



# CANNABIS ADVISORY COMMITTEE APPLICATION

## TOWNSHIP OF FAIRFIELD

### ESSEX COUNTY

230 Fairfield Road, Fairfield, New Jersey 07004

973-882-2700 ext. 2501 [clerk@fairfieldnj.org](mailto:clerk@fairfieldnj.org)

**THIS SECTION IS FOR TOWNSHIP STAFF ONLY**

Intake Date:	
Case Number:	

**1.  
LICENSE TYPE  
INFORMATION**

1.	<b>LICENSE TYPE SOUGHT (mark below)</b>			
	Class 2 - Manufacturer			
	Class 3 - Wholesaler			
	Class 4 - Distributor			
2.	<b>MICROBUSINESS</b>		Yes	No
3.	<b>SOCIAL EQUITY</b>		Yes	No
4.	<b>DIVERSITY OWNED</b>		Yes	No
5.	<b>FFD CAC LICENSE RENEWAL</b>		Yes	No
6.	<b>STANDARD STATE APPLICATION</b>		Yes	No
7.	<b>AMENDMENT TO FFD APP ON FILE</b>		Yes	No

**2.  
BUSINESS**  
*(physical location in FFD)*

1.	Business Name:	
2.	Street Address:	
3.	Block and Lot:	
4.	City:	
5.	State:	
6.	Zip Code:	
7.	Zone Location:	

**3.  
APPLICANT**

1.	Applicant Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	

**4.  
OWNER  
CONTACT**

1.	Owner Contact Name:	
2.	Street Address:	
3.	City:	
4.	State:	
5.	Zip Code:	
6.	Phone:	
7.	Email:	

**5. APPLICATION STATUS**

<b>STATE APPLICATION STATUS</b>		<b>YES</b>	<b>NO</b>
1.	Submitted Application to State CRC		
2.	Seeking Condition Application with State CRC		
3.	Has CRC Approved your application?		
4.	Was your CRC Application denied?		
5.	State license number (if applicable)		
<b>LOCAL APPLICATION STATUS</b>			
6.	Does the Applicant have site control? (proof required)		
	Yes, we have a signed lease		Yes, we own the site
7.	Submitted Application to Planning Board		
8.	If yes, is the Planning application already approved?		
<b>LICENSE RENEWAL ONLY</b>			
9.	Has license type information changed?		
10.	If applicable, are you still a Microbusiness?		

**5. APPLICATION CHECKLIST**

*(An applicant shall submit the following documents or information)*

	<b>SUBMITTED</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1.	Complete and Notarized Financial Interest Section. See next page. Names and 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 Fairfield Planning Board, or other related boards			
4.	Statement and/or plans of odor mitigating practices			
5.	Safety and security plans and procedures			
6.	A description of the proposed location, including the surrounding area and the suitability or advantages of the proposed location, along with a floor plan and optional renderings or architectural or engineering plans			
7.	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 Fairfield 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 Fairfield			
	c. A written description of any research the applicant has conducted on the adverse effects of the use of cannabis items, substance abuse or addiction, and the applicant's participation in or support of cannabis-related research and educational activities; and			
	d. A written plan describing any research and development regarding the adverse effects of cannabis, and any cannabis-related educational and outreach activities, which the applicant intends to conduct if issued a permit by the Commission, 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 Jersey City.			
8.	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.			
9.	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 a certified microbusiness.			
10.	A business and financial plan			

## 6. FINANCIAL INTEREST

(Attach additional sheets as necessary)

<b>QUESTIONS TO BE ANSWERED BY CORPORATIONS ONLY</b>	
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 section 6 and 7 for each corporation.	
1.	Name or Corporation:
2.	Street address of home office:
	Municipality:
	State/Country:
	Zip Code:
3.	NJ Sales Tax Certificate of Authority Number:
4.	If corporation address in number 2 above it out of state, report below the address of any office location in New Jersey, insert n/a if none.
	Street address:
	Municipality:
	State: New Jersey
	Zip Code:
5.	Is the corporation now an existing, valid corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Date chartered or incorporated (mm/dd/yyyy):
	State chartered or incorporated:
7.	Certificate of incorporation number:
8.	If not incorporated under the laws of New Jersey, has the corporation received an authorization to conduct business in New Jersey from the New Jersey Office off the Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has the corporation charter ever been revoked by the Office of the Secretary of State in New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If the Answer if "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):
10.	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 U.S. District Court, may be made:
	Name (last, first, MI or Corporate Name):
	Street Address:
	Municipality:
	State: New Jersey
	Zip Code:
	Phone Number:
	Email:
11.	If the licensed company is owned by other corporation(s) or in a corporate chain, attached a diagram depicting the corporate relationships and the percentage of stock interest, in the company to be licensed, owned by other corporations or other non-corporate entities (individuals, partnerships, associations).

## 7. 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 reported in section 6. Information on this page, section 7, 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)

1.	Name of individual (last name first), stockholder, partner, officer or director:			
2.	Home Street address:			
	P.O. Box:			
	Municipality:			
	State/Country:			
	Zip Code:			
3.	Social Security Number:			
4.	Date of Birth (MM/DD/YYYY):			
5.	Home Telephone Number:			
6.	Office Telephone Number:			
7.	Percent of business owned or controlled:			
8.	Number of shares:			
9.	Check position that applies:			
	<input type="checkbox"/>	Sole Owner	<input type="checkbox"/>	Partner
	<input type="checkbox"/>	President	<input type="checkbox"/>	Vice-President
	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Director
	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Agent
	<input type="checkbox"/>	Receiver	<input type="checkbox"/>	Beneficiary
	<input type="checkbox"/>		<input type="checkbox"/>	Stockholder
	<input type="checkbox"/>		<input type="checkbox"/>	Secretary
	<input type="checkbox"/>		<input type="checkbox"/>	Trustee
	<input type="checkbox"/>		<input type="checkbox"/>	Executor/Administrator
	<input type="checkbox"/>		<input type="checkbox"/>	Other:
	<input type="checkbox"/>		<input type="checkbox"/>	
1.	Name of individual (last name first), stockholder, partner, officer or director:			
2.	Home Street address:			
	P.O. Box:			
	Municipality:			
	State/Country:			
	Zip Code:			
3.	Social Security Number:			
4.	Date of Birth (MM/DD/YYYY):			
5.	Home Telephone Number:			
6.	Office Telephone Number:			
7.	Percent of business owned or controlled:			
8.	Number of shares:			
9.	Check position that applies:			
	<input type="checkbox"/>	Sole Owner	<input type="checkbox"/>	Partner
	<input type="checkbox"/>	President	<input type="checkbox"/>	Vice-President
	<input type="checkbox"/>	Treasurer	<input type="checkbox"/>	Director
	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Agent
	<input type="checkbox"/>	Receiver	<input type="checkbox"/>	Beneficiary
	<input type="checkbox"/>		<input type="checkbox"/>	Stockholder
	<input type="checkbox"/>		<input type="checkbox"/>	Secretary
	<input type="checkbox"/>		<input type="checkbox"/>	Trustee
	<input type="checkbox"/>		<input type="checkbox"/>	Executor/Administrator
	<input type="checkbox"/>		<input type="checkbox"/>	Other:
	<input type="checkbox"/>		<input type="checkbox"/>	

**8.  
SUBMISSION  
CHECKLIST**

	Please attach the required affidavits and supplemental forms, reports, and other documents needed to process your application, see section 5. <a href="#">Download FAQ, Instructions and Standards Document if you have any questions.</a>
	Please fill out an Affidavit of Submission. A Cannabis Advisory Committee Application will not be accepted if one is <b>NOT</b> submitted.
	Initials of the Applicant/Preparer: (Must match Affidavit of Submission) _____
	Once you have completed all of the Submission Checklist items above, you can email you application to <a href="mailto:clerk@fairfieldnj.org">clerk@fairfieldnj.org</a>

**CONTACT:**

Township of Fairfield  
Cannabis Control Board  
 230 Fairfield Road  
 Fairfield, NJ 07004  
 973-882-2700 ext. 2501  
[clerk@fairfieldnj.org](mailto:clerk@fairfieldnj.org)

## AFFIDAVIT OF SUBMISSION

I, the Applicant, certify that the statements and information on the submitted Municipal Cannabis c/o Cannabis Advisory 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 authorized Township official to inspect the subject property in conjunction with this application.

Address (Subject Property) : \_\_\_\_\_

Block(s)/Lot(s): \_\_\_\_\_

\_\_\_\_\_  
*Initials of Applicant*

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

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

Sworn to and subscribed before me this date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Fee schedule established.**

The application fee for a municipal cannabis license application (distributor, manufacturer or wholesale) shall be ten thousand dollars (\$10,000) nonrefundable

- Class 2 Cannabis Manufacturer license
- Class 3 Cannabis Wholesaler license
- Class 4 Cannabis Distributor license

The application fee for a municipal cannabis license application to be transfer (distributor, manufacturer or wholesale) shall be ten thousand dollars (\$10,000) nonrefundable

- Class 2 Cannabis Manufacturer license
- Class 3 Cannabis Wholesaler license
- Class 4 Cannabis Distributor license

The annual renewal fee is ten thousand dollars (\$10,000) nonrefundable

- Class 2 Cannabis Manufacturer license
- Class 3 Cannabis Wholesaler license
- Class 4 Cannabis Distributor license

All applications will be reviewed by the Cannabis Advisory Committee