



**CITY OF ATLANTIC CITY
CANNABIS LICENSE APPLICATION
QUESTIONNAIRE:**

Applicant Information:

Has the applicant and/or operator been denied a cannabis license (all categories) from any jurisdiction? Yes ___ No ___. If "Yes" what type of license and what reason for denial.

Has the applicant and/or operator had a cannabis license (any categories) suspended or revoked by any jurisdiction? Yes ___ No ___. If "Yes" provide reason for revocation.

Has the applicant and/or operator ever been convicted of a felony, indictable offense, or controlled substance violation in Federal, State or other court? Yes ___ No ___. If "Yes" please provide the following:

Name/Location of Court	Conviction Charge	Sentence	Date of Sentencing	Last date of incarceration/parole/probation

➤ See checklist for additional information and documentation required.

Proposed Location Additional Information:

Does the facility have an alarm system? Yes ___ No ___ If "No" explain: _____

If "Yes" name of alarm company: _____

Contract number: _____ Contact name: _____

Phone: _____ E-mail: _____

Does the facility have parking? Yes ___ No ___. If "Yes" where is the parking located?

(Provide a copy of the parking contract, if applicable.)

What process will the applicant use to track and control cannabis product inventories including: products received from wholesalers and other outside sources, products distributed to other facilities on a wholesale basis, products sold through delivery services or by other means to off-site customers; and products sold to on-site customers? _____

Does the applicant propose to have retail food, beverages or other merchandise for sale on the premises? Yes ___ No ___. If "Yes" what products will be sold? _____

Does the applicant have a current mercantile license: Yes ___ No ___. If "Yes" license number: _____. Date License issued: _____; expires _____

OATH OF APPLICATION:

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Atlantic City Code and all Rules and Regulations which govern my application and with all relevant and applicable provisions of the New Jersey state law.

Authorized Signature

Date

AUTHORIZATION OF CRIMINAL BACKGROUND CHECK:

I hereby allow the City of Atlantis City Police Department (ACPD) to perform a criminal background check based upon the information gathered from this application, including as to any person who has an ownership interest in the State license.

Applicant's Name (print)

Applicant's Signature

Title

Date

Operator's Name (print)

Operator's Signature

Title

Date

RELEASE OF LIABILITY, INDEMNIFICATION AND WAIVER:

This Application or the issuance of any decision hereunder is not intended to grant, nor shall it be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana not in strict compliance with State or Federal law. Also, since Federal law is not affected by the State Act, nothing in this application or any City of City of Atlantic City ordinance, policy or rule, is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal law. The State Act, this Application or the issuance of any City approvals does not protect users, caregivers or the owners of properties on which the medical use of marijuana is occurring from Federal Prosecution, or from having their property seized by Federal authorities under the Federal Controlled Substances Act. Upon completion of this application, the undersigned individually and on behalf of _____, as its duly authorized agent, hereby unconditionally and irrevocably waives, discharges, and releases the City of Atlantic City, its agents, employees and officials from any and all claims damages and liability in any way arising out of or related to the premises including, but not limited to any and all acts, omissions damages or injuries to any person or property resulting from any act, omission, condition, occurrence or criminal act occurring upon or in relation to the premises, and to indemnify, defend, and hold harmless the City of Atlantic City, including its agents, employees and officials to the fullest extent permitted by law and equity for any and all claims, damages, injuries or liabilities at law or equity in any way arising out of or related to any acts, omissions, activities, conditions or occurrences or incidents in any way related to the premises. Additionally, the applicant hereby agrees to not violate any of the laws of the State of New Jersey or the ordinances of the City of Atlantic City in conducting the business which is the subject of this application. As well, the applicant agrees to make the premises open for inspection upon request by the Construction Official, the Fire Department, and law enforcement officials for compliance with all applicable laws and rules, during the stated hours of operation/use and as such other times as anyone is present on the premises. The applicant

agrees to quarterly inspections by the City Official's designee to confirm the dispensary or growing/manufacturing is operating in accordance with applicable laws including, but not limited to State Law and City Ordinances.

Applicant's Name (print)

Applicant's Signature

Title

Date

AFFIDAVIT OF COMPLIANCE WITH NEW JERSEY STATE AND LOCAL LAWS REGARDING AFFIRMATIVE ACTION; ANTI- DISCRIMINATION; AND FAIR EMPLOYMENT PRACTICES:

I, _____, hereby certify that the applicant (including the owners and operators of the proposed facility) is in compliance with all State and Local laws regarding affirmative action; anti-discrimination; and fair employment practices and will continue to remain in compliance so long as they are operating in the City of Atlantic City in accordance with this application and any subsequent approvals granted as a result.

Further, I, _____, hereby certify that the applicant (including owners and operators of the proposed facility) will not and shall not discriminate based upon race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Applicant's Name (print)

Applicant's Signature

Title

Date