



Bert H. Steinmann, Mayor

2 Jake Garzio Dr
Ewing, NJ 08628
609-883-2900
www.ewingnj.org

TOWNSHIP OF EWING CANNABIS LOCAL LICENSE APPLICATION (part 1 of 3)

NOTICE TO APPLICANTS

This information is subject to disclosure under Public Record Law.
The Township Clerk's Office will **NOT** accept applications that are incomplete or missing information.
NO EXCEPTIONS.
The licensee or legal representative **MUST** notify the the Township Clerk 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 applicant to initiate the review process necessary for the applicant to gain a 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 Ewing Township Council.

Application Type (Select ONE)

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

Must match Secretary of State Registry and CRC Application				
Entity Name:				
DBA				
Trade Name:				
Street		City	State	Zip
Facility Address:		<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
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 Proprietor		<input type="radio"/> Partnership	
	<input type="radio"/> Limited Liability Corporation		<input type="radio"/> Limited Partnership	
	<input type="radio"/> Corporation		<input type="radio"/> Other	

Official Use ONLY

Application No. _____

Application Complete _____

Fee Paid _____

By _____

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	Cultivation: Micro	Wholesale: Micro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Township Permits/License Numbers
Township Business License Cert.
Township Alarm Reg:

Endorsements (Manufacturers ONLY, select ALL that apply)				
Cannabis Manufacturing Licensees with an CRC endorsement to produce edibles will need a Commercial Kitchen Certificate before being 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 Ewing businesses are required to collect a 2% Ewing Township 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, then remitted as required by law.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

NOTICE REGARDING BUSINESS CONTACT INFORMATION

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

The licensee or legal representative **MUST** notify the Office of Community & 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="checkbox"/> Yes <input type="checkbox"/> 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 possession of the premises for duration of license issuance. Not mandatory for applicants seeking Township support for submission of State licensing application to CRC. In the latter case, provide the property applicant seeks to operate within.			
Do you own the property where the business is or will be located?			<input type="radio"/> Yes <input type="radio"/> 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 use as a Cannabis Business in writing.			
Property Owner:	First Name	Last Name	
Mailing Address:	Street	City	State Zip
Phone Number:	Email:		
Lease start date:	Lease end 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 Social 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 of 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	
<p>Completion of these forms and submission with the non-refundable fee does not imply any obligation on the part of the Township of Ewing to grant the requested License. Issuance of a Township of Ewing Regulatory License does not relieve the Licensee 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, 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, or suspension or revocation, of any License issued under Township Ordinance. The applicant understands that a complete application includes all three parts; Application, Personal History, and Community Plan along with any relevant exhibits.</p> <p>By signing this document, I acknowledge that upon presentation of proper credentials, an Applicant or Licensee shall allow any representative of the Office of Community & Economic Development to enter the business location to ensure compliance with the provisions of Chapter 127 and 215.</p>	
Authorized Signature:	Date:
Printed Name:	Title:

MAIL APPLICATION PACKAGE TO:
EWING TOWNSHIP CANNABIS ADVISORY COMMITTEE
2 JAKE GARZIO DRIVE
EWING, NJ 08628