State of New Jersey Department of Health Division of Medicinal Marijuana

ALTERNATIVE TREATMENT CENTER PERMIT REQUEST FORM REQUIRED APPLICANT INFORMATION

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

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 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 For each site below, attach proof of ownership or lease, or a plan to establish site control by November 30, 2018. 5a. Expected Medicinal Marijuana Cultivation Site Same as Business Address (street) (city) (county) (state) (zip) Phone Same as Business Phone 5b. Expected Medicinal Marijuana Dispensary Site Same as Business Address (street) (city) (state) (county) (zip) Phone Same as Business Phone

If no location has been identified, attach a list of prospective locations at which the ATC Entity may

operate within the service region of this application.

- 6. Business Entity Type
- 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 standing for each state you list.

STATE	GOOD STANDING	REGISTRATIONS
	YES NO	

10. Is the ATC Entity a recognized nonprofit under:

Federal law? Yes No State law? Yes No

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.

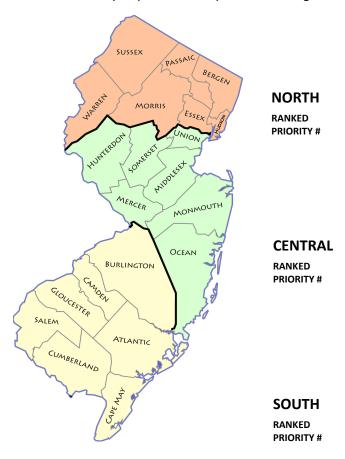
BUSINESS NAME	BUSINESS ADDRESS			BUSINESS ACTIVITY	TIME P	ERIOD
	Street City Sta	ate	Zip		FROM	TO PRESENT
	Street City Sta	ate	Zip		FROM	TO PRESENT
	Street City Sta	ate	Zip		FROM	TO PRESENT
	Street City Sta	ate	Zip		FROM	TO PRESENT
	Street City Sta	ate	Zip		FROM	TO PRESENT
	Street	ate	Zip		FROM	TO PRESENT
	Street City Sta	ate	Zip		FROM	TO PRESENT
	Street City Str	ate	Zip		FROM	TO PRESENT

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	

13. SERVICE REGION

In which NJ service region does the ATC Entity intend to operate? Select only one for this application. An ATC Entity can submit one application for each region. If submitting an application for more than one region, rank the regions you are applying for in order of priority (1-3). A ranking of #1 indicates that it is of highest priority that the ATC Entity be permitted to operate in that region.



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. Or, if the ATC Entity does not currently have approval from the municipality, attach a plan to establish approval within 90 days.

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

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 applied for and/or received 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

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

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

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 P		Street City	Street City	through		Type Value	
		State Zip	State Zip	PRESENT		Description	
FIRST I		Street	Street	through		Type Value	
		State Zip	State Zip	PRESENT		Description	
FIRST I		Street	Street	through		Type Value	
		State Zip	State Zip	PRESENT		Description	
FIRST I		Street	Street	through		Type Value	
LASI		State Zip	State Zip	PRESENT		Description	
		Street	Street	through		Type Value	
LAST		City State Zip	City State Zip	PRESENT		Description	
FIRST I		Street City	Street	through		Type Value	
LASI		State Zip	State Zip	PRESENT		Description	
FIRST I		City	Street City	through		Type Value Description	
	$\overline{}$	State Zip	State Zip	PRESENT			
FIRST I	MI	Street City	Street City	through		Type Value	
LASI		State Zip	State Zip	PRESENT		Description	
FIRST I		Street	Street	through		Type Value	
LASI		State Zip	State Zip	PRESENT		Description	

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	BUSII	NESS ADDRESS	DATES	POSITION WITH ATC	PAY / COMPENSATION	BIRTH DATE
FIRST	MI	Street		Street				Туре	
						through		Value	
LAST		City State	Zip	City State	7in	DDECENT		Description	
FIRST	MI	Street	Zip		Zip	PRESENT			
FIRST	IVII	Street		Street		through		Туре	
LAST		City		City		tillough		Value	
		State	Zip	State	Zip	PRESENT		Description	
FIRST	МІ	Street		Street				Туре	
						through		Value	
LAST		City		City				Description	
		State	Zip	State	Zip	PRESENT			
FIRST	MI	Street		Street				Туре	
LAST		City		City		through		Value	
LASI		State	Zip	State	Zip	PRESENT		Description	
FIRST	MI	Street		Street	г			Туре	
						through		Value	
LAST		City		City					
		State	Zip	State	Zip	PRESENT		Description	
FIRST	MI	Street		Street				Туре	
LACT		City		City		through		Value	
LAST		State	Zip	State	Zip	PRESENT		Description	
FIRST	MI	Street	r	Street	: r	T NESELVI		Туре	
						through		Value	
LAST		City		City					
		State	Zip	State	Zip	PRESENT		Description	
FIRST	MI	Street		Street				Туре	
		<u></u>		<u></u>		through		Value	
LAST		City State	Zip	City State	7in	DDCCCNT		Description	
FIRST	MI	Street	Lip	Street	Zip	PRESENT		Туре	
FINSI	IVII	Jucet		Street		through			
LAST		City		City		tinough		Value	
		State	Zip	State	Zip	PRESENT		Description	

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	DATES	DESCRIPTION
FIRST MI			
LAST		through	
		PRESENT	
FIRST MI			
LAST		through	
		PRESENT	
FIRST MI			
LAST		through	
		PRESENT	
FIRST MI		through	
LAST		tillough	
		PRESENT	
FIRST MI		through	
LAST			
		PRESENT	
FIRST MI		through	
LAST			
FIRST MI		PRESENT	
FIN31 WII		through	
LAST			
FIRST MI		PRESENT	
		through	
LAST		DDECENT	
FIRST MI		PRESENT	
		through	
LAST		PRESENT	
FIRST MI		. ALULINI	
		through	
LAST		PRESENT	
FIRST MI			
LACT		through	
LAST		PRESENT	
FIRST MI			
LAST		through	
		PRESENT	

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)	
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				ı	PRESENT
				•	PRESENT
				ı	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT
				-	PRESENT

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

27. BANKRUPTCY OR INSOLVENCY PROCEEDINGS DISCLOSURE

27a.	Has the ATC Entity or any parent, subsidiary, affiliate, predecessor, successor	r, or related	entity filed ar	ny petition und	er any provi	ision of
the F	ederal Bankruptcy Code or under any state insolvency law filed by or agains	t 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

28. CHARITABLE RECEIPTS & CONTRIBUTIONS

28a.	Has the A	TC Entity	received an	v charitable	contributions of	f more than \$	1.0	30C)?

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)

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
	Street				
	Cit.				%
	City State Zip				/0
	Street				
	Street				
	City				%
	State Zip				
	Street				
	City				%
	State Zip				
	Street				
					_,
	City				%
	State Zip				
	Street				
	City				%
	State Zip				
	Street				
	 				%
	City State Zip				/0
	Street				
	Street				
	City				%
	State Zip				
	Street				
	City				%
	State Zip				, ,
	Street				
	City				%
	State Zip				
	Street				
	City				%
	State Zip				
	Street				
	City				%
	City State Zip				/0
	Street				
	Jucet				
	City				%
	State Zip				

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)
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE	•				•

l,	, the		
	(NAME)	(TITLE/POSIT	TION)

the applicant Alternative Treatment Center Entity (ATC 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 ATC Entity, and that the statements contained in this Application (both Parts 1 and 2) 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 a permit/license to operate an Alternative Treatment Center. 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 Entity

ATC Representative's Name and Title

ATC Representative's Signature

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.