

STATE OF NEW JERSEY
CANNABIS REGULATORY COMMISSION



CANNABIS RELATED BUSINESS
ENTITY DISCLOSURE FORM

ENTITY DISCLOSURE FORM INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. Any reference to the word “Entity” in this form shall be defined as the company/entity that is requesting, through the completion and submission of this form to the New Jersey Cannabis Regulatory Commission (CRC), to conduct cannabis related business in New Jersey.
- b. The 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 Entity’s request for suitability.
- c. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the Entity, indicate “Does Not Apply” in response to that question. If there is nothing to disclose in response to a question, indicate “None” in response to that question. Failure to provide a response to every question may result in the denial of the Entity’s request for suitability.
- d. 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.
- e. If the space available is insufficient to respond to a question, the 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.
- f. If the Entity makes any modification to the pre-printed questions or information contained in this form, the Entity’s request for suitability may be denied. Once the form is accepted, it becomes the property of the CRC and will not be returned.

II. BEFORE SUBMITTING THIS FORM BE SURE THAT:

- a. All required attachments listed in this form are included either with the form or as part of the entity’s cannabis business or testing laboratory application, as is applicable. If a document is submitted as part of the application, there is no need to submit it twice. Simply note it is included in the application in the checklist at the end of this form.
- b. The Affidavit, Release Authorization, 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 Entity has maintained a completed copy of this form for its own records.
- e. Once instructed by the CRC, all owners, principals, officers, managers, contractors (as applicable), and employees must schedule and complete an appointment to have their fingerprints taken by MorphoTrak. The Entity’s disclosure form will not be completely processed if the fingerprint appointments are incomplete.

**Cannabis Related Business
Entity Disclosure Form (EDF)**

Name of Entity requesting suitability. (Do not abbreviate names)

D/B/A or Trade Name(s)

PERSON TO BE CONTACTED ABOUT THIS ENTITY DISCLOSURE FORM

Name and Title

Mailing Address

Telephone Number

E-mail Address

PRINCIPAL BUSINESS ADDRESS OF ENTITY

Street

City, Zip Code, and County

Telephone Number

Website

NEW JERSEY CANNABIS BUSINESS

Provide the name of the New Jersey cannabis business that the Entity is requesting to conduct business with by the completion and submission of this Entity Disclosure Form.

(Name of New Jersey ATC)

NATURE OF ENTITY'S BUSINESS

What is the nature of business of the Entity requesting suitability?

ITEM 1 – GENERAL ENTITY BACKGROUND/NONPROFIT STATUS

A. Is the Entity incorporated?

Yes ___ No ___

If no, continue below to the section that reads: “If the Entity is not incorporated”: If yes:

1. In what state(s) is the Entity incorporated? Is the Entity registered to do business in New Jersey?

2. Is the 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, as 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 Entity is incorporated.

If the Entity is not incorporated:

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

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

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

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

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

- a. All certificates of good standing (to the extent applicable) and/or any documents reflecting that the Entity is not in good standing (to the extent applicable).
- b. All documents reflecting the formation of the Entity, including, but not limited to, charter, bylaws, operating agreements and/or any other governing document.

6. Has the Entity entered into any agreement, contract, merger, consolidation or financial arrangement with any other New Jersey cannabis related business?

Yes ___ No ___

If so, provide as Attachment 1B a copy of any such documents.

ITEM 2 – CORPORATE STRUCTURE/RELATED ENTITIES

A. Attach as Item 2 a listing of the following:

- 1. All parent, subsidiary, affiliate, and predecessor of the Entity requesting suitability.
- 2. The business engaged in by any parent, subsidiary, affiliate, or predecessor of the Entity, including the approximate time during which each identified business was/has been conducted;
- 3. All sales, mergers, and/or consolidations involving the Entity within the last three years; and
- 4. All former names of the Entity.

ITEM 3 – OWNERS, PRINCIPALS, AND FINANCIAL SOURCES, INCLUDING MEMBERS, BOARD MEMBERS, INVESTORS/LENDERS, DIRECTORS AND TRUSTEES

Provide the following information for each owner, principal, partner, member, board member, investor/lender, director, and trustee of the Entity. Owners shall include anyone who has any ownership interest whatsoever in the Entity. **(NOTE: Each owner, principal, partner, member, board member, director and trustee of the Entity must complete a Personal History Disclosure Form 1 that is to be filed with this Entity Disclosure Form)**

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

ITEM 4 – FORMER OWNERS, PRINCIPALS, AND FINANCIAL SOURCES, INCLUDING PARTNERS, MEMBERS, BOARD MEMBERS, INVESTORS/LENDERS, DIRECTORS AND TRUSTEES

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, investor/lender, director or trustee of the Entity. Each former Owner must be clearly identified, and its percentage of ownership must be disclosed.

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 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 Entity must complete a Personal History Disclosure Form that is to be filed with this Entity Disclosure Form)**

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 formerly was an officer of the 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 – MANAGERS, 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 Entity.

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

ITEM 8 – OTHER PERSONNEL, INCLUDING MANAGEMENT SERVICES CONTRACTORS AND PASSIVE INVESTORS

Provide a listing of all other personnel associated with the Entity not otherwise listed above. Other personnel shall mean all people and entities *in any way* affiliated with the operation or funding of the 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 Entity.

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

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

Provide the following information regarding the amount of total annual compensation received in connection with the Entity during the last calendar year and the amount to be received in connection with the 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

ITEM 10 – COMPENSATION OF ALL OTHERS

Provide the following information for any person, other than those listed in response to Item 9, who currently receive, or who is expected to receive, any compensation in connection with the Entity 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 11 – 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 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 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 Entity or on its behalf. Additionally, attach as Item 12 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

Provide the following information for each person, entity or financial institution holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness executed or issued by the Entity or on its behalf. (**NOTE: Some or all the persons, entities or financial institutions listed below may be required by the CRC to complete a Personal History Disclosure Form or an 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 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 Entity other than those described in response to Items 12 and 13, and attach a copy of each.

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. **(NOTE: Some or all the persons, entities or financial institutions listed below may be required by the CRC to complete a Personal History Disclosure Form or an 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 Entity has or has had an account.

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

ITEM 17 – CONTRACTORS AND SUPPLIERS

Provide the following information with respect to all persons and/or entities with whom the Entity has contracts or agreements, including, but not limited to, all employment, consulting, or service contracts or agreements. Only include contracts that annually exceed \$50,000.

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

ITEM 18 – STOCK HELD BY THE ENTITY

Provide the following information about each entity in which the Entity holds stock.

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 person’s offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order.

Has the Entity or any of its owners, principals, partners, members, 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, 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

Has the Entity or any of its owners, principals, partners, 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 within the past 3 years?

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

Has the Entity or any of its owners, principals, partners, members, board members, directors, trustees, and officers 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 provide the following information about any such testimony, investigation, or polygraph refusal and attach related documents.

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 22 – LITIGATION/ARBITRATION

Provide, a description of all existing or past litigation within the past three years (including any arbitrations or other forms of alternative dispute resolution) to which the Entity, or any parent, subsidiary, affiliate, predecessor, 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 Entity or any parent, subsidiary, affiliate, predecessor, been charged (as defined in Item 19) with a violation of any state or federal statute, regulation, or code?

Yes ___ No ___

Has the Entity had a judgment, order, consent decree, or consent order entered against it, or any parent, subsidiary, affiliate, predecessor, 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 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 24A – BANKRUPTCY OR INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT, OR TRUSTEE

A. Has the Entity or any parent, subsidiary, affiliate, predecessor, 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 Entity or any parent, subsidiary, affiliate, predecessor, sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law?

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

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

Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed by a court for the business or property of the Entity or any parent, subsidiary, affiliate, predecessor?

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 25A – LICENSES

A. Has the Entity or any owner, principal, partner, member, board member, investor/lender, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, 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, 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

ATTACHMENT 25B – LICENSES APPLIED FOR

Has the Entity or any owner, principal, partner, member, board member, investor/lender, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, ever applied in any jurisdiction for a license, permit, or other authorization to participate in the sale, grow, delivery, testing, manufacturing, or distribution of cannabis? ATTACHMENT 25B

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 OF ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT, OR OTHER SUCH NUMBER AND EXPIRATION DATE

ITEM 26 – TAX RETURNS/FORMS

Attach as Item 27 a copy of all current year tax returns submitted by the Entity or on its behalf to the Internal Revenue Service and the state of New Jersey. If current year tax returns have not been filed, provide copy of a letter of extension filed and prior year tax returns.

ITEM 27 – ENTITY DISCLOSURE FORM –ATTACHMENTS

On the following chart, indicate with a checkmark which attachments are included with this Entity Disclosure 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, operating agreements, certificates of good standing, etc.	
1B	Agreements, Contracts, Financial Arrangements	
2	Corporate structure/related entities	
3	Owners, principals, partners, members, board members, investors/lenders, directors and trustees	
4	Former owners, principals, partners, members, board members, investors/lenders, 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	

ITEM 27 – ENTITY DISCLOSURE FORM ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	✓ IF ATTACHED N/A IF NOT APPLICABLE
16	Financial institutions	
17	Contractors and suppliers	
18	Stock held by the Entity	
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	
26	Tax Returns/Forms	

ITEM 28 – AFFIDAVITS AND SIGNATURES

This Entity Disclosure 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

WAIVER OF LIABILITY

The President, Managing Member or any officer of the Entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President, Chief Executive Officer or Member.

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

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

the 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 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 Cannabis Regulatory Commission.

Name of Entity

Entity Representative Name and Title

Representative Signature

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

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

RELEASE AUTHORIZATION

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 ENTITY)

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

authorized the New Jersey Cannabis Regulatory Commission to conduct a full investigation into the background of said Entity.

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

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 _____.

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

WAIVER OF LIABILITY

On behalf of _____,
(NAME OF ENTITY)

I, _____, hereby waive liability, as to the
(NAME OF MEMBER, PRESIDENT OR CHIEF EXECUTIVE OFFICER)
State of New Jersey, the Cannabis Regulatory Commission and their instrumentalities and agents, for any damages resulting to the said 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 _____.

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC