

BOROUGH OF BARRINGTON CANNABIS BUSINESS APPLICATION

**1.
LICENSE TYPE
INFORMATION**

1.	LICENSE TYPE SOUGHT (mark below)					
	Class 5 – Retailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	MICROBUSINESS	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	SOCIAL EQUITY	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	DIVERSITY OWNED	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**2.
BUSINESS**
(location in Barrington)

1.	Business Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	

**3.
APPLICANT**

1.	Applicant Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	
7.	Email:	

**4.
PRIMARY
CONTACT**

1.	Primary Contact Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	
7.	Email:	

**5.
APPLICATION
STATUS**

STATE APPLICATION STATUS		YES		NO	
1.	Submitted Application to State CRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Seeking Condition Application with State CRC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has CRC Approved your application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was your CRC Application denied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	State license number (if applicable)				
LOCAL APPLICATION STATUS					
6.	Does the Applicant have site control? (proof required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes, we have a signed lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes, we own the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Submitted Conditional Use Application to Planning Board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	If yes, is the Planning Board application already approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LICENSE RENEWAL ONLY					
9.	Has license type information changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	If applicable, are you still a Microbusiness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.
APPLICATION
CHECKLIST**

(An applicant shall submit the following documents or information)

		SUBMITTED	YES	NO	N/A
1.	Complete and Notarized Financial Interest Section. See next page. Names and residences of all persons financially interested in the business, and the nature and extent of this interest; and, if a corporation, the names, residences and citizenship of the officers, directors and stockholders, and shall disclose whether the applicant has been convicted of any criminal or quasi-criminal offense, and if so, the date and place of such conviction and the nature of the offense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Proof the cannabis establishment or cannabis distributor will be operated pursuant to all local and state regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Any necessary approvals by the Barrington Planning Board, or other related boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Statement and/or plans of odor mitigating practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Safety and security plans and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	A description of the proposed location, including the surrounding area and the suitability or advantages of the proposed location, along with a floor plan and optional renderings or architectural or engineering plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	A business and financial plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.
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 section 6 and 7 for each corporation.	
1.	Name or Corporation:
2.	Street address of home office:
	Municipality:
	State/Country:
	Zip Code:
3.	NJ Sales Tax Certificate of Authority Number:
4.	If corporation address in number 2 above it out of state, report below the address of any office location in New Jersey, insert n/a if none.
	Street address:
	Municipality:
	State: New Jersey
	Zip Code:
5.	Is the corporation now an existing, valid corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Date chartered or incorporated (mm/dd/yyyy):
	State chartered or incorporated:
7.	Certificate of incorporation number:
8.	If not 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has the corporation charter ever been revoked by the Office of the Secretary of State in New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> 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):
10.	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 U.S. District Court, may be made:
	Name (last, first, MI or Corporate Name):
	Street Address:
	Municipality:
	State: New Jersey
	Zip Code:
	Phone Number:
	Email:
11.	If the licensed company is owned by other corporation(s) or in a corporate chain, attached a diagram depicting the corporate relationships and the percentage of stock interest, in the company to be licensed, owned by other corporations or other non-corporate entities (individuals, partnerships, associations).

8.
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 reported in section 6. Information on this page will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company.				
Name of corporation by this page (complete <u>ONLY</u> if applicant or stockholder is a corporation or a partnership)				
1.	Name of individual (last name first), stockholder, partner, officer or director:			
2.	Home Street address:			
	P.O. Box:			
	Municipality:			
	State/Country:			
	Zip Code:			
3.	Social Security Number:			
4.	Date of Birth (MM/DD/YYYY):			
5.	Home Telephone Number:			
6.	Office Telephone Number:			
7.	Percent of business owned or controlled:			
8.	Number of shares:			
9.	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:	
1.	Name of individual (last name first), stockholder, partner, officer or director:			
2.	Home Street address:			
	P.O. Box:			
	Municipality:			
	State/Country:			
	Zip Code:			
3.	Social Security Number:			
4.	Date of Birth (MM/DD/YYYY):			
5.	Home Telephone Number:			
6.	Office Telephone Number:			
7.	Percent of business owned or controlled:			
8.	Number of shares:			
9.	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:	

**9.
SUBMISSION
CHECKLIST**

<input type="checkbox"/>	Please attach the required affidavits and supplemental forms, reports, and other documents needed to process your application, see section 5.
<input type="checkbox"/>	Check for \$2,500 payable to "Borough of Barrington". A submission without the \$2,500 application fee will <u>NOT</u> be accepted. Submit the check by mail or in person.
<input type="checkbox"/>	Please fill out an Affidavit of Submission. A Cannabis Business Application will not be accepted if one is <u>NOT</u> submitted.
<input type="checkbox"/>	Initials of the Applicant/Preparer: (Must match Affidavit of Submission) _____
<input type="checkbox"/>	Once you have completed all of the Submission Checklist items above, you can email you application to tshannon@barringtonboro.com

CONTACT:

Terry Shannon, Borough Clerk
229 Trenton Avenue
Barrington, NJ 08007
tshannon@barringtonboro.com
856-547-0706 ext. 201

AFFIDAVIT OF SUBMISSION

I, the Applicant, certify that the statements and information on the submitted Cannabis Business 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 authorized Borough official(s) to inspect the subject property in conjunction with this application.

Address (Subject Property) : _____

Block(s)/Lot(s): _____

Initials of Applicant (must match GDA)

Applicant Signature

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

Sworn to and subscribed before me this date _____

Notary Public