

Borough of Collingswood

Office of the Administrator | 678 Haddon Avenue | Collingswood | New Jersey | 08108
(856) 854-0720

APPLICATION INSTRUCTIONS CANNABIS LETTER OF SUPPORT

PLEASE READ CAREFULLY: This application does not constitute a zoning, land use, or site plan application or approval. The adoption of a Resolution issuing a Letter of Support pursuant to N.J.A.C. 17:30-5.1(g) does not constitute a zoning permit, land use approval, or site plan approval. Applicants who receive a cannabis license must apply for and obtain all necessary permits, licenses, and approvals in accordance with the Borough Administrative Code and all other applicable laws, requirements, conditions, and approvals.

The following items must be completed and returned to the Borough to be considered for a Letter of Support pursuant to N.J.A.C. 17:30-5.1(g). **The submission of a complete Application does not guarantee approval by the Borough or the issuance of a Letter of Support.**

APPLICATION: Completed and filed by the principal owner, partner, authorized corporate officer, or managing member of a limited liability company.

DOCUMENTATION: Attach the following documentation to the Application:

- Individual – Driver’s License
- Corporations - Certificate of Incorporation
- Partnerships – Partnership Agreement
- Limited Liability Company - Certificate of Formation & Operating Agreement

ESCROW FEE: The Application shall be accompanied by a **\$2,500.00** nonrefundable escrow fee (the “Escrow”) payable by **certified check, money order or cash**. The Escrow shall be drawn down by the Borough to pay the reasonable fees and costs of any professional consultant, contractor, or vendor retained by the Borough. If more than seventy-five percent (75%) of the Escrow has been encumbered or expended, additional sums will be required for deposit as determined by the Borough, but not to exceed the initial payment.

CONCEPTUAL PLAN:

- Site plan, land survey or concept plan drawn on a tax map depicting all existing structures and setbacks, distances, and an indication of whether the existing structures and uses will be retained or removed.
- Plan must identify the proposed project improvements, dimensions, property setback distances and adjacent public streets.
- Show all proposed means of vehicular access and egress to and from the site onto public streets and the location of any existing driveways on adjacent land closer than 75 feet.
- Show locations of existing water and sanitary sewer mains or identify alternate means and locations of providing these services.

RETURN COMPLETED APPLICATION WITH REQUIRED NON-REFUNDABLE FEE TO:

**Borough of Collingswood - Office of the Administrator
678 Haddon Avenue
Collingswood, NJ 08108**

It may take up to eight (8) weeks to receive a decision on the Application.

FOR OFFICE USE ONLY: Application # _____

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APPLICATION FORM CANNABIS LETTER OF SUPPORT

APPLICANT INFORMATION

Name _____
Address _____
City, State & Zip _____
Telephone _____ Cell Phone _____ Email _____
 Check if an unlisted number

OWNER INFORMATION (if different from above)

Name _____
Address _____
City, State & Zip _____
Telephone _____ Cell Phone _____ Email _____
 Check if an unlisted number

BUSINESS INFORMATION

Name of Business _____
Proposed location address _____
Proposed location Block & Lot # _____
Zoning District Designation _____

Cannabis Class # and description (more than one may be selected)

- Class I - Cannabis Cultivator
- Class II - Cannabis Manufacturer
- Class III - Cannabis Wholesaler
- Class IV - Cannabis Distributor
- Class V - Cannabis Retailer
- Class VI - Cannabis Delivery

Type of License (please check only one)

- Full
- Conditional
- Microbusiness

Brief Description of Business Activities/Operations (you may attach a separate page(s))

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Brief Description of Business Activities/Operations (you may attach a separate page(s))

CERTIFICATION OF APPLICANT

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and regulations of the State of New Jersey and the ordinances of the Borough of Collingswood which are or may be applicable to the operation of the business described herein. I understand that in the event any information given was willfully false, the Letter of Support being applied for herein shall be immediately deemed revoked and declared null and void.

I hereby further acknowledge that this application does not constitute a zoning, land use, or site plan application or approval.

I hereby further acknowledge that the approval of this application and the adoption of a Resolution issuing a Letter of Support pursuant to N.J.A.C. 17:30-5.1(g) does not constitute a zoning permit, land use approval, or site plan approval. Applicants who receive a cannabis license must apply for and obtain all necessary permits, licenses, and approvals in accordance with the Borough Administrative Code and all other applicable laws, requirements, conditions, and approvals.

Printed Name:

Date:

Title:

Signature:

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BOROUGH REVIEW FORM CANNABIS LETTER OF SUPPORT

FOR OFFICIAL USE ONLY

Zoning Officer Review	Police Review
Comments:	Comments:
Approval <input type="checkbox"/> yes <input type="checkbox"/> no	Approval <input type="checkbox"/> yes <input type="checkbox"/> no
Date: _____	Date: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Attending RC Meeting <input type="checkbox"/> yes <input type="checkbox"/> no	Attending RC Meeting <input type="checkbox"/> yes <input type="checkbox"/> no
Planner Review	Engineer Review
Comments:	Comments:
Approval <input type="checkbox"/> yes <input type="checkbox"/> no	Approval <input type="checkbox"/> yes <input type="checkbox"/> no
Date: _____	Date: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Attending RC Meeting <input type="checkbox"/> yes <input type="checkbox"/> no	Attending RC Meeting <input type="checkbox"/> yes <input type="checkbox"/> no
Other	Legal Review
Comments:	Comments:
Approval <input type="checkbox"/> yes <input type="checkbox"/> no	Approval <input type="checkbox"/> yes <input type="checkbox"/> no
Date: _____	Date: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Attending RC Meeting <input type="checkbox"/> yes <input type="checkbox"/> no	Attending RC Meeting <input type="checkbox"/> yes <input type="checkbox"/> no

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BOROUGH REVIEW FORM CANNABIS LETTER OF SUPPORT

Completeness Checklist:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application & documents | <input type="checkbox"/> Engineer Review |
| <input type="checkbox"/> Corporations - Certificate of Incorporation | <input type="checkbox"/> Planner Review |
| <input type="checkbox"/> \$2,500 Escrow Fee | <input type="checkbox"/> Legal Review |
| <input type="checkbox"/> Zoning Officer Review | <input type="checkbox"/> Police Review |

Application is:

- Approved and referred to Borough Commissioners for Official Action
- Denied

Reason for Denial:

Comments:

Signature of Official: _____

Title: _____

Date of Decision: _____

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