

MEDICINAL CANNABIS DISPENSARY

193 Attachment 1

Appendix A

MEDICAL CANNABIS DISPENSARY PERMIT APPLICATION

ORDINANCE NUMBER 15-2022 & 18-2022, ADOPTED APRIL 27, 2022

Date Application Filed: November 9, 2022
Applicant's Business Name: 1st Choice Health & Wellness LLC
Contact Name: c/o Ryan Magee, Esq., Riker Danzig LLP
Phone Number: 973-451-8613
Email Address: rmagee@riker.com

Mailing Address: Riker Danzig, 1 Speedwell Ave, Morristown, NJ 07962

Location of Dispensary: 340 Main Street, Madison, NJ

Zoning:

- Community Commercial Zone (CC)
- Gateway Zone

Type of Applicant:

- Minority-owned
 - Woman-owned
 - Social Equity
 - None of the Above
- *Please see attached MWBE Certificate

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: 1st Choice Health & Wellness LLC

- Individual
- Partnership
- Corporation
- Business
- Limited Partnership
- Limited Liability Company

MADISON CODE

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

1st Choice Health & Wellness LLC

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

Street Address: 340 Main Street

Municipality: Madison Zip 07940

Business Phone Number: 973-818-0718

Email Address: nick1stchoicehw@gmail.com

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: 83-1741897

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)

N/A

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: The Applicant seeks a license effective January 1, 2023.

7. Does the applicant own the building? Yes No

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

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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:

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:

Please see attached Exhibit C.

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: N/A

Name of company/individual: _____

Street Address: _____

Municipality: _____ State: _____

Zip: _____ NJ Sales Tax Certificate of Authority No.: _____

MADISON CODE

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: _____

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. Please see attached Exhibit A.
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. Please see attached Exhibit B.
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. Please see attached Exhibit C.
 - 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. Please see attached Exhibit D.

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- 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. Please refer to the attached Application Narrative.
- 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. Please see attached Exhibit E.
 - 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. Please see attached Exhibit F.
 - 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. Please see attached Exhibit G.
- 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. Please refer to the attached Application Narrative.
- Proof of financial capability to open and operate the cannabis establishment for which the applicant is seeking a permit. Please see attached Exhibit B.
- 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. Please see attached Exhibit H.

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- 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. Please see attached Exhibit I.
- Developer agreement to be drafted by the borough attorney upon such reasonable terms and conditions as determined by the borough. Will comply.
- The execution of a Hold Harmless and Indemnification Agreement in a form drafted by the borough attorney. Will comply.
- 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. Please see attached Exhibit J.

Please see the Traffic Management Report and Floor Plan attached as Exhibits K and L, respectively.

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.

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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

Dasaro	Michael	C.
Last Name	First Name	Middle Initial

Home Street Address: _____

PO Box # _____

State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Home Phone Number: _____ Office Phone Number: _____

% of business owner or controlled: 10% Number of shares: _____

Check position that applies:

- Sole Owner
- Partner
- Stockholder
- President
- Vice President
- Secretary
- Treasurer
- Trustee
- Manager
- Agent
- Director
- Receiver
- Beneficiary
- Executor/Administrator
- Other (specify) Member

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

MEDICINAL CANNABIS DISPENSARY

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

Dasaro	Nicholas	R.
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: 15% Number of shares: _____

Check position that applies:

- Sole Owner
- Partner
- Stockholder
- President
- Vice President
- Secretary
- Treasurer
- Trustee
- Manager
- Agent
- Director
- Receiver
- Beneficiary
- Executor/Administrator

Other (specify) Member and Chief Operating Officer

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

MEDICINAL CANNABIS DISPENSARY

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

Mulligan James
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: 5% Number of shares: _____

Check position that applies:

- Sole Owner
- Partner
- Stockholder
- President
- Vice President
- Secretary
- Treasurer
- Trustee
- Manager
- Agent
- Director
- Receiver
- Beneficiary
- Executor/Administrator
- Other (specify) Member

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

MEDICINAL CANNABIS DISPENSARY

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

Isernia	Augustine	
_____	_____	_____
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: <u>19%</u>	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 checked="" type="checkbox"/> Other (specify)	Member	

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

MEDICINAL CANNABIS DISPENSARY

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

Lopez	Marylou	
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: 51% Number of shares: _____

Check position that applies:

- Sole Owner
- Partner
- Stockholder
- President
- Vice President
- Secretary
- Treasurer
- Trustee
- Manager
- Agent
- Director
- Receiver
- Beneficiary
- Executor/Administrator

Other (specify) Member and Chief Financial Officer

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

AFFIDAVIT

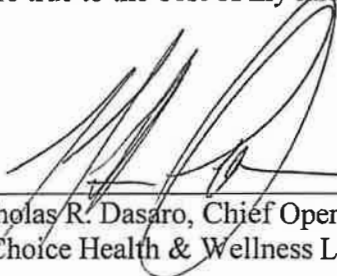
STATE OF NEW JERSEY

COUNTY OF MORRIS

Nicholas R. Dasaro, Chief Operating Officer of 1st Choice Health & Wellness, LLC, hereby consents 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 under the LLC's control, may be inspected and searched without warrant at all hours by the New Jersey Cannabis Regulatory Commission, 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 oath, deposes and says that he is the person duly authorized to sign the application, that in stance of corporate ownership, the signator is authorized to sign on behalf of the LLC; and that the contents of this application represent complete disclosure of fact, and that the contents of this application are true to the best of my knowledge.

Ana Quiñones





Nicholas R. Dasaro, Chief Operating Officer
1st Choice Health & Wellness LLC



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE & ENTERPRISE SERVICES
P.O. BOX 026

TRENTON, NJ 08625-034
PHONE: 609-292-2146 FAX: 609-984-6679

PHIL MURPHY
Governor

SHEILA OLIVER
Lt. Governor

ELIZABETH MAHER MUOIO
State Treasurer

1st YEAR PROVISIONAL CERTIFICATION

APPROVED

under the

Small Business Set-Aside Act and Minority and Women Certification Program

This certificate acknowledges 1ST CHOICE HEALTH & WELLNESS LLC as a Provisionally Certified Minority Women Business Enterprise (MWBE) that has met the criteria established by N.J.A.C. 17:46.

This registration will remain in effect for one year. The business must submit, not more than 60 days prior to the anniversary of the certification approval, a recertification application.

If the business fails to submit the annual verification statement by the anniversary date, or a renewal by its expiration date, the certification will lapse and the business will be removed from the system (SAVI) that lists certified minority and women-owned businesses. If the business seeks to be certified again, it will have to reapply for a provisional certification.



Peter Lowicki
Deputy Director

Issued: 6/1/2022

Certification Number: A0250-47

Expiration: 6/1/2023

The expiration date is contingent on the proper and on-time filing of all Annual Verifications for non-provisional certificates. Please see above for more detail.



1st Choice Health & Wellness LLC
Application Narrative

Please accept this application narrative in support of the Medical Cannabis Dispensary Permit Application filed with the Borough of Madison (the “Borough”) by 1st Choice Health and Wellness LLC (“1st Choice”) for 1st Choice’s medical cannabis dispensary proposed to be located at 340 Main Street, Madison NJ (the “Property”).

The Property is improved with an existing two-story building and related site improvements. 1st Choice’s proposed facility will occupy the entirety of the first floor of the building. The second floor of the building currently contains offices for State Farm Insurance and Premier Lending LLC along with vacant office space.

Customer access to the proposed facility will be provided via a single dedicated entry/egress lobby from the building’s rear parking lot. Emergency and employee access would also be provided via the building’s front entrance facing Main Street.

The building is served by a 96-space accessory parking lot, of which 1st Choice’s proposed facility would have 40 dedicated parking spaces and access to the remaining parking available on-site. The Property is also improved with curbs, sidewalks, landscaping, signage and exterior site lighting.

Vehicular access to the Property will remain unchanged, with bi-directional ingress and egress via Main Street at the driveway closest to the intersection with Brooklake Road and bi-directional access via the driveway on Brooklake Road. In addition, egress from the Property will continue to be available via the former bank teller drive-through lanes on Main Street on the northwest side of the building.

1st Choice is not aware of any Building Code violations impacting the property. All interior renovations to the building will be Code-compliant.

Per Borough ordinance, hours of operation for the proposed facility will be between 8:00 AM to 8.00 PM from Monday to Saturday and between 9:00 AM and 5:00 PM on Sundays and holidays. The proposed facility will have an occupant load of 82. Twenty workers are proposed during daytime operation in two shifts. At any one time, approximately ten employees are expected. In accordance with Cannabis Regulatory Commission (“CRC”) regulations, 1st Choice will offer home delivery service that can carry multiple orders at a time and reduce vehicle trips made by repeat customers as well as curbside pick-up from the proposed facility.

1st Choice has not yet prepared a sign package, however, any proposed signage will comply with all requirements of State law as well as the Borough sign ordinance and Ordinances 15- and 18-2022.

Please refer to the Traffic Management Plan submitted in connection with this Application for an analysis of the anticipated number of trips to frequent the proposed facility as well as a parking analysis as per Section 195-31F(3) of the Borough Code.

In connection with this Application, 1st Choice has provided certificates of insurance evidencing general liability insurance coverage in the amount of \$1,000,000 and umbrella insurance coverage in the amount of \$9,000,000. The Borough of Madison is named as an additional insured on both policies. 1st Choice submits that this amount of liability coverage is both commercially reasonable for its proposed facility and meets or exceeds the Borough's minimum coverage requirements.

1st Choice is currently undergoing a post-approval compliance review with the CRC. 1st Choice can provide copies of its Standard Operating Procedures once approved by the CRC as part of the process upon request.