



**CITY OF EAST ORANGE**  
**BOARD OF CANNABIS CONTROL**  
 44 City Hall Plaza | East Orange | New Jersey | 07018  
 O: (973) 266-5152 | [EOCannabisBoard@eastorange-nj.gov](mailto:EOCannabisBoard@eastorange-nj.gov)  
[www.eastorangebcc.org](http://www.eastorangebcc.org)



**Ted R. Green, Mayor**

**Tiffany Harris-Delaney, Policy Planning & Development Director**

**Aziza K. McGill-Ayinde, Board Chair**  
**Phillip Reed, Board Member**  
**Thomas Bullock, Board Member**  
**Kevin Mickens, Board Member**

**Theresa Pollard, Board Vice Chair**  
**Councilman Christopher Awe, Board Liaison**  
**Donyale Harris, Board Secretary**

**Rosemarie Moyeno Matos, Esq., Board Attorney**

## LOCAL SUPPORT APPLICATION

### SECTION 1. APPLICANT INFORMATION:

#### Applicant's Entity: (required)

Entity Name: <i>(Full legal name as registered in NJ)</i>	Registered Trade Name/DBA: <i>(if permitted by CRC Rules)</i>
<input type="text"/>	<input type="text"/>

Applicant is registered as a legal entity with the NJ Division of Revenue and Enterprise Services? \_\_\_ Yes \_\_\_ No

If yes, indicate the type of entity:

<input type="checkbox"/> LLC	<input type="checkbox"/> LP or LLP	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Corporation
------------------------------	------------------------------------	--------------------------------------	---

Principal Address: <i>(Registered Address of Entity)</i>	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address: <i>(if different than above)</i>	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:	Telephone:	Website URL:
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Applicant's Representative: (required)

Contact Name:	Contact Title:
<input type="text"/>	<input type="text"/>

Contact Address:	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Email Address:	Office Number:	Cell Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Applicant's Attorney: (if applicable)

Attorney Name:	Firm Name:
<input type="text"/>	<input type="text"/>

Attorney Address:	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attorney Email Address:	Office Number:	Cell Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**CRC Priority Designations:**

<p>A. Applicant is seeking CRC priority review as a qualified Social Equity Business? ___ Yes ___ No If yes, Applicant qualifies as a Social Equity Business based on Majority Owner(s): <i>(check all that apply)</i> ___ Qualifying Cannabis Convictions ___ Residing in Economically Disadvantaged Area(s)</p> <p><input type="checkbox"/> <b>Fully completed and notarized “CRC Social Equity Business Applicant Attestation Form” is attached hereto as Exhibit 1A.</b></p>
<p>B. Applicant is seeking CRC priority review as a qualified Diversely Owned Business? ___ Yes ___ No If yes, Applicant is certified by the NJ Division of Revenue and Enterprise Services as a Diversely Owned Business in the following categories: <i>(check all that apply)</i> ___ Minority-Owned Business ___ Women-Owned Business ___ Disabled Veterans-Owned Business</p> <p><input type="checkbox"/> <b>All “Diversely Owned Business Certifications” checked above are attached hereto as Exhibit 1B.</b></p>
<p>C. Applicant is seeking CRC priority review as an Impact Zone Business? ___ Yes ___ No If yes, Applicant qualifies as an Impact Zone Business based on: <i>(check all that apply)</i> ___ Business Location ___ Majority Owner Residency ___ Employee Residency</p> <p><input type="checkbox"/> <b>Proofs evidencing “Impact Zone Eligibility” are attached hereto as Exhibit 1C.</b></p>
<p>D. Applicant is seeking CRC priority review based on qualifying Bonus Points? ___ Yes ___ No If yes, Applicant qualifies for Bonus Points in the following categories <i>(check all that apply)</i>? ___ Collective Bargaining Agreement with NJ Bona Fide Labor Organization representing Cannabis workers; ___ Collective Bargaining Agreement with out-of-State Bona Fide Labor Organization representing Cannabis workers; ___ Project Labor Agreement with a bona fide building trades labor organization for the construction of the Premises; ___ Project Labor Agreement with a Bona Fide Labor Organization for other projects associated with the Cannabis Business; and ___ New Jersey residency by at least 1 Owner for the last five years as of the application date.</p> <p><input type="checkbox"/> <b>Proofs evidencing “CRC Bonus Points Eligibility” are attached hereto as Exhibit 1D.</b></p>
<p>E. Applicant does not qualify for any CRC priority review status? ___ Yes ___ No</p>

**BCC Bonus Point Designations:**

<p>F. Majority Ownership of Applicant is vested in one or more residents of East Orange? ___ Yes ___ No</p> <p><input type="checkbox"/> <b>Copies of all “Proofs of Residency” are attached hereto as Exhibit 1F.</b></p>
<p>G. Applicant has Site Control of the proposed Premises? ___ Yes ___ No</p> <p><input type="checkbox"/> <b>Evidence of “Site Control” is attached hereto as Exhibit 1G.</b></p>

**Applicant Experience:**

H. Applicant has prepared a summary of the background, work history and/or business experience of all Owners, Principals, and Employees with a particular emphasis on prior experience owning, operating, or working in the legalized Cannabis industry and/or in other highly regulated industries (such as pharmaceuticals, banking, etc.), including profiles of the Applicant’s management team: \_\_\_ Yes \_\_\_ No

**Applicant’s “Business Experience” is attached hereto as Exhibit 1H.**

I. Applicant has prepared an Organization Chart identifying the management structure of Cannabis Business operation(s) beginning with ownership and ending with lower-level employees and/or volunteers? \_\_\_ Yes \_\_\_ No

**Applicant’s “Organization Chart” is attached hereto as Exhibit 1I.**

J. Applicant has prepared resumes for all of its current Owners, Principals, and Employees: \_\_\_ Yes \_\_\_ No

**“Resumes” of current Owners, Principals, and Employees are attached hereto as Exhibit 1J.**

K. Applicant has completed an Owner Profile Form for each Owner: \_\_\_ Yes \_\_\_ No

**“Owner Profile Forms” and valid photo IDs are attached hereto as Exhibit 1K.**

**SECTION 2. PERMIT INFORMATION:**

**Permit Classes and Type: (check all that apply for the Proposed Premises)**

<input type="checkbox"/> Class 1 Cannabis Cultivator (select Permit type below):		
<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Standard Cannabis Business	
(select applicable Canopy Production Tier for a Standard Cannabis Business below):		
<input type="checkbox"/> Tier I (≤ 10k ft <sup>2</sup> )	<input type="checkbox"/> Tier II (≤ 25k ft <sup>2</sup> )	<input type="checkbox"/> Tier III (≤ 50k ft <sup>2</sup> )
<input type="checkbox"/> Tier IV (≤ 75k ft <sup>2</sup> )	<input type="checkbox"/> Tier V (≤ 100k ft <sup>2</sup> )	<input type="checkbox"/> Tier VI (≤ 150k ft <sup>2</sup> )
<input type="checkbox"/> Class 2 Cannabis Manufacturer (select Permit Type below):		
<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Standard Cannabis Business	
(select applicable Premises’ size for a Standard Cannabis Business below)		
<input type="checkbox"/> with Premises up to 10k ft <sup>2</sup>	<input type="checkbox"/> with Premises greater than 10k ft <sup>2</sup>	
<input type="checkbox"/> Class 3 Cannabis Wholesaler:	<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Standard Cannabis Business
<input type="checkbox"/> Class 4 Cannabis Distributor:	<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Standard Cannabis Business
<input type="checkbox"/> Class 5 Cannabis Retailer:	<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Standard Cannabis Business
(check below if Applicant is also seeking a Consumption Area Endorsement with this Application):		
<input type="checkbox"/> with Consumption Area Endorsement		
<input type="checkbox"/> Class 6 Cannabis Delivery Service	<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Standard Cannabis Business

**State Application Status:**

A. Applicant has applied to the CRC for: \_\_\_ a Conditional License \_\_\_ an Annual License

If yes, for each pending application, provide the following:

Class _____	Date of Submission: ___/___/___	CRC Applicant ID: _____
Class _____	Date of Submission: ___/___/___	CRC Applicant ID: _____
Class _____	Date of Submission: ___/___/___	CRC Applicant ID: _____

If no, for each Cannabis Business Permit Applicant is seeking at the Proposed Premises, Applicant anticipates applying for: \_\_\_ a Conditional License \_\_\_ an Annual License

B. Applicant has received one or more Conditional License awards from the CRC? \_\_\_ Yes \_\_\_ No

If yes, the Conditional Licenses were awarded for Premises located at (*include all addresses, if more than one*):

Applicant seeks to change the above location(s) for its Conversion Application(s)? \_\_\_ Yes \_\_\_ No

C. Applicant has been issued one or more Conditional License(s) by the CRC? \_\_\_ Yes \_\_\_ No

If yes, for each Conditional License issued, provide the following:

Class \_\_\_ Type \_\_\_\_\_ Expiration Date: \_\_\_ / \_\_\_ / \_\_\_ CRC License No.: \_\_\_\_\_

Class \_\_\_ Type \_\_\_\_\_ Expiration Date: \_\_\_ / \_\_\_ / \_\_\_ CRC License No.: \_\_\_\_\_

Class \_\_\_ Type \_\_\_\_\_ Expiration Date: \_\_\_ / \_\_\_ / \_\_\_ CRC License No.: \_\_\_\_\_

Applicant's "Conditional License(s)" are attached hereto as Exhibit 2C.

### SECTION 3. APPLICATION FEES:

#### Administrative Fees: (check one)

Initial Application Filing (\$500)

Cured Application Filing (\$500)

**A check made payable to the "City of East Orange" in the amount of \$500.00, with Applicant's name and "Local Support Administrative Fee" stated in the Memo section, is included with this Application.** (*do not staple checks to the Application*)

#### Application Fees: (check all that apply for Proposed Premises)

Class 1 Cultivator Permit:

Microbusiness (\$1,250)

Standard Cannabis Business: (*select applicable Canopy Production Tier for a Standard Cannabis Business*)

Tier I (\$2,500)     Tier II (\$3,750)     Tier III (\$5,000)     Tier IV (\$7,500)     Tier V (\$10,000)     Tier VI (\$12,500)

Class 2 Manufacturer Permit:

Microbusiness (\$750)

Standard Cannabis Business: (*select applicable Premises' size for a Standard Cannabis Business below*)

Premises up to 10k ft<sup>2</sup> (\$5,000)     Premises greater than 10k ft<sup>2</sup> (\$7,500)

Class 3 Wholesaler Permit:     Microbusiness (\$250)     Standard Cannabis Business (\$2,500)

Class 4 Distributor Permit:     Microbusiness (\$100)     Standard Cannabis Business (\$1,000)

Class 5 Retailer Permit:     Microbusiness (\$250)     Standard Cannabis Business (\$2,500)

with Consumption Area:     Microbusiness (\$250)     Standard Cannabis Business (\$2,500)

Class 6 Delivery Permit:     Microbusiness (\$100)     Standard Cannabis Business (\$1,000)

**A check made payable to the "City of East Orange" in the aggregate amount of all applicable fees selected above, with Applicant's name and "Local Support Application Fees" stated in the Memo section, is included with this Application.** (*do not staple checks to the Application*)

## SECTION 4. CANNABIS BUSINESS PREMISES:

### Location and Zone:

Proposed Site Address:	Zone:	Block No:	Lot No:

A. The Property on which the Premises are located is zoned for the Cannabis Business operation(s) proposed by Applicant: \_\_\_ Yes \_\_\_ No

**A “Zoning Determination Letter” is attached hereto as Exhibit 4A.**

B. The main entrance of the Premises is not located within 100 feet of the main entrance of a nearby day care, elementary school or high school: \_\_\_ Yes \_\_\_ No

C. The main entrance of the Premises is not located within 625 feet of the main entrance of a nearby Cannabis Establishment: \_\_\_ Yes \_\_\_ No

**Copy of East Orange “Cannabis Zoning Map” demarcating the location of the Premises is attached hereto as Exhibit 4B.**

### Size and Use:

Size of Proposed Premises:	Size of Building:	Size of Lot:
_____ Total Square Footage	_____ Total Square Footage	_____ Total Square Footage
_____ Number of Floors	_____ Number of Floors	_____ Number of Buildings

D. The Premises are currently (or were last) used as: \_\_\_\_\_

**“Floor Plans or Architectural Renderings” of the Premises are attached hereto as Exhibit 4D**

E. Applicant has obtained site plan approval(s) from the City’s Planning Board: \_\_\_ Yes \_\_\_ No  
 If no, Applicant requires site plan approval for build-out or retrofit of the interior and exterior of the Premises: \_\_\_ Yes \_\_\_ No

**Applicant’s “Site Plan Approvals” are attached hereto as Exhibit 4E.**

### Record Owner:

Record Owner Name: *(as it appears on the Property Deed)*

\_\_\_\_\_

Record Owner Address:	City:	State No:	Zip Code:
_____	_____	_____	_____

Contact Email Address:	Office Number:	Cell Phone Number:
_____	_____	_____

### Site Control:

F. Applicant has Site Control of the Premises: \_\_\_ Yes \_\_\_ No

If yes, the method of Site Control is: *(check one)*

Applicant is the Record Owner of the property on which the Premises are located;

Applicant has a valid lease, sublease or assignment for the Premises; or

Applicant has a contingent contract with the Record Owner to lease the Premises or purchase the property.

If no, Applicant has a plan to acquire Site Control of the Premises: \_\_\_ Yes \_\_\_ No

## Suitability:

- G. Applicant has prepared a description of the Premises which minimally sets forth the following: \_\_\_ Yes \_\_\_ No
- ✓ location and size of the Premises and the property on which the Premises are located;
  - ✓ former and/or current use of the Premises;
  - ✓ method of, or plan to obtain, Site Control
  - ✓ suitability of the Premises for the proposed Cannabis Business operation(s);
  - ✓ proposed use/layout of the space; and
  - ✓ an environmental impact plan.
- Applicant's "Premises' Suitability Statement" is attached hereto as Exhibit 4G.**

## **SECTION 5. VEHICLE INFORMATION:**

- A. Applicant will use one or more vehicles as part of its Cannabis Business operation(s) for transportation or delivery of Cannabis Items: \_\_\_ Yes \_\_\_ No
- If yes, Applicant has attached a description of each vehicle Applicant proposes to use and store at the Premises which minimally sets forth the following:
- ✓ make, model, VIN (if available) and specs for each vehicle;
  - ✓ whether the vehicle(s) are, or will be, owned or leased;
  - ✓ the registered owner of each vehicle (*if applicable*);
  - ✓ all safety features the vehicle(s) are, or will be, equipped with to ensure the safe transportation or delivery of Cannabis Items by Applicant;
  - ✓ location(s) where the vehicle(s) will be parked during hours of operation and stored when not in use; and
  - ✓ plans for the secure transportation or delivery of Cannabis Items.
- "Vehicle Information Statement" is attached hereto as Exhibit 5A.**

## **SECTION 6. CANNABIS BUSINESS OPERATIONS:**

### Business Plan:

- A. Applicant has prepared a business plan which minimally addresses the following: \_\_\_ Yes \_\_\_ No
- ✓ method of operation;
  - ✓ value proposition for consumers;
  - ✓ product and pricing plans;
  - ✓ market analysis; and
  - ✓ actual or proposed financial ability to implement business plan.
- Applicant's "Business Plan" is attached hereto as Exhibit 6A.**

### Security Plan:

- B. Applicant has prepared a security plan which minimally addresses the following: \_\_\_ Yes \_\_\_ No
- ✓ proposed on-site security measures, including use of cameras, security alarms and other surveillance features;
  - ✓ descriptions of equipment proposed for alarm, video surveillance, and access and visitor management systems;
  - ✓ drawings identifying the proposed locations for surveillance cameras and other security features (*if Applicant has Site Control*);
  - ✓ proposed workplace safety plans, including Applicant's familiarity with OSHA regulations and any history of Worker's Comp claims and safety violations;
  - ✓ plans for storage of Cannabis Items and cash, including any safes, vaults, and climate control systems that will

be utilized;

- ✓ plans for use of security personnel, including experience and qualification requirements;
- ✓ procedures for screening and monitoring of visitors and employees, including plans to ensure Cannabis Items are not sold to individuals under the age of 21, inventory control and diversion prevention;
- ✓ plans for ensuring cybersecurity safety; and
- ✓ an emergency management plan.

**Applicant's "Security Plan" is attached hereto as Exhibit 6B.**

### Workforce Development Plan:

C. Applicant has prepared a workforce development plan which minimally addresses the following: \_\_\_ Yes \_\_\_ No

- ✓ ensuring that 35% or more of the Applicant's workforce will be residents of East Orange;
- ✓ Applicant's history of job creation (or plans for same at the proposed Cannabis Business);
- ✓ education, training and resources to be made available for employees;
- ✓ commitment to diversity; and
- ✓ any relevant business certifications already obtained or which Applicant intends on obtaining.

**Applicant's "Workforce Development Plan" is attached hereto as Exhibit 6C.**

### Community Impact Plan:

D. Applicant has prepared a community impact plan which minimally addresses: \_\_\_ Yes \_\_\_ No

- ✓ plans for ensuring the proposed Cannabis Business will have positive social and economic impacts on the local community;
- ✓ plans to mitigate actual or perceived negative social and economic impacts the proposed Cannabis Business may have on the local community, and Applicant's immediate neighbors specifically;
- ✓ history of community engagement and outreach (or plans for same);
- ✓ any ties to the local community; and
- ✓ any commitments to (or plans for) community-based programming such as education and/or research development regarding the adverse effects of Cannabis use and substance abuse/addiction, and/or training, education and/or criminal expungement assistance for individuals with marijuana-related arrests and convictions, including existing or planned strategic partnerships with local organizations.

**Applicant's "Community Impact Plan" is attached hereto as Exhibit 6D.**

### Social Responsibility:

E. Applicant has prepared a statement of social responsibility which minimally addresses: \_\_\_ Yes \_\_\_ No

- ✓ Applicant's history of philanthropic and charitable endeavors (or plans for same);
- ✓ plans to improve environmental sustainability;
- ✓ plans for ethical responsibility; and
- ✓ plans for economic responsibility.

**Applicant's "Social Responsibility Statement" is attached hereto as Exhibit 6E.**

### Nuisance Mitigation Plan:

F. Applicant has prepared a nuisance mitigation plan which minimally addresses the following: \_\_\_ Yes \_\_\_ No

- ✓ waste disposal and sanitation, including plans for the disposal of any hazardous materials, wastewater, or any other industrial or agricultural waste materials;
- ✓ noise control;

- ✓ odor control;
- ✓ crowd control; and
- ✓ pedestrian and vehicular traffic.

**Applicant’s “Nuisance Mitigation Plan” is attached hereto as Exhibit 6F.**

### APPLICANT CERTIFICATION

I hereby certify under penalty of perjury that:

1. I am duly authorized to submit this Application on behalf of the Applicant.
2. All information and documents submitted in connection with this Application are true and accurate to the best of my knowledge and belief.
3. I have not knowingly omitted, concealed, or otherwise failed to disclose any documents and/or information which would impact the decision to grant or deny this Application.
4. I have reviewed all applicable State and local laws related to the operation of Cannabis Businesses and: (a) Applicant meets the qualifications to operate a Cannabis Business under N.J.A.C. 17:30-7.4 and/or 7.11; (b) submission of this Application will not cause Applicant to be in conflict with any of the limitations set forth in N.J.A.C. 17:30-6.8; and (c) the Proposed Premises are in compliance with all applicable zoning requirements.
5. The Applicant: (a) will not discriminate based on race, color, religion or creed, gender, gender expression, age, national origin or ancestry, disability, marital status, sexual orientation or military status in any of its hiring practices or business activities; (b) will comply with all State and local laws regarding affirmative action, anti-discrimination and fair employment practices; and (c) will ensure that at least 35% of its workforce will consist of East Orange residents.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

### NOTARY ACKNOWLEDGEMENT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name



## LOCAL SUPPORT APPLICATION APPLICANT CHECKLIST

Below is the Local Support Application Checklist for payments and supplemental documents accompanying this Application. Items appearing in red are “mandatory” and must accompany the Application. The remaining items only need be attached if the Applicant indicated they are “applicable” in the Application.

Applications missing any “mandatory” or “applicable” documents are deemed “incomplete” and will be returned to the Applicant without processing by the BCC Secretary. Applicants may resubmit a “complete” Application at any time so long as the BCC is accepting Applications for the Class and Type of License being sought.

- 3-Ring Binder with properly labeled Exhibit tabs and a binder spine insert or label with Applicant’s Name and Representative Contact Information, holding the following:
  - Fully completed, signed and notarized Application.
  - USB Flash Drive with a digital copy (.pdf format) of the Application and all Exhibits, saved with the “naming conventions” and “exhibit markers” set forth below (collectively, the “**Application**”) *or* instructions to access and download the Application via a cloud service provider such as Dropbox, Google Docs, or Microsoft OneDrive.
  - Exhibit 1A - CRC Social Equity Business Applicant Attestation
  - Exhibit 1B - Diversely Owned Business Certifications
  - Exhibit 1C - Proofs Impact Zone Eligibility
  - Exhibit 1D - Proofs of CRC Bonus Points Eligibility
  - Exhibit 1E - Proofs of Residency
  - Exhibit 1G - Evidence of Site Control
  - Exhibit 1H - Business Experience
  - Exhibit 1I - Organization Chart
  - Exhibit 1J - Resumes
  - Exhibit 1K - Owner Profile Forms
  - Exhibit 2C - Conditional License(s)
  - Exhibit 4A - Zoning Determination Letter
  - Exhibit 4B - East Orange Cannabis Zoning Map
  - Exhibit 4D - Floor Plans or Architectural Renderings
  - Exhibit 4E - Site Plan Approvals
  - Exhibit 4G - Premises’ Suitability Statement
  - Exhibit 5A - Vehicle Information Statement
  - Exhibit 6A - Business Plan
  - Exhibit 6B - Security Plan
  - Exhibit 6C - Workforce Development Plan
  - Exhibit 6D - Community Impact Plan
  - Exhibit 6E - Social Responsibility Statement
  - Exhibit 6F - Nuisance Mitigation Plan
- Check made payable to the “City of East Orange” in the amount of \$500.00 for the Local Support Administrative Fee. Memo section states Applicant’s Name and “Local Support Administrative Fee.”
- Check made payable to the “City of East Orange” in the amount representing the aggregate total of Local Support Application Fees checked by Applicant. Memo section states Applicant’s Name and “Local Support Application Fee(s).”

## BCC COMPLETENESS REVIEW CHECKLIST

### For Internal Use Only:

<b>Received by:</b>		<b>Date Received:</b>	
<b>BCC App ID:</b>		<b>Time Received:</b>	
<b>Check No.:</b>		<b>Check Amount:</b>	
<b>Check No.:</b>		<b>Check Amount:</b>	

### Application:

- Fully completed, signed and notarized Application in a 3-Ring Binder with properly labeled Exhibit tabs and a binder spine insert or label with Applicant's Name and Representative Contact Information, and with the attached Exhibits checked off below.
- Flash Drive with digital copy (in .pdf format) of Application or instructions to download a digital copy.

### Fees:

- Check made payable to the City of East Orange in the amount of \$500.00 for Local Support Administrative Fee, with Applicant's Name and "Local Support Administrative Fee" in the memo section.
- Check made payable to the City of East Orange in the aggregate amount of all Local Support Application Fees check by Applicant, with Applicant's Name and "Local Support Application Fee(s)" in the memo section.

### Attached Exhibits:

- Exhibit 1A - CRC Social Equity Business Applicant Attestation
- Exhibit 1B - Diversely Owned Business Certifications
- Exhibit 1C - Proofs Impact Zone Eligibility
- Exhibit 1D - Proofs of CRC Bonus Points Eligibility
- Exhibit 1E - Proofs of Residency
- Exhibit 1G - Evidence of Site Control
- Exhibit 1H - Business Experience
- Exhibit 1I - Organization Chart
- Exhibit 1J - Resumes
- Exhibit 1K - Owner Profile Forms
- Exhibit 2C - Conditional License(s)
- Exhibit 4A - Zoning Determination Letter
- Exhibit 4B - East Orange Cannabis Zoning Map
- Exhibit 4D - Floor Plans or Architectural Renderings
- Exhibit 4E - Site Plan Approvals
- Exhibit 4G - Premises' Suitability Statement
- Exhibit 5A - Vehicle Information Statement
- Exhibit 6A - Business Plan
- Exhibit 6B - Security Plan
- Exhibit 6C - Workforce Development Plan
- Exhibit 6D - Community Impact Plan
- Exhibit 6E - Social Responsibility Statement
- Exhibit 6F - Nuisance Mitigation Plan