CITY OF JERSEY CITY
Cannabis Control Board
4 Jackson Square (39 Kearney Ave) Jersey City, NJ 07305
Tel # 201-547-5139 Email: CCB@JCNJ.ORG

Please complete one form for each Owner

OWNER PROFILE

Business Name: ___________________________________________ Business Address: ___________________________________________

 Owners Name (Last, First, Middle Initial): ________________ Percentage % of ownership: ________________ Total Number of Owners: ________________

Home Address (Submit Proof of NJ residency):

We do not discriminate against qualified applicants based on gender, race, age, color, religion or veteran status. To help us comply with federal equal opportunity record keeping, we appreciate you voluntarily providing the following information.

Gender Identification

☐ Female
☐ Male
☐ Other
☐ I Prefer not to answer

Ethnicity And Race Identification

Question 1. Are you Hispanic or Latino? (Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes  ☐ No

Question 2. Please select the racial category or categories with which you most closely identify. Check all that apply.

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
☐ I Prefer not to answer

Veteran Status

☐ I am a Veteran
☐ I am NOT a Veteran

Disability Status

☐ I am a Disabled Veteran
☐ I am NOT a Disabled Veteran