

**TOWNSHIP OF FRANKFORD**

**APPLICATION TO PERMIT THE MANUFACTURE/CULTIVATION OF CANNABIS**

ORDINANCE NUMBER 2023-006, ADOPTED JUNE 13, 2023

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

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

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

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

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

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

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

Location of Retail Store: \_\_\_\_\_

Type of License (Check One): Class 1 Cannabis Cultivator \_\_\_\_; Class 2 Cannabis Manufacturer \_\_\_\_

Municipal Fee: \$\_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Application \_\_\_\_ Approved \_\_\_\_ Denied

Special Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Application is made on behalf of: \_\_\_\_\_

1 = Individual

3 = Partnership

5 = Corporation

2 = Business

4 = Limited Partnership

6 = Limited Liability Company

1: NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT TRADE NAME)

License may be held by Individual (Last Name, First Name, Middle Initial), Partnership, or Corporation

2: ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone Number of business (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Exchange Number

Email address: \_\_\_\_\_

3: If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):

Street Address: \_\_\_\_\_

PO Box # \_\_\_\_\_ Municipality: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone Number of business (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Exchange Number

4: New Jersey Sales Tax Certificate of Authority Number: \_\_\_\_\_

5: TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE (if a corporation) OR COUNTY CLERK (if a partnership or sole proprietor).

6: THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE APPLICANT:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION.

7: DOES THE APPLICANT OWN THE BUILDING? \_\_\_\_ YES \_\_\_\_ NO

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8: DOES THE APPLICANT LEASE THE BUILDING? \_\_\_\_YES \_\_\_\_NO

If the applicant leases the building, 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 for cannabis manufacture/cultivation:

\_\_\_\_\_  
\_\_\_\_\_

9: IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated:\_\_\_\_\_

Name of company/individual:\_\_\_\_\_

Street Address:\_\_\_\_\_

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

Zip:\_\_\_\_\_ - \_\_\_\_\_NJ Sales Tax Certificate of Authority No:\_\_\_\_\_

10: WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTEREST IN OTHER LICENSES? \_\_\_\_YES \_\_\_\_NO

11: HAS ANY PERSON PROPOSED TO HAVE AN OWNERSHIP INTEREST IN THE PERMIT HAD ANY CANNABIS LICENSE OR PERMIT REVOKED FOR A VIOLATION AFFECTING PUBLIC SAFETY IN THE STATE OF NEW JERSEY OR A SUBDIVISION THEREOF WITHIN THE PRECEDING FIVE (5) YEARS?

\_\_\_\_YES \_\_\_\_NO

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**ALL INITIAL APPLICANTS SHALL SUBMIT THE FOLLOWING DOCUMENTATION**

1. The applicant shall submit proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit. Standards for proof of financial capability shall be determined by the Township's Chief Financial Officer.
2. Applicant shall submit proof of preliminary and final site plan approval from the Township of Frankford Land Use Board.
3. Applicant shall submit proof of application for a State-issued retail cannabis license.

**ALL APPLICANTS ANSWER THE FOLLOWING QUESTIONS**

SOLE OWNERS AND PARTNERSHIPS: complete this page in full.

LIMITED PARTNERSHIPS: 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 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 be reported to the Township. This information must sufficiently identify all officers, directors and stockholders holding one percent or more of the shares of the respective company.

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NAME OF CORPORATION (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP).

NAME OF INDIVIDUAL (LAST NAME FIRST) STOCKHOLDER, PARTNER, OFFICER OR DIRECTOR

LAST NAME

FIRST NAME

MIDDLE INITIAL

HOME STREET ADDRESS: \_\_\_\_\_

PO BOX: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ OFFICE PHONE NUMBER: \_\_\_\_\_

% OF BUSINESS OWNED OR CONTROLLED: \_\_\_\_\_ NUMBER OF SHARES: \_\_\_\_\_

CHECK POSITION THAT APPLIES: \_\_\_\_\_ SOLE OWNER \_\_\_\_\_ PARTNER \_\_\_\_\_ STOCKHOLDER

\_\_\_\_\_ PRESIDENT \_\_\_\_\_ VICE PRESIDENT \_\_\_\_\_ SECRETARY \_\_\_\_\_ TREASURER

\_\_\_\_\_ TRUSTEE \_\_\_\_\_ MANAGER \_\_\_\_\_ AGENT \_\_\_\_\_ EXECUTOR/ADMINISTRATOR

\_\_\_\_\_ DIRECTOR \_\_\_\_\_ RECEIVER \_\_\_\_\_ BENEFICIARY

\_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

NOTE: please copy and insert as many pages as required.

AFFIDAVIT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ASSIGNED LICENSE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LICENSE PERIOD APPLIED FOR: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

(check one)

\_\_\_\_\_ Individual Applicant \_\_\_\_\_ Members of the Partnership Applicant

\_\_\_\_\_ of \_\_\_\_\_  
(President/Vice President) (Corporation)

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Consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the New Jersey Cannabis Regulatory, Enforcement, Assistance and Marketplace Modernization Act, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/he is (they are) the person(s) duly authorized to sign the application, that in stance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

\_\_\_\_\_  
(Signature of Individual Agent/Sole Proprietor)

**CORPORATIONS ONLY**

Attestation by Corporate Secretary

\_\_\_\_\_  
Partnership Name

\_\_\_\_\_  
Signature of Partner

Attest:

\_\_\_\_\_  
Corporate Name

\_\_\_\_\_  
Signature of Partner

Secretary Signature: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer Administering Oath  
Duly Authorized by Notary Public or Attorney At Law

\_\_\_\_\_  
Printed Name of Officer Administering Oath

\_\_\_\_\_  
Date of Expiration of Commission