

City of Lambertville

APPLICATION TO PERMIT THE RETAIL SALE OF CANNABIS

ORDINANCE NUMBER 16-2021, ADOPTED JULY 22, 2021

Date Application filed: ____/____/____

Applicant's Business Name: _____

Type of Business: _____

Note: *in accordance with Ordinance Number 16-2021, the City has a preference for two (2) of the four (4) Class 5 Cannabis Retailer licenses to be issued to microbusinesses.*

Contact Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Location of Retail Store: _____

Type of License: Class 5 Cannabis Retailer Pursuant to CREAMMA

Location: ____ CBD Central Business District (maximum number is 2)

____ C-2 Service Commercial District (maximum number is 1)

____ C-3 General Commercial District (maximum number is 1)

Type of Applicant:

Minority-owned

Woman-owned

Social Equity

None of the Above

--- FOR CITY OF LAMBERTVILLE OFFICIALS ONLY ---

Municipal Fee: \$ _____ Effective Date: ____/____/____

State Fee: \$ _____ Date of Resolution: ____/____/____

Application Approved Denied Assigned License Number: _____

Special Conditions:

_____ Date: ____/____/____

Signature of Municipal Clerk

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Assigned License Number: 1017-Type of License-License #

Application is made on behalf of: _____

1 = Individual 3 = Partnership 5 = Corporation
2 = Business 4 = Limited Partnership 6 = Limited Liability Company

1: NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT TRADE NAME)
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership, or Corporation

2: ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address: _____

Municipality: Lambertville, NJ Zip: 08530

Telephone Number of business (_____) _____ - _____
Area Exchange Number

Email address: _____

3: IF NO LICENSED PREMISES EXISTS OR IF A MAILING ADDRESS IS DIFFERENT THAN THE "ACTUAL ADDRESS" GIVEN ABOVE, PROVIDE THE MAILING ADDRESS (insert N/A if not applicable):

Street Address: _____

PO Box # _____ Municipality: _____ State: _____

Zip _____ - _____ Telephone Number of business (_____) _____ - _____
Area Exchange Number

Email address: _____

4: NEW JERSEY SALES TAX CERTIFICATE OF AUTHORITY NUMBER: _____

5: TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE (if a corporation) OR COUNTY CLERK (if a partnership or sole proprietor).

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6: THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE APPLICANT:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE? YES NO

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION.

7: DOES THE APPLICANT OWN THE BUILDING? YES NO

IF YES, IS THERE A MORTGAGE ON THE BUILDING? YES NO

Please provide documentary proof (a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing) demonstrating Applicant's interest in the building

If there is a mortgage on the building, please provide the mortgage provider:

8: DOES THE APPLICANT LEASE THE BUILDING? YES NO

If the applicant leases the building, please provide the information regarding the owner, a copy of the lease or real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the applicant contingent upon successful licensing, along with documentary proof the building owner is aware of the intended use as a cannabis retailer:

9: IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 500 FEET OF THE NEAREST ENTRANCE OF ANY SCHOOL? YES NO

If the answer is yes, is a waiver signed by the appropriate official attached to this application?

Yes No

10. IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 600 FEET OF THE NEAREST OTHER CANNABIS RETAILER? YES NO

11: WILL ANY BUSINESS OTHER THAN THE SALE OF CANNABIS PRODUCTS BE CONDUCTED ON THE PREMISES TO BE LICENSES? YES NO

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If the answer is "yes" indicating the nature of the business and who will conduct it be responding to the following questions:

Nature of business: _____

Respondee: _____

- 12: IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated: _____

Name of company/individual: _____

Street Address: _____

Municipality: _____ State: _____

Zip: _____ - _____ NJ Sales Tax Certificate of Authority No: _____

- 13: WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTEREST IN OTHER LICENSES? YES NO

If the answer is yes, answer the following by inserting the name of the individual or corporation and the social security number and date of birth, if an individual. Use additional pages as needed.

Name: _____

Social Security Number: _____

NJ Sales Tax Certificate of Authority No: _____

Date of birth: ____/____/____

- 14: HAS ANY PERSON PROPOSED TO HAVE AN OWNERSHIP INTERSET IN THE PERMIT HAD ANY CANNABIS LICENSE OR PERMIT REVOKED FOR A VIOLATION AFFECTING PUBLIC SAFETY IN THE STATE OF NEW JERSEY OR A SUBDIVISION THEREOF WITHIN THE PRECEEDING FIVE (5) YEARS?

YES NO

ALL APPLICANTS SHALL SUBMIT THE FOLLOWING DOCUMENTATION

1. The applicant shall submit an affidavit and documentary proof of compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices. The applicant shall certify under oath that they will not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

2. The applicant shall submit proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit. Standards for proof of financial capability shall be determined by the City's Chief Financial Officer.

3. The Applicant shall submit the following materials to the application:

- Proof that the applicant has or will have lawful possession of the premises proposed for the cannabis retail store. Such proof may consist of a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing.
- Proof that the location proposed for permitting by the applicant complies with all applicable municipal zoning laws and the location restrictions, including all of the following:
 - Evidence that the proposed location is located at least five hundred (500) feet from a school.
 - Evidence that the proposed location is not located within six hundred (600) feet to any other Class 5 Cannabis Retailer.
 - Evidence that the proposed location is not within a single-family detached dwelling, a single-family semi-detached dwelling or a townhouse dwelling.
 - The proposed operating hours of the establishment.
 - i. Cannabis establishments in Lambertville are only permitted to operate between the hours of 9:00 A.M. and 7:00 P.M. Monday through Saturday and between the hours of 10:00 A.M. and 5:00 P.M. on Sunday.
- A site plan, including evidence that:
 - ii. Any Cannabis Retailer shall only have one (1) primary public access point, which shall be directly adjacent to the right-of-way or parking area of the building. Access should not be through common entrances with other uses.
 - iii. There will not be a drive-through facility on the premises.
- A security plan, including evidence that:
 - iv. All cannabis retailers shall be secured in accordance with State of New Jersey statutes and regulations; shall have a round-the-clock video surveillance system, 365 days a year; and shall have trained security personnel onsite within the facility at all times during operating hours.
 - v. Police must have full access to the video surveillance system.

vi. Video surveillance shall be retained a minimum of seven (7) days or pursuant to State and Federal law, whichever is greater.

vii. Cannabis Retailers' interiors shall provide a secure location for storage of products with minimum products in any customer service area.

A nuisance prevention plan, including evidence that:

viii. People shall not be permitted to congregate outside of a Cannabis Retailer, loiter or wait in line to access the Cannabis Retailer. The facility shall have a plan in place if interior capacity is exceeded, i.e., numbers are given, and customers wait in their vehicles until called.

The proposed sign for the establishment.

ix. Signs shall be limited to location identification/name of business. Signs shall not promote consumption of any cannabis product. Signage design shall not include artistic or photographic renderings of cannabis plants or paraphernalia. Neon signs shall be prohibited.

Proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit.

Evidence that, in addition to complying with any State requirement related to good character and criminal background, any person proposed to have an ownership interest in the permit shall not have had any cannabis license or permit revoked for a violation affecting public safety in the State of New Jersey or a subdivision thereof within the preceding five (5) years.

4. The Applicant shall submit the following supplemental materials relating to the Planning Board & Board of Adjustment

Please attach the application that has been filed with the City of Lambertville Planning & Board of Adjustment.

Please attach evidence that a Public Hearing has been held in front of the City of Lambertville Planning Board & Board of Adjustment.

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ALL APPLICANTS ANSWER THE FOLLOWING QUESTIONS

SOLE OWNERS AND PARTNERSHIPS: complete this page in full.

LIMITED PARTNERSHIPS: 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 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 be reported to the city. This information must sufficiently identify all officers, directors and stockholders holding one percent or more of the shares of the respective company.

NAME OF CORPORATION (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP).

NAME OF INDIVIDUAL (LAST NAME FIRST) STOCKHOLDER, PARTNER, OFFICER OR DIRECTOR

LAST NAME	FIRST NAME	MIDDLE INITIAL
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HOME STREET ADDRESS: _____

PO BOX: _____ MUNICIPALITY: _____ STATE: _____

ZIP: _____ - _____ SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____

HOME PHONE NUMBER: _____ OFFICE PHONE NUMBER: _____

% OF BUSINESS OWNED OR CONTROLLED: _____ NUMBER OF SHARES: _____

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"/> TREASURER
<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> MANAGER	<input type="checkbox"/> DIRECTOR
<input type="checkbox"/> RECEIVER	<input type="checkbox"/> BENEFICIARY	<input type="checkbox"/> EXECUTOR/ADMINISTRATOR
<input type="checkbox"/> OTHER (SPECIFY) _____		

NOTE: please copy and insert as many pages as required.

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AFFIDAVIT

DATE: ____/____/____

STATE OF _____

COUNTY OF _____

(check one)

Individual Applicant

Members of the Partnership Applicant

_____ of _____
(President/Vice President) (Corporation)

Consent(s) that the licensed premises and all portions 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 New Jersey 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/he 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 Proprietor)

CORPORATIONS ONLY

Attestation by Corporate Secretary

Partnership Name

Signature of Partner

Attest: _____
Corporate Name

Signature of Partner

Secretary Signature: _____

Sworn and subscribed 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