

TOWNSHIP OF MORRIS CANNABIS LICENSE APPLICATION

All application must be received no later than 3:00pm on November 7, 2025

Applications are to be delivered to the Township of Morris at the offices of Suzanne V. Walsh, Township Clerk, located at: 50 Woodland Ave, Morris Twp., New Jersey.

Applicants shall submit an original and one paper copy of the application as well as a digital copy on a flash drive. The application shall be in a sealed envelope, clearly marked on the outside with the words “Township of Morris Cannabis License Application” and the name and address of the applicant. Applicants shall not use plastic covers or sheets for their applications. Binders are also discouraged.

Applicant shall include a check made payable to the Township of Morris for the appropriate non-refundable application fee amount listed in Item 16 of the application form.

Applicants shall assume full responsibility for the delivery of their application to the offices of the Township Clerk.

TOWNSHIP OF MORRIS CANNABIS LICENSE APPLICATION

- A. This license application is subject to the provisions and exceptions set forth in the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et. seq. and as such the application is considered public information.

- B. A license application shall be deemed incomplete, and shall not be processed, until all documents and application fees are submitted. Once the Township of Morris has determined the application is complete, it will notify the Applicant. The Township will begin reviewing completed applications on or after November 21, 2025.

- C. The Township Committee may approve or deny an application for a municipal cannabis license at its sole discretion.

1. Date of Application:

2. Applicant Information:

- Legal name of business registered to do business in the State of New Jersey:

- Address:

- Email:

- Phone:

- Website (if any):

- Name of primary contact for the business:

- Title:

- Address:

- Email:

- Phone:
- Trade name, alternate name or “doing business as” name of cannabis establishment:

3. Applicant must provide:

- New Jersey Business Registration Certificate
- Federal Tax Identification Number
- State Tax Identification Number

4. Applicant Business Structure:

Attach proof of business structure such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports the structure.

Corporation

Partnership

Limited Partnership

Individual

Other (Describe)

5. Business Ownership

Provide a complete list of every person with over 10% interest in the proposed cannabis business including the full name, title within the entity, date owner acquired interest in entity, the percentage of ownership interest, and financial interest in any other cannabis business. If an owner meets the criteria for social equity, minority, woman, or disable veteran (see section 11).

	#1	#2	#3	#4
Name				
Title				
Date Ownership Acquired				
Percentage of Ownership				
Financial Interest in Another Cannabis Establishment				
Social Equity Business Owner				
Minority Business Owner				
Woman Business Owner				
Disable Veteran Business Owner				

If any person above is listed as having an interest in another cannabis establishment, provide further information:

6. Has any person above had any cannabis license or permit revoked for a violation affecting public safety in New Jersey or a subdivision in the state within the preceding five (5) years?

Yes - If yes, provide further information.

No

7. Type of Municipal Cannabis License Requested:

Class I Cultivator

Class II Manufacturer

Class III Wholesaler

Class IV Distributor

Class V Retailer

Class VI Delivery

8. Has the Applicant secured a New Jersey cannabis license as of the date of this application?

Yes – If yes, provide a copy of the state cannabis license.

No - If no, what is the status of the Applicant's state cannabis license application?

9. Address of Proposed Cannabis Establishment:

Provide proof the Applicant has or will have lawful possession of the proposed premises with a deed, lease, real estate contract contingent on successful licensing, or a binding letter of intent from the owner of the premises contingent on successful licensing.

If property is leased, provide name, address, email address and phone number for property owner or owner's agent.

NOTE: The proposed location shall be located in the Cannabis Overlay Zone ("CBO").

10. Evaluation Criteria:

The following are to be answered in paragraph form in an attached document, using the number that corresponds to each criterion. Responses are to be word limited as indicated below.

1. Describe qualifications and experience of the Applicants/owners in operating in highly regulated industries in New Jersey or another state, including cannabis, healthcare, pharmaceutical manufacturing, and retail pharmacies. (Response not to exceed 2,500 words)
2. Describe plans for the storage of products, physical security, video surveillance, security personnel and visitor management. (Response not to exceed 2,500 words)
 - ❖ Areas to consider:
 - inventory control
 - delivery and shipping procedures
 - on-site security guards and their responsibilities
 - general description of security cameras and alarms
 - estimated number of customers/visitors per day
 - customer/visitor check in procedures and access to sales area
 - off-street parking arrangements for employees and customers/visitors
 - procedures and training for all fire and medical emergencies and hazardous situations
 - sample of signage that it is illegal to sell to anyone 21 years and under and that the store will check ID upon purchase
 - procedure for handling a customer exhibiting alcohol and/or substance abuse
3. Describe environmental impact and sustainability plan (Response not to exceed 1,000 words)
 - ❖ Areas to consider:
 - management of solid waste and recyclable materials
 - incorporation of environmentally sustainable business practices such as

solar installations, energy efficient products and operations, electric or hybrid vehicles

- exhaust and ventilation systems to prevent odors from operations to be detected beyond the licensed premises use, storage and disposal of any gases or chemicals used in operations.

4. Describe proposal to provide community benefits (Response not to exceed 3,000 words)

❖ Areas to consider:

- Financial and in-kind contributions to Morris Township’s drug and alcohol prevention programs, social work and mental health intervention initiatives, and other health related activities
- Financial and in-kind contributions to community, civic, cultural and business associations/organizations
- Education programs for various populations on topics such as securing a medical cannabis card, expunging cannabis criminal records, and engaging in an employment transition through a re-entry program

11. Is the Applicant a certified Diversely Owned Business, pursuant to the criteria in N.J.A.C. 17:30-6.4?

1. A minority business pursuant to N.J.S.A. 52:27H-21.18 et seq.;
2. A women’s business pursuant to N.J.S.A. 52:27H-21.18 et seq.;
3. A disabled-veterans’ business, as defined in N.J.S.A. 52:32-31.2; or
4. Any combination of one through three above

Yes - If yes, provide documentation.

No

12. Proposed Hours of Operation

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

13. Neighborhood Compatibility

Describe how the Applicant will make good faith efforts to promptly resolve all complaints, including those related to noise, light, odor, litter, vehicle traffic and pedestrian traffic.

1. Identify a Community Relations Liaison, who shall receive all complaints regarding the cannabis business.
2. Commit to posting the Liaison's name and contact information in the lobby of the cannabis establishment and providing such information to the Police Department and Fire Department.

14. Affirmative Action, Anti-Discrimination and Fair Employment

1. Provide an affidavit and documentary proof of compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices.
2. Provide a certified statement under oath there will be no discrimination based on race, color, religion (creed), gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of the Applicant's activities or operations.

15. Financial Information

1. Describe the financial capability of the Applicant to open and operate a cannabis establishment and the sources of funds to do so.
2. Provide name, address, email address, phone number and age of each person/entity with a non-ownership financial interest in the cannabis establishment, which shall include an investment, loan or any other type of equity.

16. Initial Application Fee

Applicant has attached a non-refundable application fee of \$5,000.

17. Additional Information (Optional)

Please provide any additional details, context, or supportive information that you believe may be relevant to your application.

18. Acknowledgement of Provisions of Morris Ordinance No. 07-25 to Regulate Cannabis Businesses in the Township of Morris

The undersigned, on behalf of the cannabis license applicant, _____, declares under penalty of perjury that I have read and understand the provisions of Morris Ordinance No.

07-25 and that the operation of this cannabis establishment must adhere to all the requirements of Morris Municipal Code and all other applicable state and local laws and all regulations promulgated thereunder.

I understand that I am the responsible party for any violation(s) of the cannabis establishment that may arise.

I understand and acknowledge that a license issued based on false or misleading statements provided in this application will be deemed invalid and subject to revocation.

I understand that the Morris Township Committee may approve or deny an application for a municipal cannabis license at its sole discretion.

I declare under the penalty of perjury under the laws of the State of New Jersey that the foregoing statements are true and correct.

Signature

Date

Print Name

Phone

Title

Email