

STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES



ALTERNATIVE TREATMENT CENTER

PERMITTING REQUEST FORM

PERMITTING REQUEST FORM INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. The ATC entity must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the ATC entity's request for permit.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the ATC entity, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question may result in the rejection of the ATC entity's request for permit.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If the entries are not legible, the form will not be accepted.
- d. If the space available is insufficient to respond to a question, the ATC entity must supply the required information on an attachment page. If an attachment page(s) is used, clearly identify which question it is responsive to.
- e. If the ATC entity makes any modification to the pre-printed questions or information contained in this form, the ATC entity's request for permit may be rejected. Once the form is accepted, it becomes the property of the Department of Health and Senior Services and will not be returned.

II. BEFORE SUBMITTING THIS FORM, BE SURE THAT:

- a. All required attachments listed in this form are included.
- b. The Affidavit, Release Authorization, Consent to Inspections, Search and Seizures, and Waiver of Liability at the end of this form are notarized and executed by the appropriate individual.
- c. Every question has been answered completely.
- d. The ATC entity has maintained a completed copy of this form for its own records.
- e. Ensure all owners, directors, officers, and employees schedule and complete an appointment to have their fingerprints taken by MorphoTrak. The ATC entity's permit request will not be processed if the fingerprint appointments are incomplete.

Alternative Treatment Center (“ATC”) Permitting Request Form

Name of ATC entity requesting permit (Do not abbreviate)

D/B/A or Trade Name(s)

PERSON TO BE CONTACTED IN REFERENCE TO THIS PERMITTING REQUEST FORM

Name and Title

Mailing Address

Telephone Number

E-mail Address

PRINCIPAL BUSINESS ADDRESS OF ATC ENTITY

Street

City, Zip Code, and County

Telephone Number

Website

ADDRESSES WHERE MEDICINAL MARIJUANA IS EXPECTED TO BE CULTIVATED

(If different than the principal business address)

Street

City, Zip Code, and County

Telephone Number

ADDRESSES WHERE MEDICINAL MARIJUANA IS EXPECTED TO BE DISPENSED

(If different than the principal business address)

Street

City, Zip Code, and County

Telephone Number

ADDRESSES OF ANY OTHER LOCATIONS OF ATC ENTITY

(Attach additional sheets if necessary)

Street

City, Zip Code, and County

Telephone Number

Street

City, Zip Code, and County

Telephone Number

Street

City, Zip Code, and County

Telephone Number

ITEM 1 – GENERAL ENTITY BACKGROUND/NONPROFIT STATUS

A. Is the ATC entity incorporated? _____ Yes _____ No

If so:

1. In what state(s) is the ATC entity incorporated?

2. Is the ATC entity in good standing in all states in which it is incorporated?

_____ Yes _____ No

If not, list the states in which it is not in good standing.

3. Provide, at Attachment 1A, the following:

- a. All incorporation documents/articles of incorporation.
- b. Charter.
- c. Bylaws.
- d. Certificates of good standing from all states in which the ATC entity is incorporated (to the extent the ATC entity is in good standing).
- e. All documents indicating that the ATC applicant is not in good standing in any state in which it is incorporated.

If not:

1. Identify how the ATC entity is organized (e.g., partnership, LLP, etc.)

2. Identify in what states it is authorized/approved to conduct business.

3. State whether it is in good standing in any and all states in which it is authorized/approved to conduct business.

4. Identify any states in which it is not in good standing.

5. Provide, at Attachment 1A, the following:

- a. All certificates of good standing (to the extent applicable) and/or any documents reflecting that the ATC entity is not in good standing (to the extent applicable).

- b. Any and all documents reflecting the formation of the entity, including, but not limited to, charter, bylaws, and/or any other governing document.

B. Does the ATC entity have nonprofit status?

_____ Yes _____ No

If so:

1. Is the ATC entity a recognized nonprofit under federal law?

_____ Yes _____ No

2. Is the ATC entity a recognized nonprofit under state law?

_____ Yes _____ No

If yes, list the states where the ATC entity has nonprofit status:

3. Provide, at Attachment 1B: (1) all documentation submitted by the ATC entity to obtain and/or maintain nonprofit status; and (2) all documentation from the government (federal and/or state) recognizing or establishing the ATC entity's nonprofit status.

C. Has the business plan of the ATC entity been updated, changed, or otherwise amended since submission of the Request For Application?

_____ Yes _____ No

If so, provide, at Attachment 1C, any and all updated, changed, or amended business plans.

D. Are there any actual or projected annual, semi-annual, quarterly or other financial statements or reports concerning the ATC entity?

_____ Yes _____ No

If so, provide, at Attachment 1D, a copy of any and all such statements or reports.

E. Has the ATC entity, or anyone on its behalf, solicited any investors or investments?

_____ Yes _____ No

If so, provide, at Attachment 1E, a list of what solicitations were made, when they were made, and to whom they were made.

F. Has the ATC entity, or anyone on its behalf, entered into any investment arrangements or agreements?

_____ Yes _____ No

If so, provide, at Attachment 1F, a description of any and all such investment agreements or arrangements, and attach a copy of any such written agreements or arrangements.

ITEM 2 – CORPORATE STRUCTURE/RELATED ENTITIES

A. Provide, at Attachment 2, a listing of the following:

1. All parent, subsidiary, affiliate, predecessor, successor, and related entities of the ATC entity;
2. The business engaged in by any parent, subsidiary, affiliate, predecessor, successor or related entities of the ATC, including the approximate time period during which each identified business was/has been conducted;
3. Any and all sales, mergers, and/or consolidations involving the ATC entity; and
4. Any and all former names of the ATC entity.

ITEM 3 – OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

Use Attachment 3 to provide the following information for each owner, principal, partner, board member, director, and trustee of the ATC entity. Owners shall include anyone who has any ownership interest whatsoever in the ATC entity. **(NOTE: Each owner, principal, partner, board member, director and trustee of the ATC entity must complete a Personal History Disclosure Form that is to be filed with this Permitting Request Form.)**

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES		OCCUPATION, TITLE, POSITION, OR ASSOCIATION WITH THE ATC	DATE OF BIRTH
		FROM:	TO:		

ITEM 4 – FORMER OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

Use Attachment 4 to provide the following information for each person, not listed in response to Item 3, who formerly held the position of owner, principal, partner, board member, director or trustee of the ATC entity.

NAME AND LAST KNOWN HOME ADDRESS	POSITION HELD	DATES POSITION HELD		PRESENT OCCUPATION AND BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 5 – OFFICERS

Use Attachment 5 to provide the following information for each officer of the ATC entity. Officers include, but are not limited to, all persons serving as president, secretary, treasurer, vice-president, general/corporate counsel, or any such other officer as may be prescribed by the incorporation documents or corporate bylaws. **(NOTE: Each officer of the ATC entity must complete a Personal History Disclosure Form that is to be filed with this Permitting Request Form.)**

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 6 – FORMER OFFICERS

Use Attachment 6 to provide the following information for each person, not listed in response to Item 5, who formerly was an officer of the ATC entity. Officers include, but are not limited to, all persons serving as president, secretary, treasurer, vice-president, general/corporate counsel, or any such other officer as may be prescribed by the incorporation documents or corporate bylaws.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION AND BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 7 – STAFF MEMBERS AND EMPLOYEES

Use Attachment 7 to provide the following information regarding each person not listed in the previous Items who is a staff member and/or employee of the ATC entity. **(NOTE: Each staff member and employee of the ATC entity must complete a Personal History Disclosure Form that is to be filed with this Permitting Request Form. Accordingly, this response – as all others -- should be updated as necessary so that it is current.)**

NAME AND HOME ADDRESS	POSITION	DATES POSITION HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 8 – OTHER PERSONNEL

Use Attachment 8 to provide a listing of all other personnel associated with the ATC entity not otherwise listed above. Other personnel shall mean all people and entities ***in any way*** affiliated with the operation or funding of the ATC entity including, but not limited to: volunteers, consultants, vendors, independent contractors, subcontractors, landlord(s), suppliers, business partners, investors, joint venturers, registered agents, attorneys, accountants, and other professionals retained by the ATC entity.

NAME AND HOME ADDRESS	POSITION	DATES POSITION HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 9 – COMPENSATION OF OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS, TRUSTEES, OFFICERS, STAFF MEMBERS, AND EMPLOYEES

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received in connection with the ATC entity during the last calendar year and the amount to be received in connection with the ATC entity during the subsequent calendar year by each person identified in Items 3, 5, and 7 above, whether such compensation is in the form of salary, wages, commissions, fees, bonuses, or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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ITEM 10 – COMPENSATION OF ALL OTHERS

Use Attachment 10 to provide the following information for any person, other than those listed in response to Item 9, who currently receives, or who is expected to receive, any compensation in connection with the ATC entity in the form of salary, wages, commissions, fees, bonuses, or otherwise. Also include in Attachment 10 whether any compensation was paid to individuals listed in response to Items 4 and 6 in the form of salary, wages, commissions, fees, bonuses, or otherwise.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED BY OR AFFILIATED WITH ATC	AMOUNT OF COMPENSATION
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ITEM 11 – BONUS, PROFIT/REVENUE SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION, AND SIMILAR PLANS

Provide, at Attachment 11, a description of all bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plans in existence or to be created by the ATC entity. This description shall include, but not be limited to, the following:

1. The title or name of the plan;
2. The identity and address of the trustee of the plan or the person administering the plan;
3. The material features of the plan;
4. The methods of financing the plan;
5. The identity of each class of person who is or will participate in the plan;
6. The approximate number of persons in each such class; and
7. The amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

Additionally, provide a copy of any written bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plan in existence.

ITEM 12 – DESCRIPTION OF LONG TERM DEBT

Provide, at Attachment 12, a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness issued or executed, or to be issued or executed, by the ATC entity or on its behalf. Additionally, attach a copy of any such executed bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness.

ITEM 13 – HOLDERS OF LONG TERM DEBT

Use Attachment 13 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness executed or issued by the ATC entity or on its behalf. **(NOTE: Some or all of the persons or entities listed below may be required by the Department of Health and Senior Services to complete a Personal History Disclosure Form.)**

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 14 – OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide, at Attachment 14, a description of the nature, type, terms, conditions, and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the ATC entity other than those described in response to Items 12 and 13, and attach a copy of each.

ITEM 15 – HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 15 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge, or other evidence of indebtedness or security device described in response to Item 14. **(NOTE: Some or all of the persons or entities listed below may be required by the Department of Health and Senior Services to complete a Personal History Disclosure Form.)**

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 16 – FINANCIAL INSTITUTIONS

Use Attachment 16 to provide the following information with respect to each bank, savings and loan association, or other financial institution, whether domestic or foreign, at which the ATC entity has or has had an account, regardless of whether such account was held in the name of the ATC entity or was otherwise under the direct or indirect control of the ATC entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ITEM 17 – CONTRACTORS AND SUPPLIERS

Use Attachment 17 to provide the following information with respect to all persons and/or entities with whom the ATC entity has contracts or agreements, including, but not limited to, any and all employment, consulting, or service contracts or agreements. For each contract or agreement, provide a copy herewith.

NAME	BUSINESS ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED
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ITEM 18 – STOCK HELD BY THE ATC ENTITY

Use Attachment 18 to provide the following information about each entity in which the ATC entity holds stock.

NAME AND ADDRESS OF ENTITY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP
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ITEM 19 – CRIMINAL HISTORY

Prior to answering this question, carefully review the definitions that follow.

DEFINITIONS: For purposes of this question:

- A. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- B. “Offense” includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of “offense.”

Has the ATC entity or any of its owners, principals, partners, board members, directors, trustees, officers, staff members or employees ever been charged with or convicted of an offense, or been a party to, or been named as an unindicted co-conspirator in, any criminal proceeding in this state or any other jurisdiction?

_____ Yes _____ No

If yes, use Attachment 19 to provide the following information for each charge.

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE	DATE OF CHARGE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE
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ITEM 20 – TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS

Has the ATC entity or any of its owners, principals, partners, board members, directors, trustees, officers, staff members, or employees ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by, any governmental agency, court, committee, grand jury or investigatory body (municipal, county, state, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

_____ Yes _____ No

If yes, use Attachment 20 to provide the following information about any such testimony, investigation, or polygraph exam.

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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ITEM 21 – TESTIMONY, INVESTIGATIONS, OR POLYGRAPH REFUSALS

Has the ATC entity or any of its owners, principals, partners, board members, directors, trustees, officers, staff members, or employees ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by, any governmental agency, court, committee, grand jury or investigatory body (municipal, county, state, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

_____ Yes _____ No

If yes, use Attachment 21 to provide the following information about any such testimony, investigation, or polygraph refusal.

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/ INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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ITEM 22 – LITIGATION/ARBITRATION

Provide, at Attachment 22, a description of all existing or past litigation (including any arbitrations or other forms of alternative dispute resolution) to which the ATC entity, or any parent, subsidiary, affiliate, predecessor, successor, or related entity is/was a party, whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is or was pending, the identity of all parties to the litigation, the general nature of all claims made, and the adjudication (if any).

ITEM 23 – STATUTORY AND REGULATORY VIOLATIONS

Has the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity been charged (as defined in Item 19) with a violation of any state or federal statute, regulation, or code?

_____ Yes _____ No

Has the ATC entity had a judgment, order, consent decree, or consent order entered against it, or any parent, subsidiary, affiliate, predecessor, successor, or related entity pertaining to any state or federal statute, regulation, or code?

_____ Yes _____ No

If yes to either question, use Attachment 23 to provide the following information for each charge, judgment, order, consent decree, or consent order. Additionally, provide any and all documentation relating to each charge, judgment, order, consent decree, or consent order.

DATE OF OFFENSE/CHARGE	NATURE OF OFFENSE/CHARGE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF ANY JUDGMENT, DECREE, OR ORDER	DATE ENTERED
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ITEM 24 – BANKRUPTCY OR INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT, OR TRUSTEE

- A. Has the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it?

_____ Yes _____ No

- B. Has the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law?

_____ Yes _____ No

If yes to either question, use Attachment 24A to provide the following information for each bankruptcy or insolvency proceeding.

DATE PETITION FILED OR RELIEF SOUGHT	ENTITY INVOLVED	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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- C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed by a court for the business or property of the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity?

_____ Yes _____ No

If yes, use Attachment 24B to provide the following information for each proceeding.

NAME OF PERSON APPOINTED AND FOR WHICH ENTITY	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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ITEM 25 – LICENSES

- A. Has the ATC entity or any owner, principal, partner, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity ever had any license or certificate issued by a government agency in this state or any other jurisdiction, denied, suspended, or revoked?

_____ Yes _____ No

If yes, use Attachment 25A to provide the following information for each license or certificate denied, suspended, or revoked.

TYPE OF LICENSE OR CERTIFICATE	ENTITY INVOLVED	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
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B. Has the ATC entity or any owner, principal, partner, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity ever applied in any jurisdiction for a license, permit, or other authorization to participate in the sale or distribution of marijuana?

_____ Yes _____ No

If yes, use Attachment 25B to provide the following information about each license, permit, or other authorization applied for.

NAME AND ADDRESS OF LICENSING AGENCY	ENTITY INVOLVED	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT, OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
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ITEM 26 – CHARITABLE RECEIPTS/CONTRIBUTIONS

A. Has the ATC entity received any charitable contributions of more than \$1,000?

_____ Yes _____ No

If yes, use Attachment 26A to provide the following information about each contribution.

NAME OF CONTRIBUTOR	ADDRESS	DATE	AMOUNT
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B. Has the ATC entity made any charitable contributions?

_____ Yes _____ No

If yes, use Attachment 26B to provide the following information about each contribution.

NAME OF RECIPIENT	ADDRESS	DATE	AMOUNT
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ITEM 27 – TAX RETURNS/FORMS

Provide, at Attachment 27, a copy of all tax returns submitted by the ATC entity or on its behalf to the Internal Revenue Service or any other government (foreign, federal, state, municipal, etc.) entity or agency.

ITEM 28 – APPROVAL FROM MUNICIPALITY

Has the ATC entity received written verification of approval by the community or governing body of the municipality in which the ATC entity is or will be located?

_____ Yes _____ No

If so, provide any such verification at Attachment 28.

ITEM 29 – COMPLIANCE WITH LOCAL CODES AND ORDINANCES

Is the ATC entity in compliance with local codes and ordinances, including, but not limited to, compliance with minimum required distances from the closest school, church, temple, other places used exclusively for religious worship, playground, park, and/or child daycare facility?

_____ Yes _____ No

Has the ATC entity received any variances in connection with its operation?

_____ Yes _____ No

If so, please explain and attach any such variance at Attachment 29.

ITEM 30 – SERVICE AREA

Provide, at Attachment 30, a listing of all counties in which the ATC entity intends to operate.

ITEM 31 – MANUALS, POLICIES, PROCEDURES AND PLANS

Does the ATC entity have any manuals, policies, and procedures developed to satisfy the requirements of proposed regulation N.J.A.C. 8.64-9.1(a).

_____ Yes _____ No

Does the ATC entity have a security plan in place concerning its cultivation, dispensing and storage facilities?

_____ Yes _____ No

If yes to either, please provide any such manual, policy, procedure, or plan at Attachment 31. Otherwise, please provide a detailed description of the ATC entity's security plan concerning its cultivation, dispensing and storage facilities at Attachment 31.

ITEM 32 – PERMITTING REQUEST FORM – ATTACHMENTS

On the following chart, indicate with a checkmark which attachments are included with this Permitting Request Form. If an attachment is not applicable, indicate N/A.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	✓ IF ATTACHED N/A IF NOT APPLICABLE
1A	Incorporation documents, charter, bylaws, certificates of good standing, etc.	
1B	Documentation requesting and/or establishing nonprofit status	
1C	Business plans	
1D	Financial statements/reports	
1E	Investment solicitations	
1F	Investment arrangements	
2	Corporate structure/related entities	
3	Owners, principals, partners, board members, directors and trustees	
4	Former owners, principals, partners, board members, directors and trustees	
5	Officers	
6	Former officers	
7	Staff members and employees	
8	Other Personnel	
9	Compensation of owners, principals, partners, board members, directors, trustees, officers, staff members, and employees	
10	Compensation of all others	
11	Description of all bonus, profit/revenue sharing, pension, retirement, deferred compensation and similar plans	
12	Description of long term debt	
13	Holders of long term debt	
14	Other indebtedness and security devices	
15	Holders of other indebtedness	
16	Financial institutions	
17	Contractors and suppliers	
18	Stock held by the ATC entity	

ITEM 32 – PERMITTING REQUEST FORM – ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	☑ IF ATTACHED N/A IF NOT APPLICABLE
19	Criminal history	
20	Testimony, investigations, or polygraphs	
21	Testimony, investigations, or polygraph refusals	
22	Litigation/arbitration	
23	Statutory and regulatory violations	
24A	Bankruptcy or insolvency proceedings and appointed receiver, agent, or trustee (bankruptcy or insolvency)	
24B	Bankruptcy or insolvency proceedings and appointed receiver, agent, or trustee (appointed receiver, agent, or trustee)	
25A	License revocations, suspensions, etc.	
25B	Licenses applied for	
26A	Charitable receipts	
26B	Charitable contributions	
27	Tax returns/forms	
28	Approval from municipality	
29	Compliance with local codes and ordinances	
30	Service area	
31	Manuals, policies, procedures, and plans	

ITEM 33 – AFFIDAVITS AND SIGNATURES

This Permitting Request Form must be sworn to or affirmed, signed, and dated before a person legally competent to take an oath or affirmation who shall himself/herself date the signature of the affiant and indicate the basis of his/her authority to take oaths and affirmations.

The following documents are to be signed in accordance with the foregoing:

AFFIDAVIT

RELEASE AUTHORIZATION

CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

WAIVER OF LIABILITY

The President or any officer of the ATC entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or Chief Executive Officer.

AFFIDAVIT

STATE OF _____:

COUNTY OF _____: SS:

I, _____, the _____ of
(NAME) (TITLE/POSITION)

the ATC entity, being duly sworn according to law, on my oath, under penalties of perjury, depose and say that I make this statement on behalf of the ATC entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a permit/license. I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment. Further, I agree to provide updates to the statements provided herein as required under all applicable statutes and rules, or as requested by the New Jersey Department of Health and Senior Services.

Name of ATC Entity

By _____
Signature

Name

Title

Subscribed and sworn to
before me this _____ day
of _____, 20 ____.

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of _____,
(NAME OF ATC ENTITY)

I, _____ have
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

authorized the New Jersey Department of Health and Senior Services to conduct a full investigation into the background of said ATC entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said ATC entity, documentary or otherwise, as requested by any employee, agent or representative of the Department of Health and Senior Services provided that he or she certifies to you that said ATC entity has made an application before the Department of Health and Senior Services.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of _____,
(NAME OF ATC ENTITY)

I, _____, hereby consent to all inspections, searches and
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

seizures and the supplying of handwriting exemplars.

The said ATC entity is aware of its right secured by the Constitution of the United States and by the Constitution of the State of New Jersey not to consent to such inspections, searches and seizures, and I expressly waive and forego those rights on behalf of said ATC entity. The ATC entity also acknowledges that refusal to immediately submit to a request from the State to inspect may result in revocation of the permit/license and any other action permitted by law.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

WAIVER OF LIABILITY

On behalf of _____,
(NAME OF ATC ENTITY)

I, _____
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

hereby waive liability, as to the State of New Jersey, the Department of Health and Senior Services and their instrumentalities and agents, for any damages resulting to the said ATC entity from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the permitting/licensing process or during any inquiries, investigations or hearings.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to

before me this _____ day

of _____, 20 ____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

**ATTACHMENT 1A -- INCORPORATION DOCUMENTS, CHARTER, BYLAWS, CERTIFICATES OF GOOD
STANDING, ETC.**

Attach hereto all documents requested in Item 1A.

ATTACHMENT 1B -- DOCUMENTATION REQUESTING AND/OR ESTABLISHING NONPROFIT STATUS

Attach hereto all documents requested in Item 1B, if the ATC entity is a nonprofit entity.

ATTACHMENT 1C -- BUSINESS PLANS

Attach hereto any and all updated, changed, or amended business plans of the ATC entity.

ATTACHMENT 1D -- FINANCIAL STATEMENTS/REPORTS

Attach hereto any and all actual or projected annual, semi-annual, quarterly or other financial statements or reports concerning the ATC entity.

ATTACHMENT 1E -- INVESTMENT SOLICITATIONS

Provide a list of any solicitations made by the ATC entity, or on its behalf, to investors or for investments, including when and to whom such solicitations were made.

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ATTACHMENT 1F -- INVESTMENT ARRANGEMENTS

Provide a description of any and all investment arrangements or agreements in any way involving the ATC entity, and attach a copy of any such written arrangements or agreements hereto.

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ATTACHMENT 2 -- CORPORATE STRUCTURE/RELATED ENTITIES

Identify:

- 1. All parent, subsidiary, affiliate, predecessor, successor, and related entities of the ATC entity.

2. The business engaged in by any parent, subsidiary, affiliate, predecessor, successor, or related entities of the ATC entity, including the approximate time period during which each identified business was/has been conducted.

[illegible]

3. Any and all sales, mergers, and/or consolidations involving the ATC entity.

4. Any and all former names of the ATC entity.

ATTACHMENT 3 -- OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES		OCCUPATION, TITLE, POSITION, OR ASSOCIATION WITH THE ATC	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 4 -- FORMER OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

NAME AND LAST KNOWN HOME ADDRESS	POSITION HELD	DATES POSITION HELD		PRESENT OCCUPATION AND BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 5 -- OFFICERS

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 6 -- FORMER OFFICERS

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION AND BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 7 -- STAFF MEMBERS AND EMPLOYEES

NAME AND HOME ADDRESS	POSITION	DATES POSITION HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 8 -- OTHER PERSONNEL

NAME AND HOME ADDRESS	POSITION	DATES POSITION HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 9 -- COMPENSATION OF OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS, TRUSTEES, OFFICERS, STAFF MEMBERS AND EMPLOYEES

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION

ATTACHMENT 10 -- COMPENSATION OF ALL OTHERS

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED BY OR AFFILIATED WITH ATC	AMOUNT OF COMPENSATION

ATTACHMENT 11 -- DESCRIPTION OF ALL BONUS, PROFIT/REVENUE SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION AND SIMILAR PLANS

Provide a description of all bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plans in existence or to be created by the ATC entity. This description shall include, but not be limited to, the following:

2. The title or name of the plan;
3. The identity and address of the trustee of the plan or the person administering the plan;
4. The material features of the plan;
5. The methods of financing the plan;
6. The identity of each class of person who is or will participate in the plan;
7. The approximate number of persons in each such class; and
8. The amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

Additionally, attach a copy of any written bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plan in existence.

ATTACHMENT 12 -- DESCRIPTION OF LONG TERM DEBT

Provide a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness issued or executed, or to be issued or executed, by the ATC entity or on its behalf. Additionally, attach a copy of any such executed bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness.

[illegible]

ATTACHMENT 13 -- HOLDERS OF LONG TERM DEBT

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

ATTACHMENT 14 -- OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide a description of the nature, type, terms, conditions, and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the ATC entity other than those described in response to Items 12 and 13, and attach a copy of each hereto.

[illegible]

ATTACHMENT 15 -- HOLDERS OF OTHER INDEBTEDNESS NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	DOLLAR AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

ATTACHMENT 16 -- FINANCIAL INSTITUTIONS

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ATTACHMENT 17 -- CONTRACTORS AND SUPPLIERS

NAME	BUSINESS ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED (ATTACH A COPY OF THE CONTRACT HERETO)

ATTACHMENT 18 -- STOCK HELD BY THE ATC ENTITY

NAME AND ADDRESS OF ENTITY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	% OF OWNERSHIP

ATTACHMENT 19 -- CRIMINAL HISTORY

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE	DATE OF CHARGE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE

ATTACHMENT 20 -- TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

ATTACHMENT 21 -- TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS/INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION (SPECIFY)	DISPOSITION OF CONTEMPT CITATION

ATTACHMENT 22 -- LITIGATION/ARBITRATION

Provide a description of all existing or past litigation (including any arbitrations or other forms of alternative dispute resolution) to which the ATC entity, or any parent, subsidiary, affiliate, predecessor, successor or related entity is/was a party, whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is or was pending, the identity of all parties to the litigation, the general nature of all claims made, and the adjudication (if any).

ATTACHMENT 23 -- STATUTORY AND REGULATORY VIOLATIONS

DATE OF OFFENSE/CHARGE	NATURE OF OFFENSE/CHARGE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE, OR ORDER	DATE ENTERED

ATTACHMENT 24A -- BANKRUPTCY OR INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT, OR TRUSTEE (BANKRUPTCY OR INSOLVENCY)

DATE PETITION FILED OR RELIEF SOUGHT	ENTITY INVOLVED	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED

ATTACHMENT 24B -- BANKRUPTCY OR INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT, OR TRUSTEE (APPOINTED RECEIVER, AGENT, OR TRUSTEE)

NAME OF PERSON APPOINTED AND FOR WHICH ENTITY	DATE APPOINTED	COURT	REASON FOR APPOINTMENT

ATTACHMENT 25A -- LICENSES, REVOCATIONS, SUSPENSIONS, ETC.

TYPE OF LICENSE OR CERTIFICATE	ENTITY INVOLVED	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN

ATTACHMENT 25B -- LICENSES APPLIED FOR

NAME AND ADDRESS OF LICENSING AGENCY	ENTITY INVOLVED	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OFACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT, OR OTHER SUCH NUMBER AND EXPIRATION DATE

ATTACHMENT 26A -- CHARITABLE RECEIPTS

NAME OF CONTRIBUTOR	ADDRESS	DATE	AMOUNT

ATTACHMENT 26B -- CHARITABLE CONTRIBUTIONS

NAME OF RECIPIENT	ADDRESS	DATE	AMOUNT

ATTACHMENT 27 -- TAX RETURNS/FORMS

Attach a copy of all tax returns submitted by the ATC entity or on its behalf to the Internal Revenue Service or any other government (foreign, federal, state, municipal, etc.) entity or agency.

ATTACHMENT 28 -- APPROVAL FROM MUNICIPALITY

Attach any written verification of the approval of the ATC entity by the community or governing body of the municipality in which the ATC entity is or will be located.

ATTACHMENT 29 -- COMPLIANCE WITH LOCAL CODES AND ORDINANCES

Describe any variances the ATC entity has received and attach a copy of each hereto.

ATTACHMENT 30 -- SERVICE AREA

Provide a listing of all counties in which the ATC entity intends to operate.

ATTACHMENT 31 -- MANUALS, POLICIES, PROCEDURES, AND PLANS

Attach all manuals, policies, and procedures developed to satisfy the requirements of proposed regulation N.J.A.C. 8.64-9.1(a), and any security plans in place concerning the ATC entity's cultivation, dispensing and storage facilities.

Alternatively, provide a detailed description of the ATC entity's security plan concerning its cultivation, dispensing and storage facilities below.

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