



CANNABIS CONSUMPTION AREA MUNICIPAL APPROVAL FORM

For purposes of N.J.S.A. 24:6I-21, confirmation by a duly authorized zoning official that the proposed cannabis consumption area meets the zoning requirements of the municipality (including any issued variances) will suffice to illustrate municipal approval of the application.

To Be Completed By Cannabis Business

Business Legal Name:	Entity ID/Corp.ID(10 Digits):
Municipality:	License Type:
County:	☐ Medicinal Cannabis Dispensary
	☐ Class 5 Cannabis Retailer

To be Completed By Municipality

Employee Name:	Title:
Contact Number:	Email Address:

I have reviewed the cannabis consumption area endorsement application for the above referenced cannabis business and determined:

- ☐ The application complies with the municipality's local ordinances on cannabis consumption areas. No additional terms or conditions are placed on the municipality's approval.
- ☐ The application complies with the municipality's local ordinances on cannabis consumption areas. The cannabis business must comply with the following terms and conditions to maintain the municipality's approval:

- ☐ The application does not comply with the municipality's local ordinances on cannabis consumption areas.

I am authorized to confirm whether a cannabis consumption area complies with the local ordinances for the municipality.

Signature of Municipality Employee

Date