

# Rockaway Township – Division of Health Cannabis Facilities License Application

## Establishment Information

All applications shall be made in the name of the Corporation, Partnership, L.L.C., person or persons who have been licensed by the State of New Jersey to operate cannabis facilities and/or to provide cannabis services.

### **Business/Corporation:**

Business Name:

\_\_\_\_\_  
*Name of Corporation/Partnership/LLC/Sole Proprietorship*

Principal Contact:

\_\_\_\_\_

Business Address:

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apartment/Unit #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP Code*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Phone*

### **Ownership – Please provide information for all named business owners:**

*Please use additional paper if necessary*

Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

\_\_\_\_\_

Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

\_\_\_\_\_

Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

\_\_\_\_\_

**Please select the type(s) of facility you are making application for:**

**Medical Cannabis Establishment:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Cannabis Clinical Registrant | <input type="checkbox"/> Medical Cannabis Dispensary   |
| <input type="checkbox"/> Medical Cannabis Cultivator          | <input type="checkbox"/> Medical Cannabis Manufacturer |

**Recreational Cannabis Establishment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cannabis Cultivator   | <input type="checkbox"/> Cannabis Distributor      |
| <input type="checkbox"/> Cannabis Manufacturer | <input type="checkbox"/> Cannabis Retailer         |
| <input type="checkbox"/> Cannabis Wholesaler   | <input type="checkbox"/> Cannabis Delivery Service |

**Other Cannabis Establishment:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cannabis Research & Development Facility | <input type="checkbox"/> Cannabis Testing Facility |
|---|--|

**Please provide previous medical or recreational cannabis history, experience and prior names under which your business has operated (if any):**

Establishment Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Establishment Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Establishment Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**History of violation(s):**

If you have been charged with a violation or received a notice of violation of applicable law or regulation as a cannabis licensee or permittee in New Jersey or any other state, a copy of such charges or notices of violations along with the disposition, if any, thereof must be provided with this application. Failure to reveal prior charges or notices of violations shall result in denial of this application.

## Requirements, Attachments & Terms of Licensure

### **Prerequisites/Requirements (Applicant is to provide documentation of each):**

License issued by the State of New Jersey authorizing applicant to operate in the cannabis facility/operation category or categories for which they are applying to the Township of Rockaway. *Applicant is to provide copy of State of New Jersey license.*

Site plan approval from the Township Planning Board or Zoning Board of Adjustment. *Applicant is to provide resolution of approval from the Township Planning Board or Zoning Board of Adjustment.*

Affidavit signed by a person authorized to legal bind the applicant along with other documents providing proof of compliance with all State and local laws regarding affirmative action, anti-discrimination and fair employment practices. *Applicant is to provide affidavit and proof of compliance with aforementioned State and local laws, as necessary.*

Proof of lawful possession of premises proposed for use as Cannabis Alternative Treatment Center, Cannabis Research and Development Facility, Recreational Cannabis Use Facility or Cannabis Testing Facility. *Applicant is to provide deed, pending real estate contract or letter of intent from owner of premises indicating intent to lease premises to applicant.*

That building in which a cannabis operation is proposed is equipped with a ventilation system with carbon filters sufficient in type and capacity to eliminate cannabis odors emanating from interior of premises. *Applicant is to provide documentation that ventilation system has been approved by Township Building Department.*

That any building in which a cannabis operation is proposed is equipped with outside generator(s) and/or other mechanical equipment, said equipment is enclosed and has appropriate baffles, mufflers and/or other noise reduction systems to mitigate noise pollution. *Applicant is to provide documentation/specifications to Township Building Department.*

Proof of applicant's compliance with full-time security protocols, including but not limited to preventing unauthorized access to the premises upon which the proposed cannabis facility is located. *Applicant is to provide security protocols to Township Police Department for compliance review with safety and security standards established by the State of New Jersey for cannabis facilities.*

Certification under oath of individual authorized to legally bind the applicant indicating that the Applicant shall not discriminate based upon 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. The Certification shall also acknowledge applicant's understanding that applicant's violation of applicable law and/or any of the requirements or conditions of this license shall be grounds for suspension or revocation of such license at the sole discretion of the Township.

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**Owner's Signature**

**Date**

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**Print Name**

**Please attach the following items to your application:**

- Copy of State of New Jersey license to operate.
- Copy of resolution of approval from Township Planning Board or Zoning Board of Adjustment.
- Affidavit and proof of compliance with State and local laws regarding affirmative action, anti-discrimination and fair employment practices.
- Deed, pending real estate contract or letter of intent from owner of premises indicating intent to lease premises to applicant.
- Evidence of sufficient ventilation system to eliminate cannabis odors to outside air (i.e., manufacturer’s spec/cut sheets, schematic of ventilation system, etc.).
- Evidence that outside generator(s) and mechanical equipment, if utilized, is enclosed and in compliance with all Township ordinance requirements to mitigate noise pollution.
- Copy of full-time security protocols.

**Fees:**

<b>Application Fee, Initial</b> ( <i>non-refundable</i> )	\$2,500
<b>Application Fee, Renewal</b> ( <i>non-refundable</i> )	\$1,500

*NOTE: Application fee is due for each of the ‘License Fees’ listed below*

**License Fees** (*please select appropriate fee – independent of application fee*)

- Cannabis Research & Development Facility -----\$5,000
- Cannabis Testing Facility-----\$5,000
- Medical Cannabis Clinical Registrant -----\$5,000
- Medical Cannabis Dispensary ----- \$10,000
- Medical Cannabis Manufacturer----- \$10,000
- Medical Cannabis Cultivator ----- \$10,000
- Cannabis Retailer ----- \$12,500
- Cannabis Delivery Service ----- \$12,500
- Cannabis Manufacturer----- \$12,500
- Cannabis Cultivator ----- \$12,500
- Cannabis Wholesaler ----- \$12,500
- Cannabis Distributor----- \$12,500

**Term of Licensure:**

The Cannabis license is valid for a period of one (1) year from the date of issuance. The Division of Health, at its discretion, may adjust annual renewal date of the local license, and the annual license fee may be increased or decreased to prorate the period, accordingly.

**Certification of Application**

**By signing this application, I affirm that I have read and understand all the provisions of the ordinances of the Township of Rockaway with respect to my license for a Medical Cannabis Facility.**

**I certify that all information contained herein, including any document provided in support of this application, is true and correct, and said information and documents are not false or misleading with respect to any material fact, nor do they omit any material fact necessary to review this application. Any omission, misstatement of fact or attempt to mislead the issuing authority or its investigators, deliberate or in error, may lead to the denial of this application.**

\_\_\_\_\_  
*Applicant Signature* *Date*

\_\_\_\_\_  
*Print Name* *Title*

**FOR AGENCY USE ONLY**

**Fee Remitted:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_