

HACKETTSTOWN CANNABIS CLASS BUSINESS LICENSE FORM

Note: Zoning Permit Application must accompany this form.

INITIAL APPLICATION FEE: \$1000.00

ANNUAL LICENSE FEE: \$1000.00

Payable to Town of Hackettstown

Date Received _____

Check # _____

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Phone Number _____
(Daytime only, please)

PROPERTY INFORMATION

Property Owner _____

Property Location: _____

Block _____ Lot(s) _____

Lot Size _____ Zone _____

Cannabis Class Business License Applying For: _____ Initial _____ Renewal _____

_____ Class 1 Cannabis Cultivator (LM Zone District).

_____ Class 2 Cannabis Manufacturer (LM Zone District).

_____ Class 5 Retailer (CC or HC Zone District).

Note: Only one (1) Class 5 License will be issued for the CC – Community Commercial Zone and only one (1) Class 5 License will be issued for the HC – Highway Commercial Zone after complying with all conditions as noted:

1. Completed Town of Hackettstown Zoning Application along with the New Business / Change of Use Form with the required items outlined in the 'How to' with Zoning – Commercial for review by the Zoning Department.
2. Completed Cannabis Class Business License Form along with checklist & submissions required for review by the Town of Hackettstown Clerk's Office:
 - a. Demonstration that all applicable State licenses have been obtained;
 - b. Passage of all applicable State and local inspections required to be completed prior to the beginning of operations and/or renewal of any State and/or local license;
 - c. Emergency contact information to be utilized by police, fire and EMT personnel in the event of an on-site emergency;
 - d. Submission of a full copy of the Application for State Licensure, via hard copy or digitally, with pages prominently marked "CONFIDENTIAL" as appropriate for purposes of compliance with New Jersey's Open Public Records Act (NOTE: pages not marked as confidential will be disclosed in response to an applicable OPRA request); and

Applicant Signature _____

Date _____

Based on the information, this application is _____ Date _____

Town Seal Required Administrator/Clerk Signature _____