer	$5,000.00
☐ Class V Retailer with Delivery Service	$5,000.00
☐ Class VI Delivery	$5,000.00

Date of Application: _____/_____/_____

Name of Applicant: _____

1. Applicant Information:

a. Legal name of business registered to do business in the State of New Jersey:
   i. Name: _____
   ii. Primary Mailing Address: _____
   iii. Site Location: _____
   iv. Email: _____
   v. Phone: _____
   vi. Website (if any): _____

b. Name of primary contact for the business: _____

c. Title: _____

d. Primary Address: _____

e. Email: _____

f. Phone: _____

g. Trade name, alternate name or "doing business as" name of cannabis establishment:

_____

2. Applicant must provide:

a. New Jersey Business Registration Certificate
b. Federal Tax Identification Number
c. State Tax Identification Number
d. Department of Treasury Certification:
   - qualified minority-owned business enterprise
   - qualified woman-owned business enterprise
   - qualified disabled veteran owned business enterprise

3. Does the Applicant operate an Alternative Treatment Center in Newton?

☐ Yes - If yes, what is the name and address of the Alternative Treatment Center?

_____

☐ No

4. Applicant Business Structure:

Attach proof of business structure such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports the structure.

☐ Corporation
☐ Partnership
☐ Limited Liability Partnership (LLP) or Limited Liability Corporation (LLC)
☐ Partnership
☐ Individual
☐ Other (Describe) _____

5. Business Ownership

A. Has the Business changed ownership since its last license issuance or renewal?

☐ No changes

☐ If Yes, provide a complete list of every person with over ten (10%) percent interest in the cannabis business including the full name and title of the entity, the date the owner acquired interest in the entity, the percentage (%) of ownership interest; and, if the person(s) have a financial interest in any other cannabis business and, if so, how much. If an owner meets the criteria for social equity, minority, woman, disable veteran or micro-business owner, indicate with a Yes below. *(Provide information for all new owners; use separate sheet if needed).*

Name _____ **Title** _____

Date Ownership Acquired _____ **Percentage of Ownership** _____**%**

B. Financial Interest In Other Cannabis Business Yes/Name of Business(es)

_____

Percentage of Ownership In Other Cannabis Business _____**%**

C. ☐ **Social Equity Business Owner**
☐ **Minority Business Owner**
☐ **Woman Business Owner**
☐ **Disable Veteran Business Owner**
☐ **Micro-business Owner**

6. Has any person, listed in your answer to #5 above, had any cannabis license or permit revoked for a violation affecting public safety in New Jersey or a subdivision in the State within the preceding five (5) years?

☐ Yes Where? _____ When _____

Reason _____ Status _____

☐ No

7. Is your New Jersey cannabis license current as of the date of this application?

☐ Yes

☐ No - If no, what is the status of the Applicant's State cannabis license application?

_____

8. Will the Applicant have lawful possession of the proposed premises if renewed?

☐ Yes, and there are no changes to the premises and the owner, landlord and/or lease.

☐ If premises owner or lessor has changed, provide name, address, email address, and phone number for property owner or owner's agent. _____

_____

☐ I certify that the location is no closer than five hundred (500) feet from the property line of a school or state licensed day care.

☐ No and the Reason(s) Why No Lawful Possession:

_____

9. Changes Since Licensing Or Renewal.

☐ Has there been any change to any previously approved or submitted plans for the storage of products, physical security, video surveillance, security personnel, and visitor management. If so, describe the change. _____

_____

☐ Describe all actions in the last year conducted as a responsible employer and/or actions taken to being a responsible employer.

_____

☐ Describe any recruitment and hiring procedures to be used to employ Newton residents in at least 50% of full-time equivalent positions in the last year.

_____

☐ Describe any community benefits provided to the Newton Community in the last year. _____

_____

☐ Describe any efforts to increase diversity in your ownership composition and hiring practices in the last year that have increased or will increase diversity with regard to race, culture, gender, and sexual identity. _____

_____

10. Affirmative Action, Anti-Discrimination and Fair Employment

☐ Attach a certified statement, under oath, that there will be no discrimination based on race, color, religion, gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation, military status in any of the Applicant's activities or operations.

11. Acknowledgement of Provisions of Newton Ordinance Nos. 2021-12, 2021-13, and 2021-18 to Regulate Cannabis Businesses in the Town of Newton

The undersigned, on behalf of the cannabis license applicant,_____, declares under penalty of perjury I have read and understand the provisions of the Newton Ordinance Nos. 2021-12, 2021-13, and 2021-18 and that the operation of this cannabis establishment must adhere to all the requirements of Newton's Municipal Code and all other applicable state and local laws and all regulations promulgated thereunder.

I understand I am the responsible party for any violation(s) of the cannabis establishment that may arise.

I understand and acknowledge a license issued or renewed based on false or misleading statements provided in this application will be deemed invalid and subject to revocation.

I understand the Newton Town Council may approve or deny an application for renewal of a municipal cannabis license at its sole discretion, consistent with all governing State Law, based on an evaluation of the benefits to the Town of Newton.

I understand and agree that submission of the application for renewal of a Cannabis license constitutes a waiver of liability for any damages that may result to the Applicant from any legally required disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any information acquired during the licensing process.

I declare under penalty of perjury under the laws of the State of New Jersey the foregoing statements are true and correct, and that all of the documents and attachments to this application are true and accurate copies.

_____ _____

Signature Date

_____ _____

Print Name Phone

_____ _____

Title Email

State of New Jersey :

: SS.

County of Sussex :

On _____, 202____, _____personally appeared before me, a Notary Public of the State of New Jersey, and, having satisfactorily identified him/her/themselves as the signer of the above application, satisfactorily established that:

1. They are authorized to make this application; and,
2. They are making this application for the purposes stated therein.

_____

[Notary]