State of New Jersey Department of Health Division of Medicinal Marijuana

PERMIT APPLICATION PART A - ALTERNATIVE TREATMENT CENTER (ATC) REQUIRED ENTITY INFORMATION

- ALTERNATIVE TREATMENT CENTER PERMIT REQUEST FORM **REQUIRED APPLICANT INFORMATION** 6. Business Entity Type 1. Name of Entity Requesting Permit to Operate ATC (ATC Entity) (do not abbreviate name) 2. D/B/A or Trade Name(s) 3. CONTACT PERSON (in reference to this application Name standing for each state you list. Title **Contact Person Mailing Address** (street) (city) (state) (county) (zip) Phone Fax E-Mail Address 4. PRINCIPAL BUSINESS ADDRESS OF ATC ENTITY (street) (city) (state) (county) (zip) Phone Website
 - 5. PROPOSED SITES OF OPERATION IN SERVICE REGION

Please attach proof of ownership or lease for the proposed site.

5a. Proposed site for ATC

Same as Business Address

(street)

(county) (city) (zip) (state) Phone

Same as Business Phone

5b. Proposed site number 2 for ATC (vertically integrated only)

Same as Business Address

(street)

(city) (state) (county) (zip)

Phone

Same as Business Phone

- 7. EIN / TIN Number
- 8. In which state was the ATC Entity formed?
- 9. In which state(s) is the ATC Entity registered? List all states, indicating whether the ATC Entity is or is not in good standing. Attach proof of registration and all certificates of good standing and/or any documents reflecting that the ATC Entity is not in good

| STATE | GOOD STAN | IDING | REGISTRATIONS |
|-------|-----------|-------|---------------|
| | YES NO | | |

10. Is the ATC Entity a recognized nonprofit under:

Federal law? Yes No State law? Yes Nο

> Attach as a single PDF file all documents reflecting the formation of ATC Entity, including, but not limited to:

- **Documents/Articles of Incorporation**
- Charter
- **Bylaws**
- **Other Governing Documents**
- **Documentation from the government (Federal** and/or State) recognizing or establishing the ATC Entity's nonprofit status.
- Documents submitted by the ATC Entity to maintain nonprofit status.

11. CORPORATE STRUCTURE/RELATED ENTITIES

Organizational Chart - Attach an organizational chart displaying all parent, subsidiary, affiliate, predecessor, successor, and entities elated to the ATC Entity.

11a. In one or two lines, explain in the box below what we will see in the organizational chart.

11b. List the name, address, and type of business engaged in by any and all 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. If there are none, skip this question and move on to the next question.

| BUSINESS NAME | BUSINESS ADDRES | SS | | BUSINESS ACTIVITY | TIME F | PERIOD |
|---------------|-----------------|-------|-----|-------------------|--------|---------------|
| | Street | State | Zip | | FROM | TO PRESENT |
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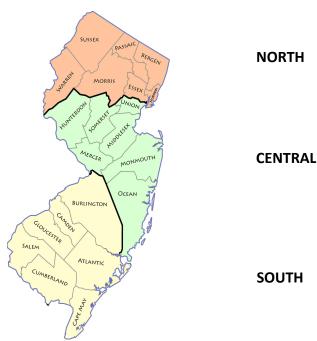
12. Beginning with the formation of the ATC Entity, list and describe any and all events such as sales, mergers, and/or consolidations involving the entity, including all former names. If there are none, skip this question and move on to the next question.

| EVENT | ALL ENTITIES INVOLVED | ATC ENTITY NAME CHANGE | DATE |
|-----------|-----------------------|------------------------|------|
| FORMATION | | ENTITY FORMED AS | |
| | | то | |

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13a. SERVICE REGION

In which NJ service region does the ATC Entity intend to operate in conjunction with this application? Select only the region that corresponds to this application.



13b. Permit endorsement being sought at and size tier (cultivation & vertically integrated only)

| Cultivation | 30,000 sq ft |
|-------------|--------------|
| | |

20,000 sq ft

Vertically Integrated 5,000 sq ft

14. APPROVAL FROM MUNICIPALITY

Has the ATC Entity received written verification of approval by the community or governing body of the municipality in which it intends to operate, for any and all locations?

Yes No

Attach verification of approval.

15. COMPLIANCE WITH LOCAL CODES AND ORDINANCES

15a. Are the proposed ATC locations 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

If so, attach map or document indicating compliance.

15b. Has the ATC Entity received any variances concerning its operation?

Yes No

If so, attach variance(s).

15c. Explain in a few sentences below what we will see in the above attachments pertaining to the ATC Entity's progress toward gaining approval(s), obtaining variance(s) and achieving overall compliance.

16. ATC EXTERNAL DESIGN AND SITE COMPATIBILITY

Dispensing

Attach text documents and/or graphic materials as a single PDF document showing the proposed exterior appearance of the ATC and its site compatibility with commercial structures already constructed or under construction within the immediate neighborhood.

17. LICENSES

17a. Has the ATC Entity or any owner, principal, partner, investor, member, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity ever <u>applied for and/or received</u> a license, permit, or other authorization to participate in the cultivation, processing, sale or distribution, etc. of marijuana in any jurisdiction?

Yes No

17b. If so, list and describe any and all such authorizations using the table below. If not, move on to the next question.

| APPLIED (MM/YYYY) | LICENSEE BUSINESS ENTITY NAME | LICENSING AGENCY | LICENSED ACTIVITY | CURRENT STATUS | LICENSE # | EXP DATE |
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18. RECORD OF STATUTORY AND REGULATORY VIOLATIONS

18a. Has the ATC Entity or any parent, subsidiary, affiliate, predecessor, successor, or related been charged with a violation and/or had a judgment, order, consent decree, or consent order entered against it pertaining to any state or federal statute, regulation, or code?

Yes No

18b. If so, list and describe any and all cases using the table below. If not, move on to the next question.

| OFFENSE DATE (MM/YYYY) | COURT / JURISDICTION | DOCKET# | DISPOSITION | DESCRIPTION |
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19. RECORD OF LITIGATION / ARBITRATION

List and describe using the table below any and 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. If there are none, skip this question and move on to the next question.

| FILING DATE (MM/YYYY) | COURT / JURISDICTION | DOCKET# | DISPOSITION | DESCRIPTION |
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20. RECORD OF OWNERS PRINCIPALS, PARTNERS, INVESTORS, MEMBERS, BOARD MEMBERS, DIRECTORS, TRUSTEES & OFFICERS

Provide the following information for all owners, principals, partners, investors, members, board members, directors, trustees and Officers of the ATC Entity. Owners shall include anyone who has any ownership interest whatsoever in the ATC Entity. Officers shall include, but are not limited to, persons serving as president, secretary, treasurer, vice-president, general /corporate counsel, or any other officer prescribed by the ATC Entity's formation documents or bylaws. All individual investors that are part of an investor group should be listed, noting the name of the investor group in the "Position With ATC" column.

NOTE: All individuals listed below must complete a Personal History Disclosure Form that is to be attached using the buttons in the "Birth Date" column.

| NAME | HOME ADDRESS | BUSINESS ADDRESS | DATES | POSITION WITH ATC | PAY / COMPENSATION | BIRTH DATE |
|----------|-------------------|-------------------|----------|-------------------|--------------------|------------|
| FIRST MI | Street | Street | through | | Type Value | |
| LAST | City | City | | | | |
| | State Zip | State Zip | PRESENT | | Description | |
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| FIRST MI | Street | Street | through | | Туре | |
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21. DISCLOSURE OF MANAGERS, STAFF, AND OTHER PERSONNEL

Provide the following information for each manager, staff person, and all other personnel associated with the ATC Entity (not otherwise listed). Staff and other personnel include people in any way affiliated with the operation or funding of the ATC, including but not limited to: volunteers, paid staff, interns, consultants, registered agents, attorneys, accountants, and other professionals retained by the ATC Entity.

NOTE: Some or all of the persons or entities listed below may be required to complete a Personal History Disclosure Form and/or an Entity Disclosure Form prior to the State's decision to issue a permit.

| NAME | HOME ADDRESS | BUSINESS ADDRESS | DATES | POSITION WITH ATC | PAY / COMPENSATION | BIRTH DATE |
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22. DISCLOSURE OF CONTRACTORS, VENDORS, LANDLORDS & SUPPLIERS

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, contracting, rental, vending, supply or service contracts or agreements. Include any intended contractual relationships, to the extent they are known.

NOTE: Some or all of the persons or entities listed below may be required to complete a Personal History Disclosure Form and/or an Entity Disclosure Form prior to the State's decision to issue a permit.

| CONTACT PERSON | ENTITY NAME DA | ATES | DESCRIPTION |
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23. MEDICAL ADVISORY BOARD

Has the ATC Entity organized a medical advisory board to advise the ATC's operation?

Yes No

If so, attach a PDF copy of the bylaws and a list of the members of the ATC's medical advisory board. If not, attach a PDF document of a proposed plan to organize a medical advisory board.

24. FINANCIAL INSTITUTIONS

List and describe using the table below each and every account held at each and every bank, savings and loan association, or other financial institution, whether domestic or foreign, at which the ATC Entity has (presently) or had (in the past) 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.

| ACCOUNT NUMBER | INSTITUTION NAME | TYPE OF ACCOUNT | CURRENT STATUS | DATE(S) (MM/YYYY) | |
|----------------|------------------|--------------------|----------------|----------------------|---------|
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25. FINANCIAL AND / OR MANAGEMENT AGREEMENTS OR ARRANGEMENT DISCLOSURE

| 25a. H | Has the ATC Entity, or anyone on its behalf, entered into a manage | ement services agreement or any other financial arrangements / |
|--------|--|--|
| agreen | ments related to the operation and management of an ATC? | |

Yes No

Attach a PDF copy of all financial agreements or arrangements, and describe below what we will see in the attachment(s).

25b. 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

25c. If so, provide the following information about the receiver, fiscal agent, trustee, reorganization trustee, or similar officer appointed. If not, skip this question and move on to the next question.

Entity Name to which Person was Appointed Date Appointed

Full Legal Name of Person Appointed Reason for Appointment

Court / Jurisdiction

26. FINANCIAL LIABILITY (DEBT) DISCLOSURE

List and describe using the table below any and all financial liabilities of the ATC Entity for each person / entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other form of indebtedness of the ATC Entity or on its behalf.

NOTE: Some or all the persons or entities listed below may be required by the Department of Health to complete a Personal History Disclosure Form or an Entity Disclosure Form prior to the State's decision regarding the issuance of a permit.

| FULL LEGAL NAME OF ENTITY OR INDIVIDUAL | TYPE OF DEBT | ORIGINAL AMOUNT | CURRENT BALANCE | DESCRIPTION | TERMS OF REPAYMENT |
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27. BANKRUPTCY OR INSOLVENCY PROCEEDINGS DISCLOSURE

27a. Has the ATC Entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity filed any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it?

Yes No

27b. If so, list and describe each instance using the table below. If not, move on to the next question.

| DATE FILED MM/YYYY | DOCKET# | COURT / JURISDICTION | PETITIONER NAME | DISPOSITION |
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28. CHARITABLE RECEIPTS & CONTRIBUTIONS

| 28a. | Has the A | TC Entity | received an | v charitable | contributions of | f more than \$ | 1.0 | 00 | ? |
|------|-----------|-----------|-------------|--------------|------------------|----------------|-----|----|---|
| | | | | | | | | | |

Yes No

28b. Has the ATC Entity made any charitable contributions?

Yes No

28c. If "Yes" for either of the above questions, list and describe each contribution or receipt of a donation using the table below. If not, move on to the next question.

| TRANSACTION (receipt or contribution | FULL LEGAL NAME OF ENTITY OR INDIVIDUAL | AMOUNT | DESCRIPTION | DATE (MM/YYYY) |
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29. STOCK HELD BY THE ATC ENTITY

29a. Does the ATC Entity hold stock in any other company or entity?

Yes No

29b. For each entity in which the ATC Entity holds stock, provide all information requested in the table below. If no stock is held, move on to the next question.

| NAME OF STOCK / ENTITY | ENTITY BUSINESS ADDRESS | TYPE OF STOCK | PURCHASE PRICE PER SHARE | NUMBER OF SHARES HELD | % OF OWNERSHIP |
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30. CRIMINAL HISTORY

30a. Has the ATC Entity or any of its owners, principals, partners, investors, members, board members, directors, trustees, officers, staff members or employees ever been charged with or convicted of an offense, been a party to, or named as an indicted co-conspirator in any criminal proceeding in this state or any other jurisdiction?

"Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."

"Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated / impaired motor vehicle offenses, violations of probation or any other court order, and juvenile offenses that occurred within the most recent 10-year period.

Yes No

30b. If so, list and describe each and every case using the table below. If not, move on to the scored section of the application.

| FULL LEGAL NAME OF DEFENDANT | DOCKET# | COURT / JURISDICTION | NATURE OF CHARGE | DISPOSITION | OFFENSE DATE (MM/YYYY) |
|---|---------|----------------------|------------------|-------------|------------------------|
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| DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE | | | | | |
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| (NAME) | (TITLE/POSITION) |
| the applicant Alternative Treatment Center Ent | ity (ATC Entity), being duly sworn according to law, on my |
| oath, under penalties of perjury, depose and sa | y that I make this statement on behalf of the ATC Entity, |
| and that the statements contained in this Applie | cation (both Parts 1 and 2) are true and correct to the |
| best of my knowledge and belief, and that this s | statement is executed with the knowledge that any |
| misrepresentation or failure to reveal informati | on may be deemed sufficient cause for the refusal to |
| issue a permit/license to operate an Alternative | Treatment Center. I am voluntarily submitting this |
| statement and understand that misleading state | ements may subject me to criminal or other sanctions or |
| punishment. Further, I agree to provide update | es to the statements provided herein as required under al |
| applicable statutes and rules, or as requested b | y the New Jersey Department of Health. |

Name of ATC Entity

ATC Representative's Name and Title

ATC Representative's Signature

Please also submit a signed and notarized copy of this attestation along with the paper copy of your application. You must also sign (and submit) this electronic copy of your application using the button below.

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