

TOWNSHIP OF MAPLE SHADE

200 Stiles Avenue
Maple Shade, New Jersey 08052
(856) 779-9610



Thank you for your interest in seeking to open a cannabis establishment in the Township of Maple Shade. The application included with this letter must be completed in order to apply for a Municipal Cannabis Business License in the Township of Maple Shade.

APPLICATION REQUIREMENTS

Applications must be completed in their entirety and must include all required documents. Do not use address ranges on the application or required documents. Legal documents included as part of this application must be properly signed and executed. All materials must be legible. Please do not leave any fields blank.

Incomplete applications will be rejected.

APPLICATION PROCESS

Completed applications, including all fees, are required to be submitted to the Township Manager's Office, 200 Stiles Avenue, Maple Shade, NJ 08052. Packages should include five (5) copies of the application and one (1) electronic copy. Once received, applications will be reviewed by the Cannabis Advisory Committee (CAC) for review and recommendation to the Governing Body. The review of applications may include an interview with the applicant. Applications will be reviewed as they are received and so long as licenses are available within the township.

Any license conditionally issued by the Township of Maple Shade is contingent upon the applicants receipt of a State permit or license of the same class or type of regulated cannabis activity. Licenses to operate will not be issued by the Township of Maple Shade until the applicant has received a State permit and has satisfied all other pre-requisites of municipal licensure (i.e. Planning, Zoning, Construction as applicable).

If within twelve (12) months of the issuance of a conditional license by the Township, the applicant has not received a State permit or license, the Township of Maple Shade reserves the right to either extend the conditional license for an additional six (6) months or choose to rescind the conditional license and re-open the application process.



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CANNABIS ADVISORY COMMITTEE APPLICATION

LICENSE TYPE INFORMATION

1. LICENSE TYPE SOUGHT (select all that apply)

- a. Class 1 – Cultivator
- b. Class 2 – Manufacturer
- c. Class 3 – Wholesale
- d. Class 4 – Distributor
- e. Class 5 – Retailer
- f. Class 6 – Delivery

2. MICROBUSINESS YES NO

3. SOCIAL EQUITY YES NO

4. DIVERSITY OWNED YES NO

5. CONSUMPTION AREA SOUGHT YES NO

6. CCB LICENSE RENEWAL YES NO

7. STANDARD STATE APPLICATION YES NO

8. AMENDMENT TO APPLICATION ON FILE YES NO

BUSINESS (Physical address in Maple Shade)

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

APPLICANT

APPLICANT NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

EMAIL _____

PRIMARY CONTACT

CONTACT NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____
EMAIL _____

APPLICATION STATUS

- 1. Submitted Application to State CRC _____ YES _____ NO
- 2. Seeking Condition or Annual Application with State CRC
_____ CONDITIONAL _____ ANNUAL
- 3. Has CRC Approved your Application? _____ YES _____ NO
- 4. Was your CRC Application Denied? _____ YES _____ NO
- 5. State License Number (if applicable) _____

LOCAL APPLICATION STATUS

- 6. Does the Applicant have site control? (proof required)
_____ YES, we have signed lease _____ YES, we own the site
- 7. Submitted Conditional Use Application to Planning Board? _____ YES _____ NO
- 8. If yes to #7, is the Planning Board Application already approved? _____ YES _____ NO

LICENSE RENEWAL ONLY

- 9. Has license type information changed? _____ YES _____ NO
- 10. If applicable, are you still a Microbusiness? _____ YES _____ NO

APPLICATION CHECKLIST (An applicant shall submit the following documents or information)

SUBMITTED	YES	NO	N/A
1. Completed & notarized “Financial Interest Section” (see page 4) Names & residences of all persons financially interested in the business, and the nature and extent of this interest; and, if a corporation, the names, residences, and citizenship of the officers, directors, and stockholders, and shall disclose whether the applicant has been convicted of any criminal or quasi criminal offense, and if so, the date and place of such conviction and the nature of the offense.	_____	_____	_____
2. Proof the cannabis establishment or cannabis distributor will be operated pursuant to all local and state regulations	_____	_____	_____
3. Any necessary approvals by the Maple Shade Planning Board, or other related boards.	_____	_____	_____
4. Statement and/or plans of odor mitigating practices	_____	_____	_____
5. Safety and security plans and procedures	_____	_____	_____

	YES	NO	N/A
SUBMITTED			
6. A description of the proposed location, including the surrounding area and the suitability or advantages of the proposed location	—	—	—
7. Plans to operate a cannabis consumption area, if applicable	—	—	—
8. A community impact, social responsibility, and research statement, which shall include, but shall not be limited to the following:	—	—	—
a. A community impact plan summarizing how the applicant intends to have a positive impact on the Township of Maple Shade, which shall include an economic impact plan, and a description of outreach activities.	—	—	—
b. A written description of the applicant’s record of social responsibility, philanthropy, and ties to the Township of Maple Shade.	—	—	—
c. A written plan describing any research and development regarding the adverse effects of cannabis, and any cannabis-related educational outreach activities, which the applicant intends to conduct if issued a permit by the Township, including the applicant’s plan to implement or contribute to educational or training programs for individuals formally sentenced for marijuana-related charges to teach those individuals the legal marijuana industry within the Township of Maple Shade.	—	—	—
9. A workforce development and job creation plan, which may include information on the applicant’s history of job creation and planned job creation at the proposed cannabis establishment or cannabis distributor; education, training, and resources to be made available for employees; any relevant certifications, and an optional diversity plan.	—	—	—
10. An attestation signed by a bona fide labor organization stating that the applicant has entered into a labor peace agreement. This requirement shall not apply to applicants for a conditional permit or for an entity that is certified microbusiness.	—	—	—
11. A business and financial plan	—	—	—
12. A list of childcare providers and substance abuse treatment facilities that are within two hundred-fifty (250) feet of a proposed Class 5 cannabis retail location. Distance shall be measured from the main entry door of the proposed Class 5 cannabis retail facility to the front main entry door of the childcare provider or substance abuse treatment facility is located. The applicant shall request list of childcare providers and substance abuse treatment facilities that are within two hundred-fifty (250) feet of the proposed Class 5 cannabis retail location from the Township of Maple Shade Tax Assessor. The request shall be sent via certified and regular mail to Maple Shade Tax Assessor. The Tax Assessor shall provide the list within thirty (30) days. If the Assessor fails to provide the information within thirty (30) days, the CAC may hear the application as long as proof of mailing to the Township Tax Assessor is provided.	—	—	—

FINANCIAL INTEREST (Attach additional sheets as necessary)

QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY

Any corporation that is reported to have an interest in the business to be licensed, whether the licensee company, the parent corporation, or the licensed company, holding company, or otherwise affiliated in the corporate chain must answer the following using separate sheets for each corporation. Answer questions for both the Financial Interest and Financial Interest A for each corporation.

Corporation Name _____

Street Address _____

City _____ State _____ Zip Code _____

NJ Sales Tax Certification of Authority Number _____

If corporation address above is out of state, report below the address of any office location in New Jersey. Insert n/a if none.

Street Address _____

City _____ State _____ Zip Code _____

Is the corporation now an existing, valid corporation? _____ YES _____ NO

Date chartered or incorporated (mm/dd/yyyy): _____

State chartered or incorporated? _____

Certificate of incorporation number: _____

If incorporated under the laws of New Jersey, has the corporation received an authorization to conduct business in New Jersey from the New Jersey Office of the Secretary of State? _____ YES _____ NO

Has the corporation charter ever been revoked by the office of the Secretary of State in New Jersey?
_____ YES _____ NO

If the answer is "YES", insert the date of revocation, or if suspended, the beginning and ending date of the suspension.

Date of revocation (mm/dd/yyyy): _____

Beginning date (mm/dd/yyyy): _____

Ending date (mm/dd/yyyy): _____

Insert the name and address of registered or authorized agent in New Jersey upon whom service of process in any proceedings against the Applicant, pursuant to the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act, or proceedings in a State of US District Court, may be made:

Name (Last, First, MI or Corporate Name): _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email _____

If the licensed company is owned by the other corporation(s) or in a corporate chain, attach a diagram depicting the corporate relationships and the percentage of stock interest, in the company to be licensed, owned by the other corporations or other non-corporate entities (individuals, partnerships, associations).

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

FINANCIAL INTEREST A (Attach additional sheets as necessary)

ALL APPLICANTS ANSWER THE FOLLOWING (ADD PAGES AS NECESSARY)

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIP: 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 the 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 have been report in Financial Interest (previous page). Information on this page will identify all officers, directors, and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

Name of corporation or club covered by this page (complete ONLY if applicant or stockholder is a corporation or a partnership)

Name of individual (last name, first name) _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

Home Telephone Number: _____ Office Telephone Number: _____

Percent 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"/> Secretary |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Director | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Agent | <input type="checkbox"/> Executor/Administrator |
| <input type="checkbox"/> Receiver | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Other: _____ |

Name of individual (last name, first name) _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

Home Telephone Number: _____ Office Telephone Number: _____

Percent 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"/> Secretary |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Director | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Agent | <input type="checkbox"/> Executor/Administrator |
| <input type="checkbox"/> Receiver | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Other: _____ |

SUBMISSION CHECKLIST

- _____ Please attach the required affidavits and supplemental forms, reports, and other documents needed to process your application.
- _____ Please issue a \$5,000 escrow check made payable to the **Township of Maple Shade** for us to intake your application. A submission without the \$5,000 escrow will NOT be accepted. Submit the check by mail or in person.
- _____ Please complete an Affidavit of Submission. A Cannabis Control Board Application will NOT be accepted if one is NOT submitted.
- _____ Initials of the Applicant/Preparer (Must match Affidavit of Submission) _____
- _____ Once you have completed all of the Submission Checklist listed above, you can mail your application to: Maple Shade CAC, 200 Stiles Avenue, Maple Shade NJ 08052.

CONTACT:

Township Manager
Township of Maple Shade
200 Stiles Avenue
Maple Shade, New Jersey 08052
(856) 779-961, ext. 161

AFFIDAVIT OF SUBMISSION

I, the Applicant, certify that the statements and information on the submitted Cannabis Control Board Application and the attached materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate Applicant and that I am authorized to sign the Affidavit of Submission for the Corporation or that I am a General Partner of the Partnership Applicant. I hereby permit the Township of Maple Shade’s designee to inspect the subject property in conjunction with this application.

Address (Subject Property) : _____

Block(s)/Lot(s): _____

Initials of Applicant (must match GDA)

Applicant Signature

Property Owner Signature Authorizing Submission of the Application if other than Applicant

Sworn to and subscribed before me this date _____

Notary Public

§ 114-57. - Local Licensing Authority, License Maximum and Regulations

D. Permitted Classes of Licenses, Maximum number of licenses and fees. Cannabis Cultivators, Manufacturers and Retailers shall be permitted within certain boundaries of the Township. Subject to the land use and location requirements of the Township Municipal Code, the Township may issue up to and including the following number of licenses which shall require the associated license application fee for Class 1, 2 and 5, initial annual license fee and annual renewal fee:

**TOWNSHIP OF MAPLE SHADE CANNABIS
LICENSE AND FEE SCHEDULE**

License	Class	Maximum Number of Licenses to be Issued	Nonrefundable Application Fee	Nonrefundable Annual License and Renewal
Cannabis Cultivator	1	1	\$10,000.00	\$25,000.00
Cannabis Manufacturer	2	1	\$10,000.00	\$25,000.00
Cannabis Retailer	5	3	\$10,000.00	\$25,000.00

The amount of the non-refundable application fee, non-refundable initial annual license fee, non-refundable annual renewal fee and number of licenses may be modified from time to time by a subsequent duly adopted resolution of the Township Council

E. A resolution of support issued by the Township Council pursuant to N.J.A.C. 17:30-5.1(g)1 to a cannabis business shall expire within twelve (12) months unless the business has secured at least one of the annual State issued cannabis licenses for operation of a Class 1, 2 or 5 cannabis business within the Township. The Township Council may extend the resolution of support at its discretion for an additional period of six (6) months for good cause, including but not limited to delays in the processing of approvals required from State, county or other local agencies. There shall be a fee of \$2,500 for each extension request.