

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 PERIOD
	Street City State Zip		FROM TO PRESENT PRESENT
	Street City State Zip		FROM TO PRESENT PRESENT
	Street City State Zip		FROM TO PRESENT PRESENT
	Street City State Zip		FROM TO PRESENT PRESENT
	Street City State Zip		FROM TO PRESENT PRESENT
	Street City State Zip		FROM TO PRESENT PRESENT
	Street City State Zip		FROM TO PRESENT PRESENT
	Street City State Zip		FROM TO PRESENT 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	
		TO	
		TO	
		TO	
		TO	
		TO	
		TO	

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.



NORTH
RANKED
PRIORITY #

CENTRAL
RANKED
PRIORITY #

SOUTH
RANKED
PRIORITY #

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.

Featured images are optional.

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	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value 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	BUSINESS ADDRESS	DATES	POSITION WITH ATC	PAY / COMPENSATION	BIRTH DATE
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value Description	
FIRST	MI	Street	Street	through		Type	
LAST		City State Zip	City State Zip	PRESENT		Value 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		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	
FIRST	MI		through	
LAST			PRESENT	

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 City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street City State Zip				%
	Street 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					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					
DESCRIPTION OF REHABILITATION FOLLOWING ABOVE CHARGE					

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

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

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.