



W. Reed Gusciora, Mayor
 319 East State Street
 Trenton, NJ 08638
 (609) 989-3187
www.trentonnj.org

CITY OF TRENTON CANNABIS LOCAL LICENSE APPLICATION (part 1 of 3)

NOTICE OF APPLICATIONS

This information is subject to disclose under Public Record Law.
 The Office of Housing & Economic Development will **NOT** accept applications that are incomplete or missing information. **NO EXCEPTIONS.**
 The licensee or legal representative **MUST** notify the Office of Housing & Economic Development of any changes within 10 business days to avoid civil penalties, up to and including suspension or revocation of the license.
 Once deemed complete by the Committee, it will schedule a meeting with the application to initiate the review process necessary for the applicant to gain local resolution of support as established by ordinance. Social equity applicants and micro license seekers as defined by the State of NJ CRC are exempt from such fee until awarded a preliminary endorsement by the State CRC. Nothing in this process guarantees support by the City Council.

Application Type (Select ONE)

<input type="radio"/> New Application	<input type="radio"/> Renewal Application	<input type="radio"/> Amend Existing Application
---------------------------------------	---	--

Business Information

Entity Name :	Must match Secretary of State Business Registry			
Trade Name (DBA) :				
City Facility Address :	Street	City	State	Zip
Business Email:	Employer Identification No.:			
Does your business have a Security Plan that describes how your business intends to comply with City and State security and access requirements?			Yes	No
Business Structure	<input type="radio"/> Sole Propriety		<input type="radio"/> Partnership	
	<input type="radio"/> Limited Liability Corporation		<input type="radio"/> Limited Partnership	
	<input type="radio"/> Corporation		<input type="radio"/> Other	

License Type (s)			
Retailer	Manufacturer	Cultivator: Tier I	Cultivator: Tier II
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery	Distributor	Cultivator: Tier III	Cultivator: Tier IV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wholesaler	Consumption	Cultivator: Tier V	Cultivator: Tier VI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail: Micro	Manufacturer: Micro	Micro-Retailer	Micro-Manufact
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City Permits/License Numbers
City Business License Cert.
City Alarm Req:

ENDORSEMENTS (Manufacturers ONLY, select ALL that apply)
 Cannabis Manufacturing Licensees with an CRC endorsement to produce edibles will need a Commercial Kitchen Certificate before granted a license. Additionally, all employees producing edible products must have a valid Food Handler card issued by the Mercer County Health Department.

Topicals	Edibles	Concentrates	Extracts	Micro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the type of products to be processed, a description of the equipment to be used, and any solvents, gases, chemicals, or other compounds proposed to be used to create extracts or concentrates.

Information About Recreational Cannabis Tax		
Please select "Yes" if you are aware that Trenton businesses are required to collect a 2% City of Trenton sales tax on recreational cannabis and cannabis products from the customer at the point of sale for all sales. All tax collected by the seller must be segregated, them refitted as required by law.	<input type="radio"/>	<input type="radio"/>
	Yes	No

NOTICE REGARDING BUSINESS CONTACT INFORMATION

The "Primary Business Contact Information" section is the ONLY information used for the City of Trenton to contact the business about matters related to the application or license.

The license or legal representation **MUST** notify the Office of Housing & Economic Development of any changes to this contact information within 10 business days.

Primary Business Contact Information

Primary Business Contact:	First Name	Last Name		
Ownership Percentage:	Title/Position:			
Is this person at least 21 years of age?	<input type="radio"/> Yes	<input type="radio"/> No		
Primary Business Contact Phone Number:	Primary Business Contact Email:			
Primary Business Contact Mailing Address:	Street	City	State	Zip

Property Lease/Ownership Information

Licensees must have legal possess of the premises for duration of license issuance. Not mandatory for applicants seeking City support for submission of State licensing application to CRC. In the latter case, provide the property applicant seeks to operate with.

Do you own the property where the business is or will be located Yes No

If you are NOT the property owner, fill out the information below. The applicant must provide a true and complete copy of the executed lease, and/or proof that the property owner has authorized the users a Cannabis Business in writing.

Property Owner:	First Name	Last Name		
Mailing Address:	Street	City	State	Zip
Phone Number:	Email:			
Lease start date:	Lease start date:			

Social Equity Applicant

<p>Please select “Yes or “No” if are eligible to apply as a Social Equity Applicant. The requirements to apply as a Soical Equity Business as cited in N.J.A.C.17:30-6.6;</p> <ul style="list-style-type: none"> • More than 50% of the Ownership interest must meet the following criteria: <ul style="list-style-type: none"> • Lived in an Economically Disadvantaged area for 5 go preceding 10 years; AND • At the time of application household income is 80% of average median income in the state. • More than 50% of Ownership interest is eligible to be pronounced rehabilitated in accordance with N.J.A.C.17:30-7.12(e) and have been adjudicated for, or convicted of; <ul style="list-style-type: none"> • At least two Marijuana - or hashish - related disorderly persons offenses, or; • At least one Marijuana - or hashish - related indictable offense. 	<input type="radio"/> Yes	<input type="radio"/> No
--	---------------------------	--------------------------

OATH OF APPLICATION

Completion of these forms and submission with the non-refundable fee does not imply any obligation on the part of the City of Trenton to grant the requested License. Issuance of the Clty of Trenton Regulatory License does not relieve the License from the obligation to meet all other applicable Federal, State, and local laws and regulations The undersigned hereby states that the statements made in this application are true and correct to the best of their knowledge and belief, an that tis statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information may be cause for refusal to issue, or suspension or revocation, of any License issued under The City Ordinance. The applicant understands that a complete application includes all three parts; Application, Personal History, and Community Plan along with any relevant exhibits.

By signing this document, I acknowledge that upon presentation of proper credentials, an Applicant or Licensee shall allow any representative of the Office of Housing & Economic Development to enter the business location to ensure compliance with the provisions of Chapter 127 and 215.

Authorized Signature:	Date:
Printed Name:	Title:

MAIL APPLICATION PACKAGE TO:

Trenton Municipal Clerk's Office
 319 East State Street / Annex
 Trenton, NJ 08608



W. Reed Gusciora, Mayor
 319 East State Street
 Trenton, NJ 08638
 (609) 989-3187
www.trentonnj.org

CITY OF TRENTON CANNABIS LOCAL LICENSE APPLICATION PERSONAL HISTORY FORM (part 2 of 3)

Please include primary business contacts, business owners, and managers.

Business Name:		Must match Secretary of State Business Registry
----------------	--	---

Facility Address:		Street, City, Zip
-------------------	--	-------------------

License Type:	Retailer	Delivery	Manufacturer	Cultivator	Distrib/Wholesale
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Micro-Retailer	Micro-Manufact	Micro-Cultivator
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This contact will be the PRIMARY BUSINESS CONTACT. All business correspondence will be sent to this individual.

Primary Contact:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :

Contact 2:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :

Contact 3:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :

Contact 4:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :

Please list the names and locations of other cannabis businesses with which these contacts are affiliated. Attach additional sheets if necessary.

Primary Contact:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :
Contact 2:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :
Contact 3:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :
Contact 4:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :
Contact 5:	First Name:	Last Name:
	Ownership % :	Title/Posi@on :
	Phone Number :	Email :

Have any of these contacts engaged in the direct management and operation of, OR had five percent (5%) or more interest in, a Cannabis Business regulated by the City of Trenton whose license has been revoked? Yes No

The undersigned hereby states that the statements made in this form are true and correct to the best of my knowledge ad belief, and that this statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information **may be cause for refusal to issue, suspension, or revocation, of any License issued under The City of Trenton Ordinance.**

Print Name:	Date:
Signature:	Title:



W. Reed Gusciora, Mayor
319 East State Street
Trenton, NJ 08638
(609) 989-3187
www.trentonnj.org

CITY OF TRENTON CANNABIS LOCAL LICENSE APPLICATION COMMUNITY PLAN (part 3 of 3)

Business Information				
Entity Name	Must match Secretary of State Business Registry			
Trade Name (DBA)				
Facility Address	Street	City	State	Zip
Mailing Address	Street	City	State	Zip
Phone Number:	Email:			
Website:	Facebook link (Optional) :			

1. Please provide a summary of your experience and/or commitment to LOCAL community health related programs and associated charitable organizations with particular attention toward prevention of drug and alcohol abuse including but limited to youth and vulnerable persons both locally and regionally.

--

2. Please describe how your business will prevent and address potential negative impacts to neighborhood livability such as noise, parking, garbage, or loitering.

3. Please describe a summary of your operational plans; including, but not limited to: storage of products, currency and transport, physical security, video surveillance, security personnel, and visitor management.

4. Application's owners' or principals' qualifications and experience operating in highly regulated industries.

5. Applicant's brand and proposal for the physical presence of the business. Include any marketing places and artwork. (Submit additional pages as necessary)

6. Applicant's orientation and/or intentions toward to research and development of Cannabis as a medicine and any other practical use thereof, if any.

7. Applicant's or its owners' demonstrated commitment or sufficient experience as responsible employers, defined as the applicant entity being a committed to a local program in collaboration with organizations committed to the well-being of residents, including, but not limited to the City and surrounding service area. Provide evidence in letters of support and agreements.

**8. Summary of the applicant's environmental impact/mitigation, and sustainability plan.
(e.g. solar, water conservation, stormwater mitigation, etc.)**

9. Applicant's demonstrated commitment to Applicant's ties to the host community demonstrated by at least one shareholder's proof of residency in the City of Trenton for one or more years in the past ten years, or at least one shareholder's continuous ownership of a business based in the city for one year in the past ten year.

10. Diversity in its ownership composition and hiring practices; including applicant's commitment to utilize local sources of labor and associated building materials. Highlight any experience working on NJ-based development projects and familiarity with NJ Codes and Standards.

11. Applicant's provide details regarding the facility job training intentions.

***Please submit any supporting documents and/or presentations applicant feels pertinent to assist the Committee in its review process.*