



Bert H. Steinmann, Mayor

2 Jake Garzio Dr
Ewing, NJ 08628
609-883-2900
www.ewingnj.org

TOWNSHIP OF EWING CANNABIS LOCAL LICENSE APPLICATION PERSONAL HISTORY FORM (part 2 of 3)

Please include primary business contacts, business owners, and managers.

Business Name:

| | |
|--|---|
| | Must match Secretary of State Business Registry |
|--|---|

Facility Address:

| | |
|--|-------------------|
| | Street, City, Zip |
|--|-------------------|

License Type:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Retailer | Delivery | Manufacturer | Cultivator | Distrib/Wholesale |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Micro-Retailer | Micro-Manufact | Micro-Cultivator |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

This contact will be the PRIMARY BUSINESS CONTACT. All business correspondence will be sent to this individual.

PRIMARY CONTACT

| | |
|----------------------|------------------------|
| First Name | Last Name |
| Ownership %: | Title/Position: |
| Phone Number: | Email: |

Contact 2:

| | |
|----------------------|------------------------|
| First Name | Last Name |
| Ownership %: | Title/Position: |
| Phone Number: | Email: |

Contact 3:

| | |
|----------------------|------------------------|
| First Name | Last Name |
| Ownership %: | Title/Position: |
| Phone Number: | Email: |

Contact 4:

| | |
|----------------------|------------------------|
| First Name | Last Name |
| Ownership %: | Title/Position: |
| Phone Number: | Email: |

Please list the names and locations of other cannabis businesses with which these contacts are affiliated. Attach additional sheets if necessary.

| | | |
|-------------------------|-----------------------|--------------------|
| PRIMARY CONTACT: | Business Name: | City/State: |
| | Business Name: | City/State: |
| | Business Name: | City/State: |

| | | |
|-------------------|-----------------------|--------------------|
| Contact 2: | Business Name: | City/State: |
| | Business Name: | City/State: |
| | Business Name: | City/State: |

| | | |
|-------------------|-----------------------|--------------------|
| Contact 3: | Business Name: | City/State: |
| | Business Name: | City/State: |
| | Business Name: | City/State: |

| | | |
|-------------------|-----------------------|--------------------|
| Contact 4: | Business Name: | City/State: |
| | Business Name: | City/State: |
| | Business Name: | City/State: |

| | | |
|-------------------|-----------------------|--------------------|
| Contact 5: | Business Name: | City/State: |
| | Business Name: | City/State: |
| | Business Name: | City/State: |

Have any of these contacts engaged in the direct management and operation of, OR had five percent (5%) or more interest in, a Cannabis Business regulated by the Township of Ewing whose license has been revoked?

Yes
 No

The undersigned hereby states that the statements made in this form are true and correct to the best of their knowledge and belief, and that this statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information **may be cause for refusal to issue, suspension, or revocation, of any License issued under Ewing Township Ordinance.**

| | | | |
|--------------------|--|---------------|--|
| Print Name: | | Date: | |
| Signature: | | Title: | |