



Borough of Keyport  
70 West Front Street  
Keyport, NJ 07748  
(732) 739-3900

## Municipal Cannabis Business License Application

### Application Requirements

This Application must be completed in order to apply for a municipal cannabis business license in the Borough of Keyport.

Applications must be completed and include all required documents. Legal documents included as part of this Application must be properly signed and executed. All materials must be legible. You must fill in "N/A" in fields that are NOT applicable.

**In order for an Application to be deemed complete, the Applicant must submit documentation from the Borough's Zoning Officer indicating that the proposed site for the cannabis facility is in compliance with Borough Ordinance #15-21 and any other municipal zoning laws and location restrictions.**

**Incomplete Applications will be rejected and returned to the Applicant.**

### Required Fees

The Applicant is required to submit an initial Application fee of \$5,000.00 with its Application. Checks shall be made payable to the "Borough of Keyport".

### Application Process

Completed Applications, including the Application fee, are required to be delivered to the Borough Clerk's Office at 70 West Front Street, 2<sup>nd</sup> Floor, Keyport, New Jersey, 07748 **on March 23, 2022 by no later than 4:00 p.m.** The envelope containing the Application shall be plainly marked on the outside to identify the Municipal Cannabis Business License that is being sought by the Applicant, *i.e.* "Municipal Cannabis Business License – Cultivation".

After submission to the Borough Clerk, completed Applications will be sent to the Keyport Police Department for background check processing. Following review and approval by the Keyport Police Department, the Application will be sent to the Borough Cannabis Subcommittee, established in accordance with Section 5-17(e) of the Borough Code, for review and recommendation to the Borough's governing body as to whether the license should be granted or denied. **The Cannabis Subcommittee's review will also include an interview with the Applicant.**

Following a review of the Application and interview by the Cannabis Subcommittee, the Applicant will be invited to attend the next scheduled public meeting of the Borough Council to make a presentation to Borough Council and the public and to respond to questions raised. After the public hearing, the Cannabis Subcommittee will make a recommendation to the Borough Council at the next scheduled public meeting regarding the Applicant. ***The award of a municipal cannabis business license will be made contingent upon the Applicant receiving a State license and meeting all applicable State and local requirements.***



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Date Application filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Class of License Requested:**
- Class 1 Cannabis Cultivator
  - Class 2 Cannabis Manufacturer
  - Class 3 Cannabis Wholesaler
  - Class 4 Cannabis Distributor
  - Class 5 Cannabis Retailer
  - Class 6 Cannabis Delivery

- Type of License Requested:**
- Microbusiness
  - Conditional
  - Annual

Name of Applicant: \_\_\_\_\_

Applicant's Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposed Location of Cannabis Business: \_\_\_\_\_  
\_\_\_\_\_



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Type of Applicant:

- Veteran-owned\*
- Minority-owned\*
- Woman-owned\*
- Social Equity\*
- Keyport Resident
- None of the Above

**\*If you claim any of the above statuses, please provide a copy of the certificate issued by the State of New Jersey evidencing that status.**



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## Applicant Information

<b>Entity Name</b> (as it does or will appear on the cannabis license)				
<b>Trade Names(s) (DBA)</b>				
<b>Address of the Proposed Cannabis Facility</b>				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address of the Proposed Cannabis Facility</b>				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

## Contact Information

You must provide contact information for:

- **A main contact.** The main contact is someone who can address questions or issues related to your license application or business license. The main contact will receive application status updates, license notifications and copies of your business license at the email provided.
- **An onsite manager.** The onsite manager must have the authority to make decisions regarding the licensed premises and must have access to and control over the licensed premises at all times. The onsite manager may also be the person who has authority over the licensed premises and may receive official correspondences, including enforcement correspondences from the borough
- **The property owner.** The person who owns the property where the business will be located.
- **All other owners, controlling persons, close associates, key employees and investors.**

**Please attach additional pages as required to respond to any question.**



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<b>Main Contact</b>	
Name and Position	Phone Number
Home Address	
Email Address	
<b>Onsite Manager</b>	
Name	Phone Number
Home Address	
Email Address	
<b>Property Owner</b>	
Name	Phone Number
Home Address	
Email Address	
<b>Other Involved Persons</b>	
Name and Position	Phone Number
Home Address	
Email Address	
<b>Other Involved Persons</b>	
Name and Position	Phone Number
Home Address	
Email Address	
<b>Other Involved Persons</b>	
Name and Position	Phone Number
Home Address	
Email Address	



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### Additional Information

1. State whether the Applicant will offer on-site parking at the business facility. **YES** \_\_\_\_ **NO** \_\_\_\_

If you answered "Yes," describe the extent to which parking will be offered.

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If you answered "No," explain how parking at the facility will be handled \_\_\_\_\_

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2. Will the Applicant commence operation of the business immediately upon issuance of a State license and receiving all other applicable State and/or local approvals? **YES** \_\_\_\_ **NO** \_\_\_\_

If you answered "No," provide anticipated date of commencement of operation of the facility.

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3. Does the Applicant own the proposed premises? **YES** \_\_\_\_ **NO** \_\_\_\_

If "Yes," is there a mortgage on the proposed premises? **YES** \_\_\_\_ **NO** \_\_\_\_

If there is a mortgage on the proposed premises, please provide the name of the mortgage provider.

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*Please provide documentary proof (a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing) demonstrating Applicant's interest in the proposed premises.*

4. Does the Applicant lease the proposed premises? **YES** \_\_\_\_ **NO** \_\_\_\_

If the Applicant leases the proposed premises, please provide the information regarding the owner, a copy of the lease or real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the Applicant contingent upon successful licensing, along with documentary proof the building owner is aware of the intended use as a cannabis facility:



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Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

- 5. Would any person or corporation named in this Application fail to qualify for ownership of the cannabis license if applying as an individual because of criminal conviction (as delineated at N.J.A.C. 17:30(d)) or due to the holding of a prohibited interest in other licenses (as delineated at N.J.S.A. 52:13D-17.2)? YES \_\_\_\_ NO \_\_\_\_

If you answered "Yes," answer the following by inserting the name of the individual or corporation and the social security number and date of birth, if an individual.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

NJ Sales Tax Certificate of Authority No: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 6. Does any person who has an ownership interest in the municipal license that is being applied for here, have a license in any other municipality in the State of New Jersey or in the process of applying for a license in another municipality? YES \_\_\_\_ NO \_\_\_\_

If you answered "Yes," please identify the municipality, class of license, and status of such application.

Municipality: \_\_\_\_\_

Class of License Sought: \_\_\_\_\_

Status of Application: \_\_\_\_\_

- 7. Has any person who has an ownership interest in the municipal license that is being applied for here, had any cannabis license or permit suspended or revoked in the State of New Jersey or any New Jersey municipality within the past five (5) years? YES \_\_\_\_ NO \_\_\_\_

If you answered "Yes," please provide a detailed explanation regarding the circumstances surrounding such suspension or revocation, and the outcome regarding same (license reinstated, appeal pending, etc.).

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8. Does any person proposed to have an ownership interest in the license that is being applied for here, hold a cannabis license or permit in any other state? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If you answered "Yes," please identify the name of the licensed entity, State, class of license, and date of licensure.

Name of the Licensed Entity: \_\_\_\_\_

State: \_\_\_\_\_

Class of License: \_\_\_\_\_

Date of Licensure: \_\_\_\_\_

9. Has any person proposed to have an ownership interest in the license that is being applied for here, had any cannabis license or permit suspended or revoked in **any other state** within the past five (5) years?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If you answered "Yes," please provide a detailed explanation regarding the circumstances surrounding such suspension or revocation, and the outcome regarding same (license reinstated, appeal pending, etc.).

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10. Describe the Applicant's plans to hire local residents as employees in the proposed facility. Please include the proposed percentage of such employees and the proposed positions. Please provide copies of all related documents.

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11. Describe the Applicant’s proposed plan regarding for example, providing employee health care insurance and/or paid family leave, paying a \$15 minimum wage, etc.

*\*Alternatively, if an Applicant entity or its parent company is a party to a labor peace agreement and/or collective bargaining agreement in the regulated cannabis industry for at least one (1) year prior to this application, please submit a copy of such Agreement.*

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12. Describe the Applicant’s commitment to diversity at the proposed facility. Please provide copies of all related documents.

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13. State and identify information that relates to the Applicant’s qualifications to operate a cannabis related business, including, but not limited to experience in the cannabis industry and/or other highly regulated industries. The Applicant may, but is not required to, provide copies of the resumes of any person that will be involved in the operation of the cannabis related business.

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14. Describe the steps the Applicant will take to provide security in and around its location.

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15. Describe the steps the Applicant will take to prevent minors from purchasing cannabis and cannabis products at its location.

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16. Describe the Applicant's environmental impact and sustainability plan, including but not limited to, any recognitions or certificates the Applicant has received from government regulators regarding sustainability and/or whether the Applicant has a company officer responsible for conducting periodic internal reviews evaluating the company's implementation of an environmental sustainability plan and controls in place to ensure that plan is adhered to.

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17. Describe the Applicant’s nuisance mitigation plan that specifically addresses: (a) noise; (b) odor; (c) waste disposal; and (d) vehicular congestion mitigation.

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18. Describe the Applicant’s community impact plan, and/or whether the Applicant will be offering a community host agreement with the Borough, summarizing how: (a) the Applicant intends to leave a positive impact on the community where the facility is to be located ( i.e. community education); (b) ties to the proposed host community, including but not limited to, whether any owners are residents of or operate other businesses in the Borough and /or municipalities that border the Borough; (c) the economic impact plan, (i.e. employment opportunities); and (d) description of community outreach activities planned.

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19. State any additional information the Applicant would like to be considered in connection with its Application.

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### APPLICATION CHECKLIST

**Required Documents to be attached to the Applicant’s Application (please check each box as applicable)**

- The Applicant’s Business Registration Certificate authorizing it to do business in the State of New Jersey.
- A copy of a valid government-issued identification (*i.e.* Driver’s License, United States Passport, etc.) of each individual listed under the “Contact Information” section of this application.
- A copy of the Applicant’s organizational or corporate governance documents, including bylaws, operating or partnership agreements.
- A copy of the Applicant’s organizational chart, including the identity and ownership interest of all owners.
- Documentation from the Borough’s Zoning Officer indicating that the proposed site for the cannabis facility is in accordance with Borough Ordinance #15-21 and any other municipal zoning laws and location restrictions.
- Proof that the Applicant has or will have lawful possession of the premises proposed for the cannabis business.
- Proof of financial capability to open and operate the cannabis establishment for which the Applicant is seeking a permit, including a detailed description of the proposed financial plan for the development, operation, and maintenance of the facility.
- Documents evidencing community and/or local support for the Applicant’s intended business.
- A safety and security plan, in accordance with *N.J.A.C. 17:30-9.10*.
- Applicant’s nuisance mitigation plan.
- Applicant’s community impact plan.
- Applicant’s environmental impact plan.
- Concept plan for the proposed facility including proposed floor plans and/or architectural rendering showing the designs for both the interior and exterior of the premises, including on-site parking plans, if applicable.
- If applicable, documents sufficient to prove that the Applicant entity, or its parent company, is a party to a labor peace agreement and/or collective bargaining agreement in the cannabis industry.
- All other documents the Applicant believes will be helpful in determining whether or not to grant the Applicant a license.



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**CERTIFICATION**

I hereby certify:

1. I am duly authorized to submit this Application on behalf of the above-named entity.
2. That all information and documents submitted in connection with this Application as set forth in the Checklist are true and accurate to the best of my knowledge and belief.
3. I have reviewed all applicable State and local laws related to the operation of cannabis related businesses and the proposed location is in compliance with all applicable zoning requirements.
4. I have not knowingly omitted, concealed or otherwise failed to disclose any documents and/or information which would impact the decision to grant or deny this Application.

By: \_\_\_\_\_

\_\_\_\_\_



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**--- FOR BOROUGH OF KEYPORT OFFICIALS ONLY ---**

Application Fee: \$ \_\_\_\_\_ Date of Resolution: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application \_\_\_ Approved \_\_\_ Denied Assigned License Number: \_\_\_\_\_

Special Conditions:

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\_\_\_\_\_  
Signature of Municipal Clerk Date: \_\_\_\_/\_\_\_\_/\_\_\_\_