



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:
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Home Address (Submit Proof of NJ residency):
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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

<input type="checkbox"/> Female
<input type="checkbox"/> Male
<input type="checkbox"/> Other
<input type="checkbox"/> 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.)
<input type="checkbox"/> Yes <input type="checkbox"/> No

Question 2. Please select the racial category or categories with which you most closely identify. Check all that apply.
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other
<input type="checkbox"/> I Prefer not to answer

Veteran Status

<input type="checkbox"/> I am a Veteran
<input type="checkbox"/> I am NOT a Veteran

Disability Status

<input type="checkbox"/> I am a Disabled Veteran
<input type="checkbox"/> I am NOT a Disabled Veteran