

**ORDINANCE 39-2022**

**ORDINANCE OF THE BOROUGH OF MADISON AMENDING  
CHAPTER 193 OF THE MADISON BOROUGH CODE  
ENTITLED "MEDICINAL CANNABIS DISPENSARY" TO  
INCLUDE A PERMIT APPLICATION**

**WHEREAS**, the Borough Council of the Borough of Madison has adopted legislation allowing up to two (2) Medicinal Cannabis Dispensaries subject to certain requirements; and

**WHEREAS**, the Borough Code requires an amendment to include the application process for such dispensaries; and

**WHEREAS**, the Borough Council has determined to make such recommended amendments.

**NOW THEREFORE BE IT ORDAINED** by the Council of the Borough of Madison, in the County of Morris and the State of New Jersey, as follows:

Chapter 193, Appendix A entitled "Medical Cannabis Dispensary Permit Application" of the "Code of the Borough of Madison" is hereby included in Chapter 193, to read as follows:

**MEDICINAL CANNABIS DISPENSARY Chapter 193  
Appendix A  
MEDICAL CANNABIS DISPENSARY PERMIT APPLICATION**

§ Chapter 193, Appendix A

**MEDICAL CANNABIS DISPENSARY PERMIT APPLICATION**  
ORDINANCE NUMBER 15-2022 & 18-2022, ADOPTED APRIL 27, 2022

Date Application Filed: \_\_\_\_\_

Applicant's Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Dispensary: \_\_\_\_\_

Zoning:

Community Commercial Zone (CC)

Gateway Zone

Type of Applicant:

- Minority-owned
- Woman-owned
- Social Equity
- None of the Above

**FOR BOROUGH OF MADISON OFFICIALS ONLY**

Municipal Fee: \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_

Date of Resolution: \_\_\_\_\_

Application:  Approved  Denied License Number: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Signature of Municipal Clerk \_\_\_\_\_

Date \_\_\_\_\_

Application is made on behalf of: \_\_\_\_\_

- Individual  Partnership  Corporation
- Business  Limited Partnership  Limited Liability Company

1. Name(s) as it does or will appear on the license certificate (not trade name)

Licenses may be held by Individual (Last Name, First Name, Middle Initial), Partnership, or Corporation

2. Actual Address where the license is to be used (sited premises)

Street Address: \_\_\_\_\_

Municipality: Madison Zip 07940

Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (leave blank if not applicable)

Street Address: \_\_\_\_\_

PO Box # \_\_\_\_\_

Municipality: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

- 4. New Jersey Sales Tax Certificate Number:
- 5. Trade name(s) under which business is to be conducted. All trade names must be listed and registered with the NJ Secretary of State (if a corporation) or County Clerk (if a partnership of sole proprietor)

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- 6. The following questions are to be answered by the applicant:
  - A. Will the license be used at an operating place of business immediately upon issuance?  
 Yes     No

B. If no, provide anticipated date of license activation: \_\_\_\_\_

- 7. Does the applicant own the building?     Yes     No

If yes, is there a mortgage on the building?     Yes     No

Please provide documentary proof (a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing) demonstrating Applicant's interest in the building.

If there is a mortgage on the building, please provide the mortgage provider:

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- 8. Does the applicant lease the building?     Yes     No

If the applicant leases the building, please provide the information regarding the owner, a copy of the lease or real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the applicant contingent upon successful licensing, along with documentary proof the building owner is aware of the intended use as a medical cannabis dispensary:

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9. Is the nearest entrance of the place to be licensed within 750 feet of an existing primary of secondary school?

Yes  No

10. Is the nearest entrance of the place to be licensed within 750 feet of the nearest medical cannabis dispensary or other cannabis retailer?

Yes  No

11. Will any business other than the sale of cannabis products be conducted on the premises to be licensed?

Yes  No

If the answer is "yes" indicate the nature of the business and who will be conduct it by responding to the following questions:

Nature of Business: \_\_\_\_\_

Respondee: \_\_\_\_\_

12. If someone other than the applicant will operate the other business on the licensed premises, answer this question. If there is more than one individual or company, attach a separate page listing the requested information for each operator.

Business to be operated: \_\_\_\_\_

Name of company/individual: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ NJ Sales Tax Certificate of Authority No.: \_\_\_\_\_

13. Would any person or corporation named in this application fail to qualify for ownership of the license if applying as an individual because of age, criminal conviction or prohibited interest in other licenses?

Yes  No

If the answer is yes, answer the following questions. If more than one, attach a separate page listing the requested information.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

NJ Sales Tax Certificate of Authority No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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14. Has any person proposed to have an ownership interest in the permit had any cannabis license or permit revoked for a violation affecting public safety in the State of New Jersey or a subdivision thereof within the preceding five (5) years?

Yes       No

**ALL APPLICANTS SHALL SUBMIT THE FOLLOWING DOCUMENTATION**

All provision and requirements of Ordinance [15-2022](#) and Ordinance [18-2022](#) are incorporated herein by reference.

1. The applicant shall submit an affidavit and documentary proof of compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices. The applicant shall certify under oath that they will not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.
2. The applicant shall submit proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit. Standards for proof of financial capability shall be determined by the City's Chief Financial Officer.
3. The Applicant shall submit the following materials to the application:
  - Proof that the applicant has or will have lawful possession of the premises proposed for the medical cannabis dispensary. Such proof may consist of a deed, a lease, a real estate contract contingent upon successful licensing, or a binding letter of intent by the owner of the premises indicating an intent to lease the premises to the entrant contingent upon successful licensing.
  - Proof that the location proposed for permitting by the applicant complies with all applicable municipal zoning laws and the location restrictions, including all of the following:
    - Evidence that the proposed location is located at least seven hundred fifty (750) feet from an existing primary of secondary school.
    - Evidence that the proposed location is not within seven hundred fifty (750) feet of any other Medical Cannabis Dispensary or other Cannabis retailer.
    - Evidence that the proposed location is not within a single-family detached dwelling, a single-family semi-detached dwelling or a townhouse dwelling.
    - The proposed operating hours of the establishment.
      - i. Cannabis establishments in Madison are only permitted to operate between the hours of 8:00 A.M. and 8:00 P.M. Monday through Saturday and between the hours of 9:00 A.M. and 5:00 P.M. on Sunday.
  - A site plan, including evidence that:
    - ii. The dispensary shall only have one (1) primary public access point, which shall be directly adjacent to the right-of-way or parking area of the building. Access should not be through common entrance with other uses.

- iii. There will not be a drive- through facility on the premises.
- A security plan, including evidence that:
  - iv. The dispensary shall be secured in accordance with State of New Jersey statutes and regulations; shall have a round-the-clock video surveillance system, 365 days a year; and shall have trained security personnel onsite within the facility at all times during operating hours.
  - v. Police must have full access to the video surveillance system and the Madison Chief of Police must approve the written security plan prior to permit issuance.
  - vi. Video surveillance shall be retained a minimum of seven (7) days or pursuant to State and Federal Law, whichever is greater.
  - vii. The dispensary interior shall provide a secure location for storage of products with minimum products in any customer service area.
- A nuisance prevention plan, including evidence that:
  - viii. People shall not be permitted to congregate outside of the dispensary, loiter or wait in line to access the facility. The facility shall have a plan in place if interior capacity is exceeded, i.e., numbers are given, and customers wait in their vehicles until called.
- The proposed signage plan for the establishment.
  - ix. Signs shall be limited to location and identification/name of business. Signs shall not promote consumption of any cannabis product. Signage design shall not include artistic or photographic renderings of cannabis plants or paraphernalia. Neon signs shall be prohibited.
- Proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit.
- Evidence that, in addition to complying with any State requirement related to good character and criminal background, any person proposed to have an ownership interest in the permit shall not have had any cannabis license or permit revoked for a violation affecting public safety in the State of New Jersey or a subdivision thereof within the preceding five (5) years.
- A copy of the current State-approved license, and to the extent permitted by law, a copy of the operating and security procedures required by the Act.
- Developer agreement to be drafted by the borough attorney upon such reasonable terms and conditions as determined by the borough.
- The execution of a Hold Harmless and Indemnification Agreement in a form drafted by the borough attorney.
- Copy of insurance certification, which the Borough of Madison is to be listed as named insured on a general liability insurance policy with a minimum coverage limit of \$5,000,000.00

**License Fees**

A Medicinal Cannabis Dispensary shall pay to the Borough an annual, nonrefundable License fee of \$40,000. If 20% of full-time employee hours are filled by residents of the Borough, the Medicinal Cannabis Dispensary shall receive a \$5,000 discount on the annual License fee. First-time applicants whose application is received on or after July 1 of the license year, will pay a one-time, reduced fee of \$20,000.

**Renewal**

A Medicinal Cannabis Dispensary shall submit an annual License renewal application to the Borough Clerk’s Office (herein “Dispensary Renewal Application”). The Dispensary Renewal Application shall be subject to Borough Council review and approval by the Borough Council.

The \$40,000 fee for annual License renewals shall be due and payable on or before the first day of February in the year of renewal.

Late fees. A late fee of \$500 shall be charged for annual License fees which are not paid on/or before February 1 of the license year. An additional \$100 shall be charged for each thirty-day period that the license fee is not paid after February 1 of the license year.

**ALL APPLICANTS ANSWER THE FOLLOWING QUESTIONS**

SOLE OWNERS AND PARTNERSHIPS: complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must be reported to the city. This information must sufficiently identify all officers, directors and stockholders holding one percent or more of the shares of the respective company.

Name of corporation (complete only if applicant or stockholder is a corporation or partnership):

Name of individual (last name first) stockholder, partner, officer or director

\_\_\_\_\_ Last Name First Name Middle Initial

Home Street Address: \_\_\_\_\_

PO Box # \_\_\_\_\_ Municipality: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_  
 % of business owner or controlled: \_\_\_\_\_ Number of shares: \_\_\_\_\_

- Check position that applies:
- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Sole Owner            | <input type="checkbox"/> Partner                | <input type="checkbox"/> Stockholder |
| <input type="checkbox"/> President             | <input type="checkbox"/> Vice President         | <input type="checkbox"/> Secretary   |
| <input type="checkbox"/> Treasurer             | <input type="checkbox"/> Trustee                | <input type="checkbox"/> Manager     |
| <input type="checkbox"/> Agent                 | <input type="checkbox"/> Director               | <input type="checkbox"/> Receiver    |
| <input type="checkbox"/> Beneficiary           | <input type="checkbox"/> Executor/Administrator |                                      |
| <input type="checkbox"/> Other (specify) _____ |   |                                      |

Note: Please copy and insert as many pages as required.

**AFFIDAVIT**

DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 (check one)

- Individual Applicant       Members of the Partnership Applicant

\_\_\_\_\_ of \_\_\_\_\_  
 (President/Vice President) Corporation

Consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the New Jersey Cannabis Regulatory, Enforcement, Assistance and Marketplace Modernization Act, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/he is (they are) the person(s) duly authorized to sign the application, that in stance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

\_\_\_\_\_  
 (signature of Individual Agent/Sole Proprietor)  
 CORPORATIONS ONLY  
 Attestation by Corporate Secretary

\_\_\_\_\_  
 Partnership Name

\_\_\_\_\_  
 Signature of Partner



Attest: \_\_\_\_\_  
Corporate Name Signature of Partner

Secretary Signature: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Officer Administering Oath  
Duly Authorized by Notary Public or Attorney at  
Law

\_\_\_\_\_  
Printed Name of Officer Administering Oath

\_\_\_\_\_  
Date of Expiration of Commission

SECTION 2: This Ordinance shall take effect on July 1, 2022.

ADOPTED AND APPROVED

\_\_\_\_\_  
ROBERT H. CONLEY, Mayor

Attest:

\_\_\_\_\_  
ELIZABETH OSBORNE, Borough Clerk