



**TOWNSHIP OF WEST MILFORD**  
**LOCAL ANNUAL CANNABIS LICENSE APPLICATION**  
 1480 UNION VALLEY ROAD, WEST MILFORD, NJ 07480  
 973-728-7000 MAIN #, 973-728-2704 FAX

DATE \_\_\_\_\_ Conditional State Application #: \_\_\_\_\_  
 Annual State License #: \_\_\_\_\_

Per § 500-198 Non-Refundable Fees Term: January 1 – December 31 of calendar year

All documentation and fees are submitted in the Clerk's Office

- |   |  |
|---|--|
| <input type="checkbox"/> INITIAL REGISTRATION \$2,500 | <input type="checkbox"/> RENEWAL \$1,500                 |
| <input type="checkbox"/> VETERAN (\$500 discount)     | <input type="checkbox"/> MICRO BUSINESS (\$500 discount) |
| <input type="checkbox"/> DD Form 214 Attached         |  |

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Cultivator Class 1	<input type="checkbox"/> Manufacturer Class 2	<input type="checkbox"/> Wholesaler Class 3
<input type="checkbox"/> Distributor Class 4	<input type="checkbox"/> Retailer Class 5	<input type="checkbox"/> Delivery Class 6
<input type="checkbox"/> Micro Business	<input type="checkbox"/> Pre-existing Alternate Treatment Center License # _____	

BUSINESS TYPE (CHECK ONE BOX)		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation / LCC / LPP / LLC
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Trust

State of Incorporation of Business Entity & Parent Company	State:
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**BUSINESS**

Business Owner Name:	Trade Name (dba):
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Address:	Block	Lot
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City:	State:	Zip:
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Mailing Address if different from above:	Leased	Owned
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City:	State:	Zip:
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Business website:	Business Email:
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Business Phone #:	Business Hours:
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**APPLICANT**

Applicant Name:
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Address:
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City:	State:	Zip:
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Email:	Phone #:
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<b>CORPORATE REPRESENTATIVE CONTACT</b>			
Available 24 hours daily to serve as primary contact with full authority to make decisions on behalf of establishment in event of emergency, criminal activity, odor event or violation of Township of West Milford and State laws			
Name:			
Address:			
City:		State:	Zip:
Email:		Phone #	
<b>MANDATORY INFORMATION &amp; ATTACHMENTS WITH APPLICATION</b>			
1.	Zoning Application Approval Date:	Permit #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Location of Parking Spaces:		<b># Parking Spaces</b>
2.	Did Applicant have to apply to Planning Board for site plan approval or building permit from Building Office?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has Applicant been denied a cannabis license (all categories) from any jurisdiction? If "Yes" what type of license and reason for denial.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has Applicant had a cannabis license (all categories) suspended or revoked by any jurisdiction? If "Yes: provide reason for revocation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does facility have an air treatment system for odor control?  Heated/air conditioned permanent building, no trailers, outdoor movable kiosks, etc. Any odor generated within the confines of the premises shall not unreasonably interfere with the enjoyment of life or property outside the boundaries of the establishment.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	What type?		
6.	Does premises have required smoke & Co2 Alarms & Fire Extinguishers Current Fire Certification # _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does facility have an alarm system? If "Yes" explain, if "No" explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Alarm Company Contact:		
	Name:	Phone Number:	
9.	Does Retailer have a plan in place if interior capacity is exceeded?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Monitor daily all activities for odors and maintain and produce written records of all odor monitoring		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Qualified Environmental Consultant Name and Emergency Telephone Number Required to retain to respond to the site in event of an incident		

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**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 cannabis not in strict compliance with State of Federal law. Also, since Federal law is not affected by the State Act, nothing in this application or any Township of West Milford 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 Township approvals does not protect users, caregivers or the owners of properties on which the use of cannabis 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 Township of West Milford 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 Township of West Milford 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, condition 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 Township of West Milford 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 municipality 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 Township Ordinances.*

**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 Township of West Milford Code and all Rules and Regulations which govern my application and with all relevant and applicable provisions of the New Jersey state law.

I certify that the foregoing statements made by me are true.

Owner/ Applicant Signature	Printed Name	Date Signed
Title		