

TOWNSHIP OF MAPLEWOOD CANNABIS LICENSE APPLICATION

**Approved by the Maplewood Township Committee
on January 18, 2022**

Applications will be received by the Township of Maplewood on a rolling basis. The Township will begin reviewing completed applications on March 1, 2022, with the exception that an application from an existing Maplewood Alternative Treatment Center shall be reviewed once deemed complete.

Applications are to be delivered to the Township of Maplewood at the offices of Elizabeth J. Fritzen, Township Clerk, located at 574 Valley Street Maplewood, NJ 07040. Applicants delivering applications in-person must wear a mask in Town Hall at all times.

Applicants shall submit an original and one paper copy of the 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 "Maplewood Cannabis License Application" and the name and address of the applicant. Applicants shall not use plastic covers or sheets for their applications. Binders are also discouraged.

Applicant shall include a check made payable to the Township of Maplewood for the appropriate application fee amount listed in Item 20 of the application form.

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

TOWNSHIP OF MAPLEWOOD CANNABIS LICENSE APPLICATION

- 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.
- B. A license application shall be deemed incomplete, and shall not be processed, until all documents and application fees are submitted. Once the Township of Maplewood has determined the application is complete, it will notify the Applicant. The Township will begin reviewing completed applications on March 1, 2022, with the exception that an application from an existing Maplewood Alternative Treatment Center shall be reviewed once deemed complete.
- C. The Maplewood Township Committee may approve or deny an application for a municipal cannabis license at its sole discretion, consistent with all governing State Law, based on an evaluation of the benefits to the Township of Maplewood.

1. Date of Application:

2. Applicant Information:

- Legal name of business registered to do business in the State of New Jersey:
- Address:
- Email:
- Phone:
- Website (if any):
- Name of primary contact for the business:
- Title:
- Address:
- Email:

- Phone:
- Trade name, alternate name or “doing business as” name of cannabis establishment:

3. Applicant must provide:

- New Jersey Business Registration Certificate
- Federal Tax Identification Number
- State Tax Identification Number

4. Does the Applicant operate an Alternative Treatment Center in Maplewood?

- ☐ Yes - If yes, what is the name and address of the Alternative Treatment Center?
- ☐ No

5. 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 Partnership
- ☐ Individual
- ☐ Other (Describe)

6. Business Ownership

Provide a complete list of every person with over 10% interest in the proposed cannabis business including the full name, title within the entity, date owner acquired interest in entity, the percentage of ownership interest, and financial interest in any other cannabis business. If an owner meets the criteria for social equity, minority, woman, disable veteran or micro-business owner (see section M, N and O), indicate with a Yes.

	#1	#2	#3	#4
Name				
Title				
Date Ownership Acquired				
Percentage of Ownership				
Financial Interest in Another Cannabis Establishment				
Social Equity Business Owner				
Minority Business Owner				
Woman Business Owner				
Disable Veteran Business Owner				
Micro-business Owner				

If any person above is listed as having an interest in another cannabis establishment, provide further information:

7. Has any person 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 - If yes, provide further information.

☐ No

8. Type of Municipal Cannabis License Requested:

☐ Class I Cultivator

☐ Class II Manufacturer

☐ Class III Wholesaler

☐ Class IV Distributor

☐ Class V Retailer

☐ Class VI Delivery

9. Has the Applicant secured a New Jersey cannabis license as of the date of this application?

☐ Yes – If yes, provide a copy of the state cannabis license.

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

10. Address of Proposed Maplewood Cannabis Establishment:

Provide proof the Applicant has or will have lawful possession of the proposed premises with a deed, lease, real estate contract contingent on successful licensing, or a binding letter of intent from the owner of the premises contingent on successful licensing.

If property is leased, provide name, address, email address and phone number for property owner or owner's agent.

NOTE: The proposed location shall be no closer than 500 feet from the primary entrance of the nearest public or private K-12 school; 250 feet from the primary entrance of the nearest House of Worship; and/or 1,000 feet from the primary entrance of another cannabis retail establishment.

11. Has the Applicant secured a Zoning Review of the proposed location affirming that the proposed cannabis establishment is a permitted use in the location above?

☐ Yes - If yes, provide a copy of the approval.

☐ No - If no, what is the status of the Applicant's Zoning Review.

If the Zoning Review determined that the proposed cannabis operation is not a permitted use in the location above, has the Applicant secured approval for the cannabis operation from the Maplewood Planning Board or Maplewood Zoning Board of Adjustment?

☐ Yes

☐ No

12. Evaluation Criteria:

The following are to be answered in paragraph form in an attached document, using the number that corresponds to each criterion. Responses are to be word limited as indicated below.

1. Describe qualifications and experience of the Applicants/owners in operating in highly regulated industries in New Jersey or another state, including cannabis, healthcare, pharmaceutical manufacturing, and retail pharmacies. (Response not to exceed 2,500 words)
2. Describe plans for the storage of products, physical security, video surveillance, security personnel and visitor management. (Response not to exceed 2,500 words)

- ❖ Areas to consider:
 - inventory control
 - delivery and shipping procedures
 - on-site security guards and their responsibilities
 - general description of security cameras and alarms
 - estimated number of customers/visitors per day
 - customer/visitor check in procedures and access to sales area
 - off-street parking arrangements for employees and customers/visitors
 - procedures and training for all fire and medical emergencies and hazardous situations
 - sample of signage that it is illegal to sell to anyone 21 years and under and that the store will check ID upon purchase
 - procedure for handling a customer exhibiting alcohol and/or substance abuse
- 3. Describe experience as a responsible employer or a commitment to being a responsible employer. Examples are providing employee health care insurance, providing paid family leave and/or paying a \$15 minimum wage. If the Applicant is a party to a collective bargaining agreement for at least one year prior to the Maplewood application, the Applicant will receive evaluation points and no further response is needed. (Response not to exceed 1,500 words)
- 4. Provide a written commitment and describe the recruitment and hiring procedures to be used to employ Maplewood residents in at least 50% of full-time equivalent positions (Response not to exceed 1,000 words)
- 5. Describe environmental impact and sustainability plan (Response not to exceed 1,000 words)
 - ❖ Areas to consider:
 - management of solid waste and recyclable materials
 - incorporation of environmentally sustainable business practices such as solar installations, energy efficient products and operations, electric or hybrid vehicles
 - exhaust and ventilation systems to prevent odors from operations to be detected beyond the licensed premises
 - use, storage and disposal of any gases or chemicals used in operations
- 6. Describe ties to the host community, demonstrated by at least one owner's proof of residency in Maplewood for five or more years or at least one owner's continuous ownership of a business based in Maplewood for five or more years in the past ten years
 - ❖ Provide deed and/or lease of home or business location with indication of how many years in Maplewood

7. Describe proposal to provide community benefits (Response not to exceed 3,000 words)

❖ Areas to consider:

- Financial and in-kind contributions to Maplewood's drug and alcohol prevention programs, social work and mental health intervention initiatives, and other health related activities
- Financial and in-kind contributions to community, civic, cultural and business associations/organizations
- Education programs for various populations on topics such as securing a medical cannabis card, expunging cannabis criminal records, and engaging in an employment transition through a re-entry program

8. Describe a demonstrated commitment to diversity in its ownership composition and hiring practices (Response not to exceed 1,500 words)

❖ Provide evidence of ownership composition or hiring practices that have increased or will increase diversity with regard to race, culture, gender and sexual identity

13. Is the Applicant a Social Equity Business under N.J.A.C.17:30-6.6, meeting one of the following criteria?

1. More than 50 percent of the ownership interest of the license applicant or license holder is held by one or more persons that demonstrate one of the following criteria:

- i. At the time the initial application is submitted, have lived in an economically disadvantaged area for five of the 10 preceding years; and
- ii. Are, at the time the initial application is submitted and based on the preceding year's income, a member of a household that has a total household income that is 80 percent or less of the average median household income in the State, as determined annually by the U.S. Census Bureau; or

2. More than 50 percent of the ownership interest of the license applicant or license holder is held by one or more persons who are eligible to be pronounced rehabilitated in accordance with N.J.A.C. 17:30-7.12(e), if necessary, and have been adjudicated delinquent for, or convicted of, whether expunged or not, in this State, another state, or the Federal government:

- i. At least two marijuana- or hashish-related disorderly persons offenses; or
- ii. At least one marijuana- or hashish-related indictable offense.

☐ Yes - If yes, provide documentation.

☐ No

14. Is the Applicant a certified Diversely Owned Business, pursuant to the criteria in N.J.A.C. 17:30-6.4?

1. A minority business pursuant to N.J.S.A. 52:27H-21.18 et seq.;
2. A women's business pursuant to N.J.S.A. 52:27H-21.18 et seq.;
3. A disabled-veterans' business, as defined in N.J.S.A. 52:32-31.2; or
4. Any combination of one through three above

☐ Yes - If yes, provide documentation.

☐ No

15. Is the Applicant a Microbusiness under P.L.2021, c.16 (C.24:6I-31 et al.)?

1. employs no more than 10 employees;
2. operates a cannabis establishment occupying an area of no more than 2,500 square feet, and in the case of a cannabis cultivator, grow cannabis on an area no more than 2,500 square feet measured on a horizontal plane and grow above that plane not higher than 24 feet;
3. possesses no more than 1,000 cannabis plants each month, except that a cannabis distributor's possession of cannabis plants for transportation shall not be subject to this limit;
4. acquires each month, in the case of a cannabis manufacturer, no more than 1,000 pounds of usable cannabis;
5. acquires for resale each month, in the case of a cannabis wholesaler, no more than 1,000 pounds of usable cannabis, or the equivalent amount in any form of manufactured cannabis product or cannabis resin, or any combination thereof; and
6. acquires for retail sale each month, in the case of a cannabis retailer, no more than 1,000 pounds of usable cannabis, or the equivalent amount in any form of manufactured cannabis product or cannabis resin, or any combination thereof.

☐ Yes - If yes, provide documentation or certification that Applicant meets the criteria.

☐ No

16. Proposed Hours of Operation

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

17. Neighborhood Compatibility

Describe how the Applicant will make good faith efforts to promptly resolve all complaints, including those related to noise, light, odor, litter, vehicle traffic and pedestrian traffic.

1. Identify a Community Relations Liaison, who shall receive all complaints regarding the cannabis business.
2. Commit to posting the Liaison's name and contact information in the lobby of the cannabis establishment and providing such information to the Maplewood Department of Community Development, Maplewood Police Department and Maplewood Fire Department. If the cannabis establishment is located in one of Maplewood's two Special Improvement Districts, the Liaison's name and contact information also shall be provided either to the Springfield Avenue Partnership or Maplewood Village Alliance.

18. Affirmative Action, Anti-Discrimination and Fair Employment

1. Provide an affidavit and documentary proof of compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices.
2. Provide a certified statement under oath there will be no discrimination based on race, color, religion (creed), gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of the Applicant's activities or operations.

19. Financial Information

1. Describe the financial capability of the Applicant to open and operate a cannabis establishment and the sources of funds to do so.
2. Provide name, address, email address, phone number and age of each person/entity with a non-ownership financial interest in the cannabis establishment, which shall include an investment, loan or any other type of equity.

20. Initial Application Fee

Applicant has attached an application fee as described below:

- | | |
|---|---------|
| <input type="checkbox"/> Class 1 Cultivator | \$2,500 |
| <input type="checkbox"/> Class 2 Manufacturer | \$2,500 |
| <input type="checkbox"/> Class 3 Wholesaler | \$2,500 |
| <input type="checkbox"/> Class 4 Distributor | \$2,500 |
| <input type="checkbox"/> Class 5 Retailer | \$2,500 |
| <input type="checkbox"/> Class 6 Delivery | \$ 750 |
| <input type="checkbox"/> Microbusiness | \$1,000 |

21. Acknowledgement of Provisions of Maplewood Ordinance No. 3048-21 to Regulate Cannabis Businesses in the Township of Maplewood

The undersigned, on behalf of the cannabis license applicant, _____, declares under penalty of perjury that I have read and understand the provisions of Maplewood Ordinance No. 3048-21, and that the operation of this cannabis establishment must adhere to all the requirements of Maplewood's Municipal Code and all other applicable state and local laws and all regulations promulgated thereunder.

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

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

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

I declare under penalty of perjury under the laws of the State of New Jersey that the foregoing statements are true and correct.

Signature

Date

Print Name

Phone

Title

Email