

STATE OF NEW JERSEY

DEPARTMENT OF HEALTH MEDICINAL MARIJUANA PROGRAM



ALTERNATIVE TREATMENT CENTER RENEWAL PERMITTING REQUEST FORM

RENEWAL PERMITTING REQUEST FORM INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. The Alternative Treatment Center (ATC) must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in denial of the ATC's request for renewal 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, 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's request for renewal 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 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 makes any modification to the pre-printed questions or information contained in this form, the ATC's request for renewal permit may be rejected. Once the form is accepted, it becomes the property of the Department of Health and will not be returned.

II. BEFORE SUBMITTING THIS FORM, BE SURE THAT:

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

Alternative Treatment Center (ATC)
Renewal Permitting Request Form

Name of ATC requesting a renewal permit (Do not abbreviate)

D/B/A or Trade Name(s)

PERSON TO BE CONTACTED IN REFERENCE TO THIS RENEWAL PERMITTING REQUEST FORM

Name and Title

Mailing Address

Telephone Number

E-mail Address

PRINCIPAL BUSINESS ADDRESS OF ATC

Street

City, Zip Code, and County

Telephone Number

Website

ADDRESSES WHERE MEDICINAL MARIJUANA IS CULTIVATED

(If different than the principal business address)

Street

City, Zip Code, and County

Telephone Number

ADDRESSES WHERE MEDICINAL MARIJUANA IS DISPENSED

(If different than the principal business address)

Street

City, Zip Code, and County

Telephone Number

ITEM 1 - GENERAL ATC BACKGROUND/NONPROFIT STATUS

A. Is the ATC incorporated? _____ Yes _____ No

If no, continue below to the section "If the ATC is not incorporated":

If yes:

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

2. Is the ATC 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 the following (labeled as Attachment 1A):

- a. Current certificates of good standing from all states in which the ATC is incorporated (to the extent the ATC is in good standing).
- b. All documents indicating that the ATC is not in good standing in any state in which it is incorporated.

If the ATC is not incorporated:

1. Identify how the ATC is organized (e.g., partnership, LLC, etc.) _____

2. In which states is the ATC authorized/registered to conduct business. _____

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

4. Identify any states in which the ATC is not in good standing. _____

5. Provide the following:

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

B. Does the ATC have nonprofit status? _____ Yes _____ No

If so:

1. Is the ATC a recognized nonprofit under federal law? _____ Yes _____ No

2. Is the ATC a recognized nonprofit under state law? _____ Yes _____ No

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

3. Provide the following (labeled as Attachment 1B):

a. All documentation submitted by the ATC to maintain nonprofit status; and

b. All documentation from the government (federal and/or state) recognizing or establishing the ATC's non-profit status in any jurisdiction since the last permit renewal period.

C. Has the business plan of the ATC been updated, changed, or otherwise amended since the last permit renewal period? _____ Yes _____ No

If so, provide all updated, changed, or amended business plans (labeled as Attachment 1C).

D. Are there any actual or projected annual, semi-annual, quarterly or other financial statements or reports concerning the ATC since the last permit renewal period? _____ Yes _____ No

If so, provide a copy of all such statements or reports (labeled as Attachment 1D).

E. Has the ATC, or anyone on its behalf, solicited any investors or investments since the last permit renewal period? _____ Yes _____ No

If so, provide a list of what solicitations were made, when they were made, and to whom they were made (labeled as Attachment 1F).

F. Has the ATC, or anyone on its behalf, entered into any investment arrangements, agreements, or financial restructuring since the last permit renewal period? _____ Yes _____ No

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

ITEM 2 - CORPORATE STRUCTURE/RELATED ENTITIES

A. Attach as Item 2, a list of the following:

1. All parent, subsidiary, affiliate, predecessor, successor, and related entities of the ATC since the last permit renewal period;
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 since the last permit renewal period;
3. All sales, mergers, and/or consolidations involving the ATC since the last permit renewal period;
4. All former names of the ATC.

ITEM 3 - PRINCIPALS, PARTNERS, INVESTORS, MEMBERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

Provide the following information for each principal, partner, investor, member, board member, director, and trustee of the ATC. (Note: Any principal, investor, member, board member, director and trustee of the ATC, who has not completed and filed a Personal History Disclosure Form (PHDF) since the last permit renewal period must do so immediately.)

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

ITEM 4 - FORMER PRINCIPALS, PARTNERS, INVESTORS, MEMBERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

Provide the following information for each person, not listed in response to Item 3, who formerly held the position of principal, partner, investor, member, board member, director or trustee of the ATC since the last permit renewal period.

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

ITEM 5 - OFFICERS

Provide the following information for each officer of the ATC. 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: Any officer of the ATC, who has not completed and filed a Personal History Disclosure Form (PHDF) since the last permit renewal period must do so immediately.)

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

ITEM 6 - FORMER OFFICERS

Provide the following information for each person not listed in response to Item 5 who, since the last permit renewal period, is no longer an officer of the ATC. 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

Provide the following information regarding each person not listed in the previous items who is a staff member and/or employee of the ATC. (NOTE: The position listed for each staff member and employee of the ATC must be clearly defined so that the New Jersey Department of Health may determine whether the ATC staff member or employee is required to file a Personal History Disclosure Form (PHDF)). The ATC is required to submit the name and position of any new ATC staff or employee to the DOH at time of hire and must not wait until the annual filing of this ATC renewal permit request form.

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

ITEM 8 - OTHER PERSONNEL

Provide a listing of all other personnel associated with the ATC not otherwise listed above. Other personnel shall mean all people and entities *in any way* affiliated with the operation or funding of the ATC including, but not limited to volunteers, consultants, vendors, independent contractors, subcontractors, landlords, suppliers, business partners, investors, joint ventures, registered agents, attorneys, accountants, and other professionals retained by the ATC since the last permit renewal period.

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

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

Provide the following information regarding the total amount of annual compensation received in connection with the ATC since the last permit renewal period and any future amount agreed upon in connection with the ATC 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

ITEM 10 - COMPENSATION OF ALL OTHERS

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 in the form of salary, wages, commissions, fees, bonuses, or otherwise. Also, include in this attachment any compensation which 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

ITEM 13 - HOLDERS OF LONG TERM DEBT

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 or on its behalf since the last permit renewal period. (NOTE: All persons or entities listed below may be required by the Department of Health to complete a Personal History Disclosure Form or Entity 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)

ITEM 15 - HOLDERS OF OTHER INDEBTEDNESS

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 that occurred since the last permit renewal period. (NOTE: All persons or entities listed below may be required by the Department of Health to complete a Personal History Disclosure Form or Entity Disclosure Form.)

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

ITEM 16 - FINANCIAL INSTITUTIONS

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 has or has had an account, regardless of whether such account was held in the name of the ATC or was otherwise under the direct or indirect control of the ATC.

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

ITEM 17 - CONTRACTORS AND SUPPLIERS

Provide the following information with respect to all persons and/or entities with whom the ATC has contracts or agreements, including, but not limited to, any and all employment, consulting, or service contracts or agreements. Provide a copy of any such contract or agreement that occurred since the last permit renewal period.

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

ITEM 18 - STOCK HELD BY THE ATC

Provide the following information about each entity in which the ATC has acquired stock since the last permit renewal period. Additionally, provide documentation regarding the sale, transfer or acquisition of stock held by the ATC since the last permit renewal period.

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

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.

Has the ATC or any of its principals, partners, investors, members, board members, directors, trustees, officers, staff members or employees 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 since the last permit renewal period?

_____ Yes _____ No

If yes, 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

ITEM 20 - TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS

Since the last permit renewal period, has the ATC or any of its principals, partners, investors, members, 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, 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

ITEM 21 - TESTIMONY, INVESTIGATIONS, OR POLYGRAPH REFUSALS

Since the last permit renewal period, has the ATC or any of its principals, partners, investors, members, board members, directors, trustees, officers, staff members, or employees 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 investigative body (municipal, county, state, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

_____ Yes _____ No

If yes, 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

ITEM 23 - STATUTORY AND REGULATORY VIOLATIONS

Since the last permit renewal period, has the ATC 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

Since the last permit renewal period, has the ATC 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, 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 JUDGMENT, DECREE, OR ORDER	DATE ENTERED

ITEM 24 - BANKRUPTCY OR INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT, OR TRUSTEE

- A. Has the ATC 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 since the last permit renewal period? _____ Yes _____ No
- B. Has the ATC 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 since the last renewal period? _____ Yes _____ No

If yes to either question, 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

C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed by a court since the last permit renewal period for the business or property of the ATC or any parent, subsidiary, affiliate, predecessor, successor, or related entity?

_____ Yes _____ No

If yes, provide the following information for each proceeding.

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

ITEM 25 - LICENSES

A. Since the last permit renewal period, has the ATC or any principal, partner, investor, member, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity had any license or certificate issued by a government agency in this state or any other jurisdiction, denied, suspended, or revoked?

_____ Yes _____ No

B. If yes, 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

C. Since the last permit renewal period, has the ATC or any principal, partner, investor, member, 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, 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 OFACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT, OR OTHER SUCH NUMBER AND EXPIRATION DATE

ITEM 26 - CHARITABLE RECEIPTS/CONTRIBUTIONS

A. Has the ATC received any charitable contributions of more than \$1,000 since the last permit renewal period? _____ Yes _____ No

If yes, provide the following information about each contribution.

NAME OF CONTRIBUTOR	ADDRESS	DATE	AMOUNT

B. Has the ATC made any charitable contributions since the last permit renewal period?

_____ Yes _____ No

If yes, provide the following information about each contribution.

NAME OF RECIPIENT	ADDRESS	DATE	AMOUNT

ITEM 27 - TAX RETURNS/FORMS

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

ITEM 28 - APPROVAL FROM MUNICIPALITY

A. Has the ATC received all current necessary approvals by the community, governing body and tax authority in order to maintain its status as an ATC facility? _____ Yes _____ No

B. Has the ATC received any variances related to its operations since the last permit renewal period? _____ Yes _____ No

If so, please explain and attach any such approvals and variances.

ITEM 29 - MANUALS, POLICIES, PROCEDURES AND PLANS

Have there been any changes or updates to the ATC manuals, policies, and procedures since the last permit renewal period. _____ Yes _____ No

Have there been any changes or updates to the ATC's security plan concerning its cultivation, dispensing and storage facilities since the last permit renewal period.

_____ Yes _____ No

If yes to either, please attach any such security plan, manual, policy, or procedure.

ITEM 30 - 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	Certificates of good standing, etc.	
1B	Documentation supporting continual nonprofit status	
1C	Business plans	
1D	Financial statements/reports	
1E	Investment solicitations	
1F	Investment arrangements/financial restructuring	
2	Corporate structure/related entities	
3	Principals, partners, investors, members, board members, directors and trustees	
4	Former principals, partners, investors, members, board members, directors and trustees	
5	Officers	
6	Former officers	
7	Staff members and employees	
8	Other Personnel	
9	Compensation of principals, partners, investors, members, 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	

ITEM 30 - PERMITTING REQUEST FORM ATTACHMENTS (cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	✓ IF ATTACHED N/A IF NOT APPLICABLE
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	
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	
28A	Approval from municipality	
28B	Variances/Compliance with local codes and ordinances	
29	Manuals, policies, procedures, and plans	

ITEM 31 - AFFIDAVITS AND SIGNATURES

This Renewal 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 authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or Chief Executive Officer.

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

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

the Alternative Treatment Center (ATC), 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 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.

Name of ATC

ATC Representatives Name and Title

Representatives Signature

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 ALTERNATIVE TREATMENT CENTER)

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

authorized the New Jersey Department of Health (Department) to conduct a full investigation into the background of said Alternative Treatment Center (ATC).

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

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 ALTERNATIVE TREATMENT CENTER)

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

and the supplying of handwriting exemplars.

The said Alternative Treatment Center (ATC) 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. The ATC also acknowledges that refusal to immediately submit to a request from the State of New Jersey 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 ALTERNATIVE TREATMENT CENTER)

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

as to the State of New Jersey, the Department of Health and their instrumentalities and agents, for any damages resulting to the said Alternative Treatment Center 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