



**Borough of Eatontown**  
**47 Broad Street**  
**Eatontown, New Jersey 07724**  
Phone: 732-389-7601  
E-mail: [clerk@eatontownnj.com](mailto:clerk@eatontownnj.com)

## New Cannabis Business License Application

### Application Requirements

Please complete this form to apply for a new Eatontown cannabis business license.

A single application for may be used for multiple licenses at a single address and under a single entity name. For licenses at different addresses and/or different entity names, please submit separate application forms.

Do not use address ranges on the application or on the required documents. Applications must be complete and include all required documents. Legal documents included as part of this application must be properly signed and executed. All materials must be legible. You must fill in "N/A" in fields that are not applicable. **Incomplete applications will be rejected.**

### Required Fees

The initial application fee is \$10,000.00 (\$5,000.00 for Micro Businesses). Checks made payable to **Eatontown Borough**.

### License Type(s)

What license(s) are you applying for? Please check all that apply.

<input type="checkbox"/> Cannabis Grower (Class 1)	<input type="checkbox"/> Cannabis Grower (Class 1 Micro Business)
<input type="checkbox"/> Cannabis Processor (Class 2)	<input type="checkbox"/> Cannabis Processor (Class 2 Micro Business)
<input type="checkbox"/> Cannabis Wholesaler (Class 3)	<input type="checkbox"/> Cannabis Wholesaler (Class 3 Micro Business)
<input type="checkbox"/> Cannabis Distributor (Class 4)	<input type="checkbox"/> Cannabis Distributor (Class 4 Micro Business)
<input type="checkbox"/> Cannabis Retailor (Class 5)	<input type="checkbox"/> Cannabis Retailor (Class 5 Micro Business)

### Applicant Information

Entity Name			
Trade Name(s) (DBA)			
<b>Physical Address of the New Cannabis Facility</b>			
Street	City	State	Zip Code
<b>Mailing Address of the New Cannabis Facility</b>			
Street	City	State	Zip Code

## Contact Information

You must provide contact information for:

- **A main contact.** The main contact is someone who can address questions or issues related to your license applications or business license. The main contact will receive application status updates, license notifications, and copies of your business license at the email provided.
- **An onsite manager.** The onsite manager must have the authority to make decisions regarding the licensed premises and must have access to and control over the licensed premises at all times. The onsite manager may also be the person who has authority over the licensed premises and may receive official correspondences, including enforcement correspondences, from the Borough.
- **The property owner.** The person who owns the property where the business will be located.
- **All other owners, controlling persons, close associates, key employees, and investors.**

Please use additional pages if required.

<b>Main Contact</b>	
Name (Role)	Phone Number
Home Address	
Email Address	
<b>Onsite Manager</b>	
Name (Role)	Phone Number
Home Address	
Email Address	
<b>Property Owner</b>	
Name (Role)	Phone Number
Home Address	
Email Address	
<b>Other Involved Persons</b>	
Name (Role)	Phone Number
Home Address	
Email Address	
<b>Other Involved Persons</b>	
Name (Role)	Phone Number
Home Address	
Email Address	
<b>Other Involved Persons</b>	
Name (Role)	Phone Number
Home Address	
Email Address	

## **Additional Information**

**1.** State whether the Applicant is a Minority or Women's Business Enterprise.      Yes \_\_\_\_\_      No \_\_\_\_\_  
If you answer "yes," provide a copy of the certificate issued by the State of New Jersey evidencing that status.

**2.** State whether the Applicant will offer on-site parking at the business facility.      Yes \_\_\_\_\_      No \_\_\_\_\_

**3.** If you answered "yes," describe the extent to which parking will be offered.

Description: \_\_\_\_\_

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**4.** Describe the Applicant's plans to hire local resident's as employees (please attach additional pages if needed).  
Please provide copies of all related documents.

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**5.** Describe the Applicant's commitment to diversity (please attach additional pages if needed).  
Please provide copies of all related documents.

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**6.** All information that relates to the Applicant's qualifications to operate a cannabis related business, including but not limited to experience in the cannabis industry and/or other highly regulated industries (please attach additional pages if needed).  
The Applicant may, but is not required to, provide copies of the resumes of any person that will be involved in the operation of the cannabis related business.

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7. Describe the steps the Applicant will take to provide security at and around its location (please attach additional pages if needed).

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8. Describe the steps the Applicant will take to prevent minors from purchasing cannabis and cannabis products at its location (please attach additional pages if needed).

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9. A description of the Applicant's environmental impact and sustainability plan, including but not limited to any recognitions or certificates the Applicant has received from government regulators regarding sustainability and/or whether the Applicant has a company officer responsible for conducting periodic internal reviews evaluating the company's implementation of an environmental sustainability plan and controls in place to ensure that plan is adhered to (please attach additional pages if needed).

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10. A description of the Applicant's nuisance mitigation plan that specifically addresses: (a) noise; (b) odor; (c) waste disposal; and (d) vehicular congestion mitigation (please attach additional pages if needed).

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**11.** A description of the Applicant's community impact plan, summarizing how: (a) the applicant intends to leave a positive impact on the community where the facility is to be located; (b) ties to the proposed host community, including but not limited to whether any owners are residents of or operate other businesses in the Borough and/or municipalities that border the Borough; (c) the economic impact plan; and (d) description of community outreach activities planned (please attach additional pages if needed).

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**12.** Any additional information the Applicant would like considered in connection with its application (please attach additional pages if needed).

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## **Required Documents**

- 1.** The Applicant's Business Registration Certification authorizing it to do business in the State of New Jersey.
- 2.** A copy of a valid government-issued identification of each individual listed under the "Contact Information" section of this Application.
- 3.** A copy of organizational or corporate governance documents, including all bylaws, operating or partnership agreements.
- 4.** A copy of the organizational chart, including the identity and ownership interest of all owners.
- 5.** Documents sufficient to prove that the Applicant individual or entity is authorized to operate a cannabis related business in the stated location.
- 6.** Documents showing the security system that will be installed at the cannabis business facility.
- 7.** Documents establishing that the Applicant has the fiscal ability and means to operate a cannabis related business.
- 8.** Documents evidencing community and/or local support for the Applicant's intended business.
- 9.** A complete copy of the Applicant's nuisance mitigation plan.
- 10.** A complete copy of the Applicant's community impact plan.
- 11.** A complete copy of the Applicant's environmental impact plan.
- 12.** Floor plans and/or architectural renderings showing the designs for both the interior and exterior of the premises, including on-site parking plans if applicable.
- 13.** Documents sufficient to prove that the Applicant entity, or its parent company, is a party to a labor peace agreement and/or collective bargaining agreement in the cannabis industry.
- 14.** All other documents the Applicant believes will be helpful in determining whether or not to grant the Applicant a license.

## **Certification**

I hereby certify:

- 1.** I am duly authorized to submit this application on behalf of the above-named entity.
- 2.** That all information and documents submitted in connection with this application are true and accurate to the best of my knowledge and belief.
- 3.** I have reviewed all applicable State and local laws related to the operation of cannabis related businesses and the proposed location is in compliance with all applicable zoning requirements.
- 4.** I have not knowingly omitted, concealed, or otherwise failed to disclose any documents and/or information which would impact the decision to grant or deny this application.

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By:

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Date