

**TOWN OF NEWTON  
CANNABIS LICENSE APPLICATION**

Applications will be received by the Town of Newton on a rolling basis. The Town will begin reviewing completed applications on March 1, 2022, with the exception that an application from an existing Newton Alternative Treatment Center shall be reviewed once deemed complete.

Applications are to be delivered to the Town of Newton at the offices of Teresa A. Oswin, RMC, Municipal Clerk, 39 Trinity Street, Newton, NJ 07860.

Applicants shall submit an original and one (1) paper copy of the application as well as a digital copy on a flash drive. The application shall be in a sealed envelope, clearly marked on the outside with the words "Newton Cannabis License Application" and the name and address of the applicant. Applicants shall not use plastic covers or sheets for their applications. Binders are also discouraged.

Applicants shall include a check made payable to the Town of Newton for the appropriate application fee amount listed in Item 20 of the application form.

Applicants shall assume full responsibility for the delivery of their application to the offices of the Municipal Clerk.

## **TOWN OF NEWTON CANNABIS LICENSE APPLICATION**

- A. This license application is subject to the provisions and exceptions set forth in the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et. seq. and as such the application is considered public information. Submission of the application constitutes a waiver of liability for any damages that may result to the Applicant from any legally required disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any information acquired during the licensing process.
  
- B. A license application shall be deemed incomplete, and shall not be processed, until all documents and application fees are submitted. Once the Town of Newton has determined the application is complete, it will notify the Applicant. The Town will begin reviewing completed applications on March 1, 2022, with the exception that an application from an existing Newton Alternative Treatment Center shall be reviewed once deemed complete.
  
- C. The Newton Town Council may approve or deny an application for a municipal cannabis license at its sole discretion, consistent with all governing State Law, based on an evaluation of the benefits to the Town of Newton.

### **1. Date of Application:**

### **2. Applicant Information:**

- Legal name of business registered to do business in the State of New Jersey:
  - Primary Mailing Address:
  - Site Location:
  - Email:
  - Phone:
  - Website (if any):
- Name of primary contact for the business:
  - Title:
  - Primary Address:
  - Email:
  - Phone:
  - Trade name, alternate name or “doing business as” name of cannabis establishment:

**3. Applicant must provide:**

- New Jersey Business Registration Certificate (BRC)
- Federal Tax Identification Number
- State Tax Identification Number
- Department of Treasury Certification:
  - qualified minority-owned business enterprise
  - qualified woman-owned business enterprise
  - qualified disabled veteran owned business enterprise

**4. Does the Applicant operate an Alternative Treatment Center in Newton?**

Yes - If yes, what is the name and address of the Alternative Treatment Center?

No

**5. Applicant Business Structure:**

Attach proof of business structure such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports the structure.

Corporation

Partnership

Limited Partnership

Individual

Other (Describe)

## 6. Business Ownership

Provide a complete list of every person with over 10% interest in the proposed cannabis business including the full name, title within the entity, date owner acquired interest in entity, the percentage of ownership interest, and financial interest in any other cannabis business. If an owner meets the criteria for social equity, minority, woman, disabled veteran, or micro-business owner (see section M, N, and O), indicate with a Yes.

	#1	#2	#3	#4
<b>Name</b>				
<b>Title</b>				
<b>Date Ownership Acquired</b>				
<b>Percentage of Ownership</b>				
<b>Financial Interest in Another Cannabis Establishment</b>				
<b>Social Equity Business Owner</b>				
<b>Minority Business Owner</b>				
<b>Woman Business Owner</b>				
<b>Disabled Veteran Business Owner</b>				
<b>Micro-business Owner</b>				

If any person above is listed as having an interest in another cannabis establishment, provide further information:

	#1	#2	#3	#4
<b>Name</b>				
<b>Title</b>				
<b>Other Cannabis Establishment</b>				
<b>Date Ownership Acquired</b>				
<b>Percentage of Ownership</b>				
<b>Financial Interest in Applicant's Cannabis Establishment</b>				

**7. Has any person above had any cannabis license or permit revoked for a violation affecting public safety in New Jersey or a subdivision in the State within the preceding five (5) years?**

- Yes - If yes, provide further information.
- No

**8. Type of Municipal Cannabis License Requested:**

- Class I Cultivator
- Class II Manufacturer
- Class III Wholesaler
- Class IV Distributor
- Class V Retailer
- Class VI Delivery

**9. Has the Applicant secured a New Jersey cannabis license as of the date of this application?**

- Yes – If yes, provide a copy of the state cannabis license.
- No - If no, what is the status of the Applicant's State cannabis license application?

**10. Address of Proposed Newton Cannabis Establishment:**

Provide proof the Applicant has or will have lawful possession of the proposed premises with a deed, lease, real estate contract contingent on successful licensing, or a binding letter of intent from the owner of the premises contingent on successful licensing. If property is leased, provide name, address, email address, and phone number for property owner or owner's agent.

Proof that the proposed location is no closer than 500 feet from the property line of a school or state licensed day care facility.

**11. Has the Applicant secured Town of Newton Land Use Board review and approval affirming the proposed cannabis establishment is acceptable at the location above?**

Yes - If yes, provide a copy of the approval.

No - If no, what is the status of the Town of Newton Land Use Board review.

**12. Has the Applicant secured Zoning approval by a letter or affidavit from appropriate Newton officials that the location will conform to municipal zoning requirements allowing for activities related to the operations of the particular proposed Cannabis business at the location above?**

Yes - If yes, provide a copy of the approval.

No - If no, what is the status of the approval letter or affidavit.

**13. Has the Applicant secured proof of local support and/or the Resolution adopted by the Newton Town Council for local support/preference?**

Yes - If yes, provide a copy of the proof or Resolution.

No - If no, what is the status of the proof or Resolution.

**14. Evaluation Criteria:**

The following are to be answered in paragraph form in an attached document, using the number that corresponds to each criterion. Responses are to be word limited as indicated below.

1. Describe qualifications and experience of the Applicants/Owners in operating in highly regulated industries in New Jersey or another state, including cannabis, healthcare, pharmaceutical manufacturing, and retail pharmacies. (Response not to exceed 2,500 words)
2. Describe plans for the storage of products, physical security, video surveillance, security personnel, and visitor management. (Response not to exceed 2,500 words)
  - Areas to consider:
    - inventory control
    - delivery and shipping procedures
    - on-site security guards and their responsibilities
    - general description of security cameras and alarms

- estimated number of customers/visitors per day
  - customer/visitor check in procedures and access to sales area
  - off-street parking arrangements for employees and customers/visitors
  - procedures and training for all fire and medical emergencies and hazardous situations
  - sample of signage that it is illegal to sell to anyone 21 years and under and that the store will check ID upon purchase
  - procedure for handling a customer exhibiting alcohol and/or substance abuse
3. Describe experience as a responsible employer or a commitment to being a responsible employer. Examples are providing employee health care insurance, providing paid family leave and/or paying a \$15 minimum wage. If the Applicant is a party to a collective bargaining agreement for at least one year prior to the Newton application, the Applicant will receive evaluation points and no further response is needed. (Response not to exceed 1,500 words)
4. Provide a written commitment and describe the recruitment and hiring procedures to be used to employ Town of Newton and County of Sussex residents in at least 50% of full-time equivalent positions. (Response not to exceed 1,000 words)
5. Describe environmental impact and sustainability plan. (Response not to exceed 1,000 words)
- Areas to consider:
    - management of solid waste and recyclable materials
    - incorporation of environmentally sustainable business practices such as solar installations, energy efficient products and operations, electric, or hybrid vehicles
    - exhaust and ventilation systems to prevent odors from operations to be detected beyond the licensed premises
    - use, storage, and disposal of any gases or chemicals used in operations
6. Describe ties to the host community, demonstrated by at least one owner's proof of residency in Newton for five (5) or more years or at least one owner's continuous ownership of a business based in Newton for five or more years in the past ten years
- Provide deed and/or lease of home or business location with indication of how many years in Newton
7. Describe proposal to provide community benefits (Response not to exceed 1,500 words)
- Areas to consider:
    - Financial and in-kind contributions to Newton's drug and alcohol prevention programs, social work and mental health intervention initiatives, and other health related activities
    - Financial and in-kind contributions to community, civic, cultural, and business associations/organizations
    - Education programs for various populations on topics such as securing a medical cannabis card, expunging cannabis criminal records, and engaging in an employment transition through a re-entry program

8. Describe a demonstrated commitment to diversity in its ownership composition and hiring practices (Response not to exceed 1,500 words)
- Provide evidence of ownership composition or hiring practices that have increased or will increase diversity with regard to race, culture, gender, and sexual identity

**13. Is the Applicant a Social Equity Business under N.J.A.C.17:30-6.6, meeting one of the following criteria?**

1. More than 50 percent of the ownership interest of the license applicant or license holder is held by one or more persons that demonstrate one of the following criteria:
  - At the time the initial application is submitted, have lived in an economically disadvantaged area for five (5) of the 10 preceding years; and
  - Are, at the time the initial application is submitted and based on the preceding year's income, a member of a household that has a total household income that is 80 percent or less of the average median household income in the State, as determined annually by the U.S. Census Bureau; or
2. More than 50 percent of the ownership interest of the license applicant or license holder is held by one or more persons who are eligible to be pronounced rehabilitated in accordance with N.J.A.C. 17:30-7.12(e), if necessary, and have been adjudicated delinquent for, or convicted of, whether expunged or not, in this State, another state, or the Federal government:
  - At least two marijuana- or hashish-related disorderly persons offenses; or
  - At least one marijuana- or hashish-related indictable offense.

Yes - If yes, provide documentation

No

**14. Is the Applicant a certified Diversely Owned Business, pursuant to the criteria in N.J.A.C. 17:30-6.4?**

1. A minority business pursuant to N.J.S.A. 52:27H-21.18 et seq.;
2. A women's business pursuant to N.J.S.A. 52:27H-21.18 et seq.;
3. A disabled-veterans' business, as defined in N.J.S.A. 52:32-31.2; or
4. Any combination of one through three above

Yes - If yes, provide documentation.

No

**15. Is the Applicant a Microbusiness under P.L.2021, c.16 (C.24:61-31 et al.)?**

1. Employs no more than 10 employees;
2. Operates a cannabis establishment occupying an area of no more than 2,500 square feet, and in the case of a cannabis cultivator, grow cannabis on an area no more than 2,500 square feet measured on a horizontal plane and grow above that plane not higher than 24 feet;
3. Possesses no more than 1,000 cannabis plants each month, except that a cannabis distributor's possession of cannabis plants for transportation shall not be subject to this limit;
4. Acquires each month, in the case of a cannabis manufacturer, no more than 1,000 pounds of usable cannabis;
5. Acquires for resale each month, in the case of a cannabis wholesaler, no more than 1,000 pounds of usable cannabis, or the equivalent amount in any form of manufactured cannabis product or cannabis resin, or any combination thereof; and
6. Acquires for retail sale each month, in the case of a cannabis retailer, no more than 1,000 pounds of usable cannabis, or the equivalent amount in any form of manufactured cannabis product or cannabis resin, or any combinations thereof.

Yes – If yes, provide documentation or certification that Applicant meets the criteria.

No

**16. Proposed Hours of Operation (Town Ordinance permits hours no earlier than 9:00am or later than 9:00pm Monday through Saturday)**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

**17. Neighborhood Compatibility**

Describe how the Applicant will make good faith efforts to promptly resolve all complaints, including those related to noise, light, odor, litter, vehicle traffic, and pedestrian traffic.

1. Identify a Community Relations Liaison, who shall receive all complaints regarding the cannabis business.
2. Commit to posting the Liaison's name and contact information in the lobby of the cannabis establishment and providing such information to the Newton Department of Community Development, Newton Police Department, and Newton Fire Department.

**18. Affirmative Action, Anti-Discrimination and Fair Employment**

1. Provide an affidavit and documentary proof of compliance with all State and local laws regarding affirmative action, anti-discrimination, and fair employment practices.
2. Provide a certified statement under oath there will be no discrimination based on race, color, religion (creed), gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of the Applicant's activities or operations.

**19. Financial Information**

1. Describe the financial capability of the Applicant to open and operate a cannabis establishment and the sources of funds to do so.
2. Provide name, address, email address, phone number, and age of each person/entity with a non-ownership financial interest in the cannabis establishment, which shall include an investment, loan, or any other type of equity.

**20. Initial Application Fee**

Applicant has attached an annual application fee as described below:

Class 1 Cultivator	\$5,000
Class 2 Manufacturer	\$5,000
Class 3 Wholesaler	\$5,000
Class 4 Distributor	\$5,000
Class 5 Retailer	\$5,000
Class 6 Delivery	\$5,000

