



**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**

## APPLICANT OWNER PROFILE

Please complete one (1) form for each owner of the Cannabis Business Entity (ownership interests must total 100%) and attach a valid photo ID for each owner.

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

Cannabis Business Name: ( <i>Full legal name as registered in NJ</i> )	BCC ID Number:	Total No. of Owners
<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed Cannabis Business Premises Address:

**Applicant's Owner(s): (required)**

Owner Name:	Date of Birth:	Total Ownership Interest:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner Home Address:	City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner Email Address:	Home Telephone Number:	Cell Phone Number:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Form of Valid Photo ID Provided (*may not be expired*):

<input type="checkbox"/> Driver's License	<input type="checkbox"/> State Issued ID	<input type="checkbox"/> Military ID	<input type="checkbox"/> Passport
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*THE CITY OF EAST ORANGE DOES NOT DISCRIMINATE BASED ON INDIVIDUAL'S RACE, CREED, COLOR, NATIONAL ORIGIN, NATIONALITY, ANCESTRY, AGE, SEX, FAMILIAL STATUS, RELIGION, AFFECTIONAL OR SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, LIABILITY FOR MILITARY SERVICE, AND MENTAL OR PHYSICAL. THE FOLLOWING INFORMATION IS SOUGHT FOR EQUAL OPPORTUNITY AND OTHER RECORD KEEPING PURPOSES ONLY:*

**Owner Demographics: (optional)**

Gender Identification:

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other: _____	<input type="checkbox"/> I Prefer not to answer
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Ethnicity & Race Identification:

1. Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please select the racial category or categories with which you most closely identify: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> I prefer not to answer

Veteran/Social Equity/Residency Status:

1. I am a veteran of the United States Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I am a disabled veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I am eligible for “social equity” status, as the term is defined by the CRC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I currently am a New Jersey Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I have been a New Jersey Resident for the last five (5) or more years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**OWNER CERTIFICATION**

I hereby certify under penalty of perjury that:

1. All information and documents submitted in connection with this Owner Profile Form are true and accurate to the best of my knowledge and belief.
2. I have not knowingly omitted, concealed, or otherwise failed to disclose any documents and/or information which would impact the information contained herein or my Local Support Application.
3. I have reviewed all applicable State and local laws related to the operation of Cannabis Businesses and I meet the qualifications to own a Cannabis Business under N.J.A.C. 17:30-6.8, 7.4 and/or 7.11.

Signed \_\_\_\_\_

Date \_\_\_\_\_