

# Medicinal Cannabis Permit Application Guide



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## Registration Overview

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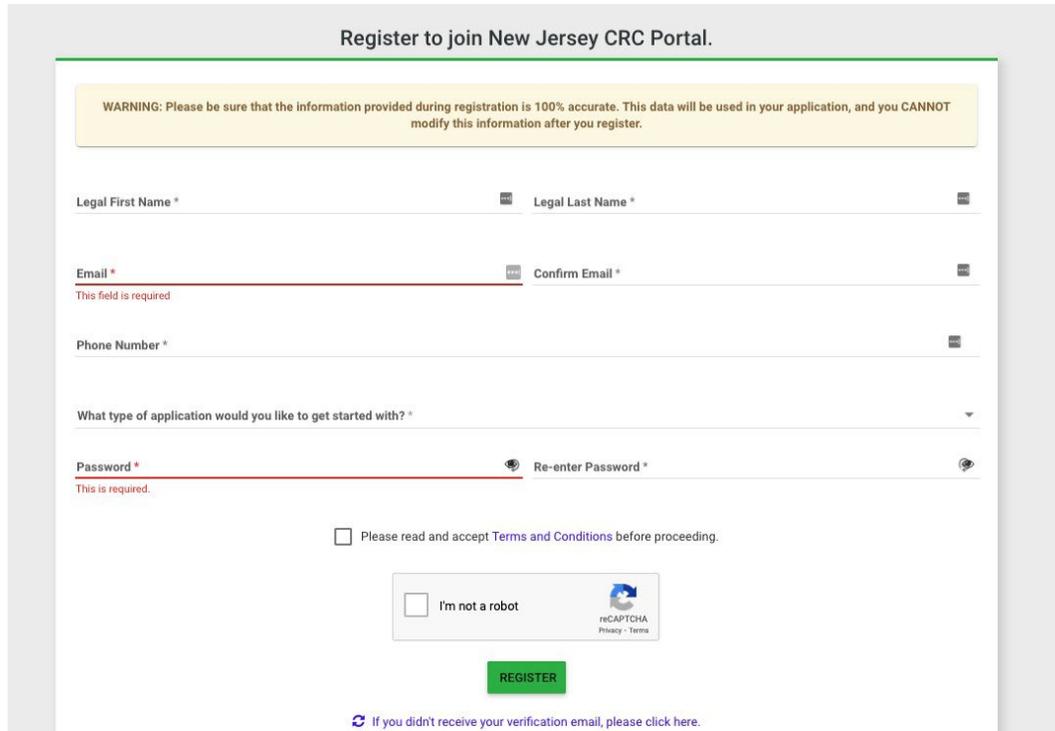
Review this guide before beginning the application process for a New Jersey medical cannabis business permit, then refer to the document as you navigate through the online application platform. **Applications can only be submitted online.** Required supporting documents must be scanned and uploaded with your application. Only electronic submissions will be accepted.

A list of required documents is available here: <https://www.nj.gov/cannabis/businesses/>

Once you begin to fill out the application, use the **Save & Continue** feature regularly and be sure to answer all questions that relate to your application. Questions may seem to repeat but it is important to submit a complete and accurate application. An incomplete application will not submit.

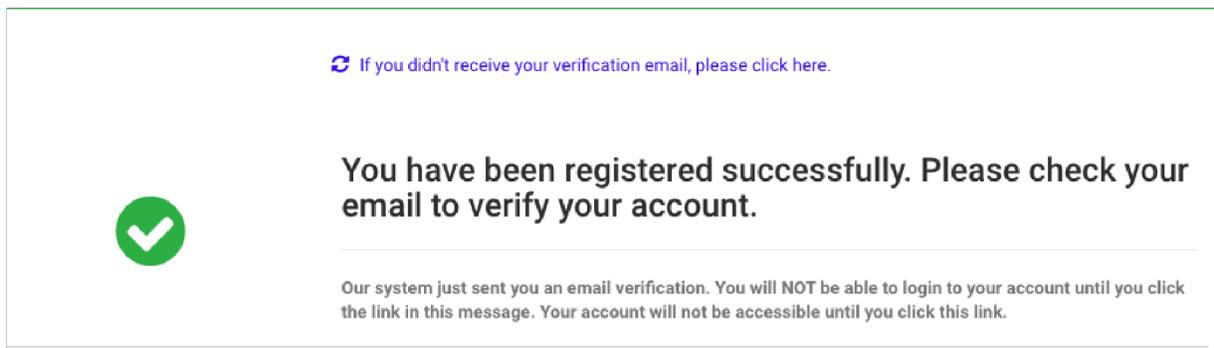
 This symbol appears through the application platform. Click on it for additional information or links to NJ-CRC web pages that will help you complete the application question.

New platform users must first register an account by clicking on the *Apply Here* button at [nj.gov/cannabis/businesses/](https://nj.gov/cannabis/businesses/) or going directly to <https://nj-crc-public.nls.egov.com/#!/njcrc/register>.



The screenshot shows a registration form titled "Register to join New Jersey CRC Portal." At the top, there is a yellow warning box: "WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register." The form includes several input fields: "Legal First Name \*", "Legal Last Name \*", "Email \*", "Confirm Email \*", "Phone Number \*", "What type of application would you like to get started with? \*", "Password \*", and "Re-enter Password \*". There are red error messages under "Email \*" ("This field is required") and "Password \*" ("This is required."). Below the fields is a checkbox for "Please read and accept Terms and Conditions before proceeding." and a reCAPTCHA widget with the text "I'm not a robot". A green "REGISTER" button is at the bottom. A link at the bottom says "If you didn't receive your verification email, please click here."

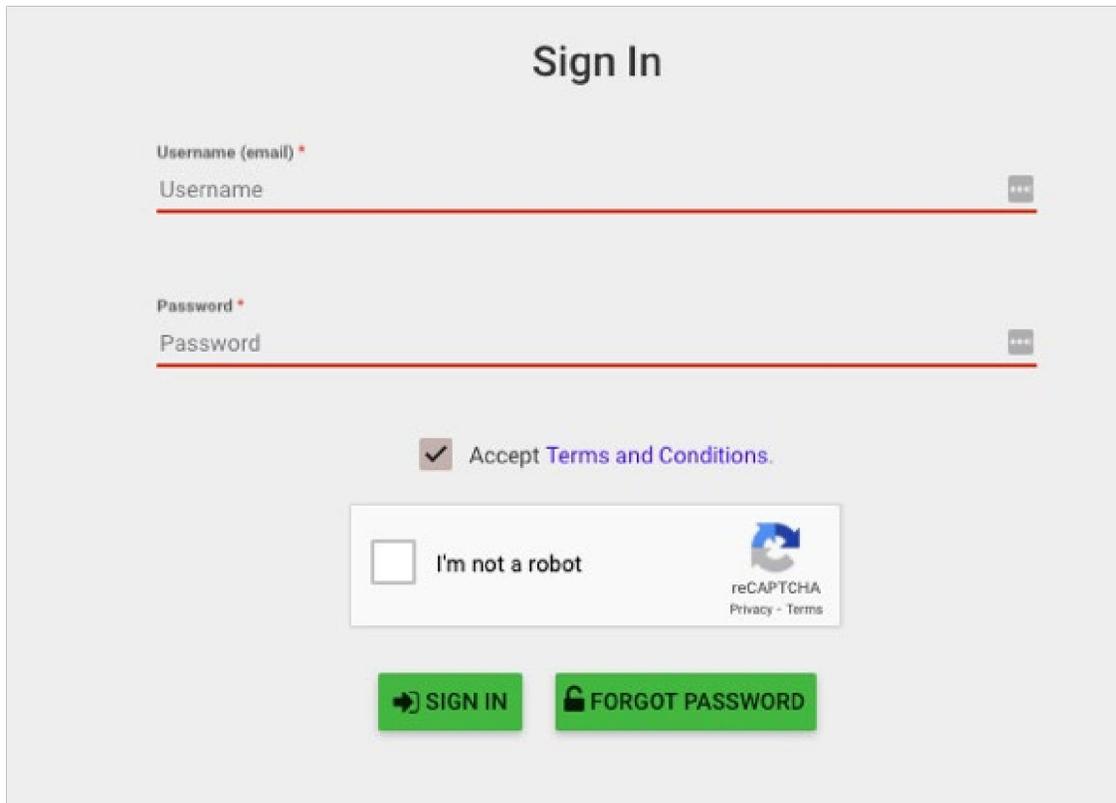
Once the registration information is submitted, confirm your email address by clicking the link sent to your inbox at the email address you used to register.



The confirmation message features a green checkmark icon on the left. At the top, it says "If you didn't receive your verification email, please click here." The main heading reads "You have been registered successfully. Please check your email to verify your account." Below this, a horizontal line separates the heading from the explanatory text: "Our system just sent you an email verification. You will NOT be able to login to your account until you click the link in this message. Your account will not be accessible until you click this link."

## Log In

Once your new account email has been verified, you can log in:



The image shows a 'Sign In' form with the following elements:

- Username (email) \***: A text input field with the placeholder 'Username' and a red underline. A password visibility icon (three dots) is on the right.
- Password \***: A text input field with the placeholder 'Password' and a red underline. A password visibility icon (three dots) is on the right.
- Accept [Terms and Conditions](#).**
- I'm not a robot** (reCAPTCHA widget) with a **reCAPTCHA** logo and links for [Privacy](#) and [Terms](#).
- SIGN IN** button (green with a right arrow icon).
- FORGOT PASSWORD** button (green with a lock icon).

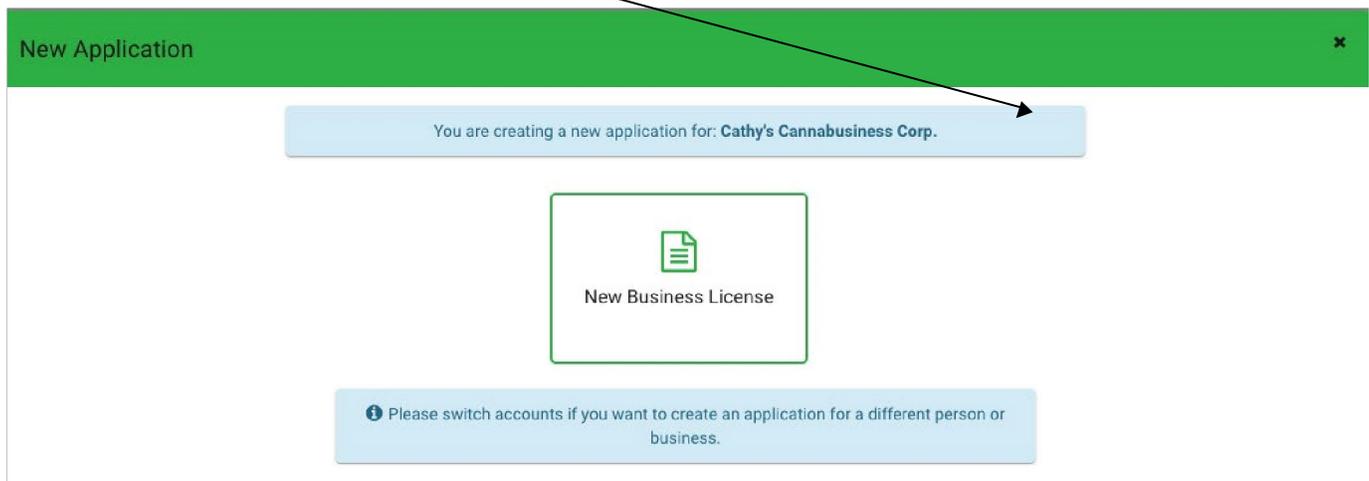
If you forget your password, click the *Forgot Password* button, provide your email address, and follow the instructions.

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## Applications

Be sure to verify that you are working in the proper account by verifying the information in the blue box. Click

Note: User accounts may have more than one application in process.



**Create Application** to start the application.

Follow the tabs outlining the required information and documents.

## General Information

Business Name must be identical to the name on business formation documents, as registered with the New Jersey State Department. You may note any existing trade names, alternate names, or “doing business as” names here. However, licensed business may only operate under its registered business name, and not under any alternate names.

Entity ID/Corp ID refers to the 10-digit identifier on your Tax Form 941.

Be sure to use a monitored email address, as this will be the most immediate means of communicating with you during the registration process.

Applications / New Business License

GENERAL INFORMATION | LICENSE INFORMATION | APPLICANTS | PRIMARY CONTACT PERSON | LOCATION INFORMATION | QUESTIONS | DOCUMENTS | PAYMENT | REVIEW

Application instructions are available on the New Jersey Cannabis Regulatory Commission's website. Applicants are encouraged to review those instructions before and while completing and submitting applications to avoid application rejection for incomplete or inaccurate information.

Business Name \* | Business Type \* | Trade Name (DBAs)

Entity ID/Corp. ID (10 digits) | Email \* | Website

SAVE | SAVE & NEXT | CANCEL

## Permit Information

You may enter any priority designation that applies. Diversely owned applies as certified by the New Jersey Department of the Treasury's Division of Revenue and Enterprise Services.

Applicants must select “Yes” under Is this a Medical Permit? You must then enter your current Medicinal Permit Number. Please note that you will be issued a new permit number through the licensing portal. **When completing the dropdown for Permit Type, you must choose from the following only:**

- Medicinal Cultivator
- Medicinal Manufacturer
- Medicinal Retailer

Applications / New Business License

GENERAL INFORMATION PERMIT/LICENSE INFORMATION APPLICANTS PRIMARY CONTACT PERSON LOCATION INFORMATION QUESTIONS DOCUMENTS PAYMENT REVIEW

Is This a Medical Permit? \*  
Yes

Medical Permit Number \*

Permit/License Type \*

Please select a Medical License Type, as you opted YES for Medical Permit.

Application Type \* Business Category \* Social Equity

Diversely Owned Impact Zone Business

SAVE SAVE & NEXT CANCEL

## Applicants

You must complete this tab to include Persons and Entities of Interest. The total ownership percentage must equal 100%. If an Entity is an owner of the permitted business, owners of that entity can be listed with 0% ownership. If you are a publicly traded company with a large number of investors (own less than 5% each), you may attach an additional document with those details rather than list them here, but keep in mind ownership must equal 100% on this tab.

A “Person of Interest” (POI) is any person substantially involved in the financing, operating, or management of a permit-holder. It includes owners, principals, management services contractors, and financial sources but does not include passive investors, employees, or volunteers. The primary contact for a permitted business must be a Person of Interest.

The POI's title is at it appears in the organization's chart or business plan.

The Adjusted Gross Income must be taken from the Person of Interest's Federal Income Tax return for the immediately preceding year.

A "Significantly Involved Person" is person/entity a person that holds at least 5% investment interest in a proposed or licensed cannabis business, or who is a decision-making member of a group that holds at least a 20% investment interest in a proposed or licensed cannabis business, in which no member of that group holds more than a 5% interest in the total group investment interest, and the person/entity makes controlling decisions regarding the proposed or licensed cannabis business.

Applications can be submitted even if an address is not verified by the system.

The screenshot shows a web application interface for a 'New Business License'. The top navigation bar includes tabs for 'GENERAL INFORMATION', 'LICENSE INFORMATION', 'APPLICANTS', 'PRIMARY CONTACT PERSON', 'LOCATION INFORMATION', 'QUESTIONS', 'DOCUMENTS', 'PAYMENT', and 'REVIEW'. The 'APPLICANTS' tab is active.

The main section is titled 'Applicant Information' and contains the following fields:

- Select type of record \* (Person of Interest (POI))
- Legal First Name \*
- Legal Middle Name
- Legal Last Name \*
- Suffix
- POI\_Role \*
- POI\_Title \*
- POI\_Gender
- Date of Birth \* (with a calendar icon and a note: 'No field is required.') and Date of Birth
- Social Security Number \*
- Race Ethnicity
- POI\_Adjusted\_Gross\_Income \* (with a note: 'Enter the numbers rounded to the dollar (No cents)')
- Phone Number \*
- Email \*
- Significantly Involved Person \*
- Ownership Percentage \*

The bottom section is titled 'Residence Or Street Address' and contains the following fields:

- Street \*
- Unit No / Apt No
- City \*
- State \*
- Zip Code \*

Three arrows originate from the text above and point to the following fields in the form:

- Arrow 1: Points to the 'POI\_Title \*' field.
- Arrow 2: Points to the 'POI\_Adjusted\_Gross\_Income \*' field.
- Arrow 3: Points to the 'Significantly Involved Person \*' field.

Be sure to state your stake in any other applications (in New Jersey or anywhere else) or in any existing cannabis business.

### Questions

Has the POI resided in an impact zone for 3 of the last 5 years? \*

- Yes
- No

This field is required

Has the POI resided in an economically disadvantaged area for 3 of the last 5 years? \*

- Yes
- No

This field is required

Does the POI/EOI have any financial interest in any conditional license applicants? \*

- Yes
- No

This field is required

Does the POI/EOI have any financial interest in any conditional license-holders? \*

- Yes
- No

This field is required

Does the POI/EOI have any financial interest in any annual license applicants? \*

- Yes
- No

This field is required

Does the POI/EOI have any financial interest in any annual license-holders? \*

- Yes
- No

This field is required

### Mailing Address

 COPY FROM RESIDENCE STREET ADDRESS

Street \*  Unit No / Apt No  City \*

State \*  Zip Code \*

Address Verified? \*  No

 VERIFY ADDRESS

# Primary Contact Person

Ensure accuracy of contact information as this is where NJ-CRC correspondence will be

Applications / New Business License

GENERAL INFORMATION | LICENSE INFORMATION | APPLICANTS | PRIMARY CONTACT PERSON | LOCATION INFORMATION | QUESTIONS | DOCUMENTS | PAYMENT | REVIEW

First Name \*      Last Name \*      Title \*

Phone Number \*      Email \*      Fax

Primary Contact Address

Street \*      Unit No / Apt No      City \*

State \*      Zip Code \*      Zip +4

Address Verified? \*       No     

# Location Information

Enter the location for your business associated with the permit you are renewing.

GENERAL INFORMATION | LICENSE INFORMATION | APPLICANTS | PRIMARY CONTACT PERSON | LOCATION INFORMATION | QUESTIONS | DOCUMENTS | PAYMENT | REVIEW

Physical Street Address

Street \*      Unit No / Apt No      City \*

County \*      State \*      Zip Code \*

Zip +4      Location - Latitude      Location - Longitude

Phone Number \*

Address Verified? \*       No     

Facility Mailing Address

Street \*      Unit No / Apt No      City \*

State \*      Zip Code \*      Zip +4

Do you rent the property location or have a landlord? \*

Address Verified? \*       No

# Questions

Answer questions as accurately and truthfully.

Applications / New Business License

GENERAL INFORMATION	LICENSE INFORMATION	APPLICANTS	PRIMARY CONTACT PERSON	LOCATION INFORMATION	QUESTIONS	DOCUMENTS	PAYMENT	REVIEW
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How many people are currently employed by the License Applicant? \*

How many people are projected to be employed by the License Applicant if issued a license? \*

Is the license applicant a certified minority-owned, woman-owned, or disabled veteran owned business? \*

Yes  
 No

Is the license applicant located within an impact zone? \*

Yes  
 No

Is the license applicant majority-owned (51% or more) by persons who have lived in an impact zone for 3 of last 5 years? \*

Yes  
 No

Does 25% of the license applicant's current workforce reside in the closest impact zone? \*

Yes  
 No

Do you have a plan to ensure 25% of the business future workforce is hired from and resides in the closest impact zone? \*

Yes  
 No

Is the license applicant majority-owned (51% or more) by persons who have lived in an economically disadvantaged area for 3 of last 5 years? \*

- Yes
- No

Is the license applicant majority-owned (51%) by persons with either 1 indictable marijuana offense or 2 disorderly persons offenses in their criminal history, whether expunged or not? \*

- Yes
- No

Does the License Applicant, any associated Persons of Interest, or any Entities of Interest, have any outstanding tax obligations? \*

- Yes
- No

Do any of the Persons of Interest or Entities of Interest hold a financial interest in another applicant for, or holder of a conditional license? \*

- Yes
- No

Does the License Applicant, any of the Persons of Interest, or Entities of Interest hold a financial interest in another applicant for an annual license? \*

- Yes
- No

Does the License Applicant, any of the Persons of Interest, or Entities of Interest hold a financial interest in a license-holder of an annual license? \*

- Yes
- No

Is the license applicant majority-owned (51% or more) by persons who have lived in an economically disadvantaged area for 3 of last 5 years? \*

- Yes
- No

Is the license applicant majority-owned (51%) by persons with either 1 indictable marijuana offense or 2 disorderly persons offenses in their criminal history, whether expunged or not? \*

- Yes
- No

Does the License Applicant, any associated Persons of Interest, or any Entities of Interest, have any outstanding tax obligations? \*

- Yes
- No

Do any of the Persons of Interest or Entities of Interest hold a financial interest in another applicant for, or holder of a conditional license? \*

- Yes
- No

Does the License Applicant, any of the Persons of Interest, or Entities of Interest hold a financial interest in another applicant for an annual license? \*

- Yes
- No

Does the License Applicant, any of the Persons of Interest, or Entities of Interest hold a financial interest in a license-holder of an annual license? \*

- Yes
- No

Does the License Applicant have any current or proposed management services agreements? \*

- Yes
- No

Is the Licensed Applicant a Nonprofit Under New Jersey Law? \*

- Yes
- No

Does this business qualify under Social Equity, Impact Zone and/or Diversely Owned designation? \* **1**

- Yes
- No

Does the License Applicant have any current or proposed financial source agreements? \*

- Yes
- No

Does the License Applicant have any current or proposed vendor-contractor agreements? \*

- Yes
- No

Does the License Applicant, any of the Persons of Interest, or Entities of Interest hold any cannabis permits or licenses in other states? \*

- Yes
- No

Has the License Applicant, any of the Persons of Interest, or Entities of Interest been previously approved by the commission to serve as an officer, principal, or manager of an alternative treatment center or personal use cannabis establishment, distributor, or delivery service, and served in that capacity for at least 6 months? \*

- Yes
- No

Does the license applicant have a plan to obtain liability insurance? \*

- Yes
- No

Does the license applicant have control of the proposed site of operation? \*

- Yes
- No

Does the license applicant have approval from the governing body of the municipality for the application? \*

- Yes
- No

Does the license applicant have a letter or affidavit from municipal officials stating the site conforms to local zoning requirements? \*

- Yes
- No

Does the license applicant have a Labor Peace Agreement? \*

- Yes
- No

Is the license applicant party to a Collective Bargaining Agreement with a bona fide labor organization? \*

- Yes
- No

Does the license applicant have a signed project labor agreement with a bona fide labor organization for construction related to the proposed facility?

- Yes
- No

Does the license applicant have one significantly involved person who is a resident of New Jersey?

- Yes
- No

Does the license applicant have one significantly involved person who has been a resident of New Jersey for the last 5 years?

- Yes
- No

Does the License Applicant Intend to Enter into (or has entered into) a Partnership with a Re-entry Program? \*

- Yes
- No

I attest that all the information provided is truthful to my knowledge. \*

- Yes
- No

Signature \* 

Signature Date \*  Signature Date  
This field is required.

 SAVE  SAVE & NEXT  CANCEL

# Documents

For renewal submissions, the following certification is required: [NJ-CRC Medicinal Cannabis Permit Renewal Certification 2025 - Fillable.pdf](#)

However, NJ-CRC is requiring medicinal businesses to include their current, approved documentation for Persons and Entities of Interest, business documents, standard operating procedures, and executed agreements. This is requested in order to house all documentation in the licensing portal. **Medicinal businesses are solely responsible for reviewing the rules, associated guidance, and for ensuring their application submissions are complete.**

For Diversely-Owned businesses, only certificates issued by the New Jersey Department of Treasury's Division of Revenue and Enterprise Services will be accepted with your application.

GENERAL INFORMATION	LICENSE INFORMATION	APPLICANTS	PRIMARY CONTACT PERSON	LOCATION INFORMATION	QUESTIONS	DOCUMENTS	PAYMENT	REVIEW
Your application does not require all the documents listed below. For guidance on which documents you are required to submit with this application review application instructions here.								
The application guides will ultimately be here: Cannabis Businesses (nj.gov)								
●	🔗	POL_Personal History Disclosures ⓘ				📄 UPLOAD NEW		+
●	🔗	POL_Resumes				📄 UPLOAD NEW		+
●	🔗	POL_Tax Returns ⓘ				📄 UPLOAD NEW		+
●	🔗	POL_Proof of Residency (State, Microbusiness, Impact Zones, Economically Disadvantaged Area) ⓘ				📄 UPLOAD NEW		+
●	🔗	POL_Criminal History Explanation and Documents ⓘ				📄 UPLOAD NEW		+
●	🔗	POL_Government Issued Identification				📄 UPLOAD NEW		+
●	🔗	POL_Background Check Verification				📄 UPLOAD NEW		+
●	🔗	POL_Statement of Truth, Release Authorization, Waiver of Liability				📄 UPLOAD NEW		+
●	🔗	EOL_Entity Disclosure Form				📄 UPLOAD NEW		+
●	🔗	EOL_Formation Documents				📄 UPLOAD NEW		+

<input type="radio"/>	EOL_Management/Service/Financial Agreements	UPLOAD NEW	+
<input type="radio"/>	EOL_Tax Returns	UPLOAD NEW	+
<input type="radio"/>	EOL_Statement of Truth, Release Authorization, Waiver of Liability	UPLOAD NEW	+
<input type="radio"/>	License Applicant New Jersey Business Registration *	UPLOAD NEW	+
<input type="radio"/>	License Applicant Disclosure Form *	UPLOAD NEW	+
<input type="radio"/>	License Applicant Statement of Truth, Release Authorization, Waiver of Liability *	UPLOAD NEW	+
<input type="radio"/>	Formation Documents *	UPLOAD NEW	+
<input type="radio"/>	Site Plan *	UPLOAD NEW	+
<input type="radio"/>	Site Control *	UPLOAD NEW	+
<input type="radio"/>	Evidence of Local Approval *	UPLOAD NEW	+
<input type="radio"/>	Zoning Approval *	UPLOAD NEW	+
<input type="radio"/>	Management Service Agreements	UPLOAD NEW	+
<input type="radio"/>	Financial Source Agreements	UPLOAD NEW	+
<input type="radio"/>	Vendor Contractor Agreements	UPLOAD NEW	+
<input type="radio"/>	Diversity Plan	UPLOAD NEW	+
<input type="radio"/>	Labor Peace Agreement	UPLOAD NEW	+
<input type="radio"/>	Collective Bargaining Agreement	UPLOAD NEW	+
<input type="radio"/>	Minority, Women's, Disabled Veteran's Certifications	UPLOAD NEW	+
<input type="radio"/>	Proof of Impact Zone Status	UPLOAD NEW	+
<input type="radio"/>	Proof of Residency Requirements	UPLOAD NEW	+
<input type="radio"/>	Agreement with Institute of Higher Education Field	UPLOAD NEW	+
<input type="radio"/>	Proof of Project Labor Agreement *	UPLOAD NEW	+

# Payment

You will be invoiced \$20,000 pursuant to the regulations. When paying, you will be directed automatically to a third-party secure site for processing payments. You will receive a receipt via email.

Medicinal cannabis permit holders can pay fees with credit card or ACH (automated clearing house), but any payment over \$250 must be paid via ACH.

Applications / New Business License

GENERAL INFORMATION | LICENSE INFORMATION | APPLICANTS | PRIMARY CONTACT PERSON | LOCATION INFORMATION | QUESTIONS | DOCUMENTS | **PAYMENT** | REVIEW

You will be transferred to the payment collection portal on submission.

Payment Options \* ⓘ

Credit Card

ACH

**SAVE** **SAVE & NEXT** **CANCEL**

# Review

Ensure all your information is complete. **Medicinal cannabis businesses are solely responsible for reviewing the rules, associated guidance, and for ensuring their application submissions are complete.**

A red X indicates that edits or additional information is needed before the application can be submitted.

Once your application is submitted, you will receive an email notification. Be sure to monitor your email inbox for updates as your application is reviewed. If there are any potential issues with your application, you may receive a “rejected” application. You will receive an email notification when this occurs. Rejected applications must be corrected and resubmitted through this system.

GENERAL INFORMATION	LICENSE INFORMATION	APPLICANTS	PRIMARY CONTACT PERSON	LOCATION INFORMATION	QUESTIONS	DOCUMENTS	PAYMENT	REVIEW
---------------------	---------------------	------------	------------------------	----------------------	-----------	-----------	---------	--------

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy  
WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

### General Information

✘ Business Name:	✘ Business Type:	Trade Name (DBAs):
Entity ID/Corp. ID (10 digits):	✘ Email:	Website:

### License Information

✘ License Type:	✘ Business Category:	Social Equity:
✘ Application Type:	Impact Zone Business:	
Diversely Owned :		

### APPLICANTS

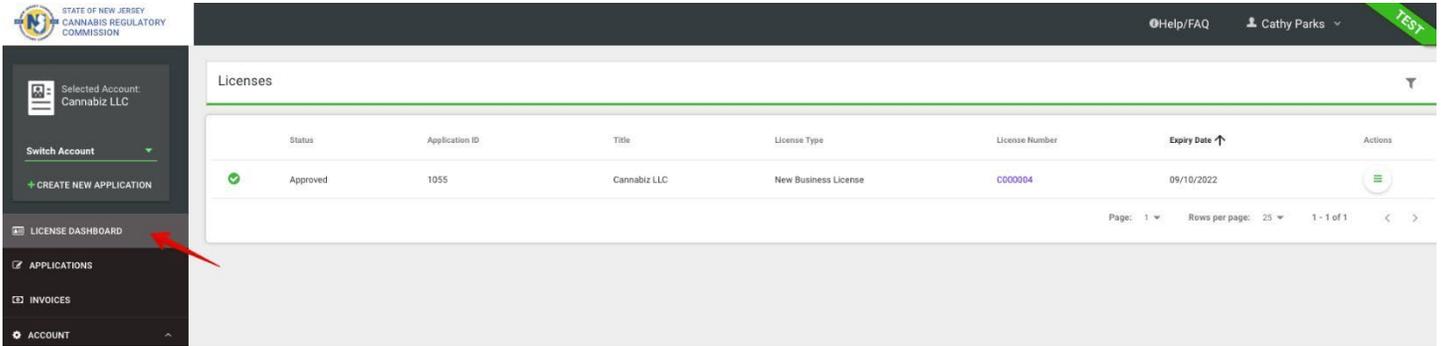
#### Applicant Information

✘ Select type of record:	✘ Email:	✘ Significantly Involved Person:
✘ Phone Number:		
✘ Ownership Percentage:		

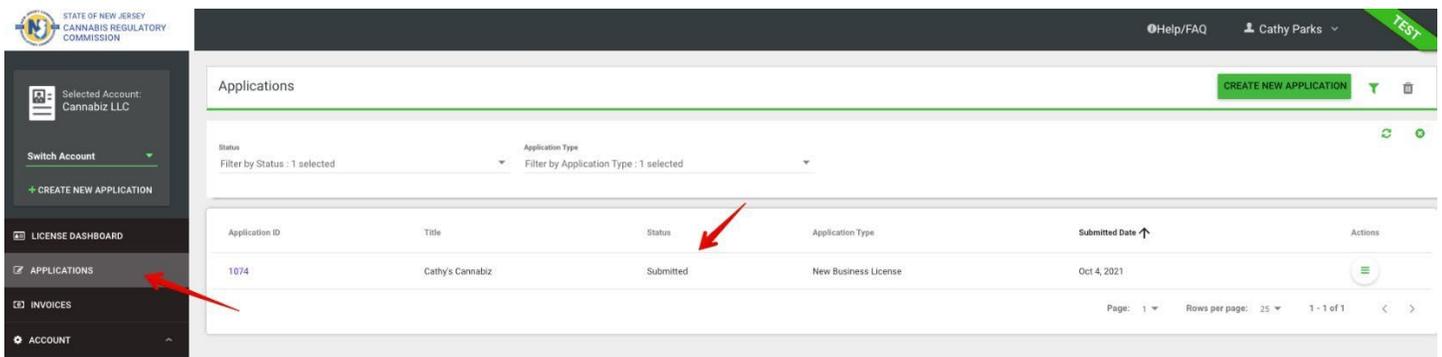
Residence Or Street Address

# Permit Dashboard and Applications Dashboard

Permit Dashboard will display the approved applications, permits.

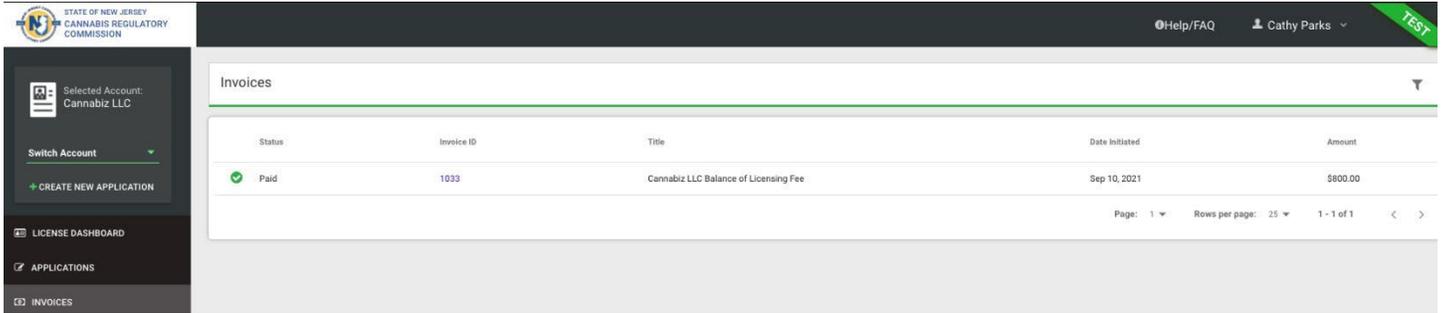


The Applications Dashboard will display all your applications, whether submitted, rejected, open and saved. When an application is incomplete or otherwise not accepted the primary contact person will be contacted with next steps. Medicinal businesses whose applications are rejected will have an opportunity to cure and resubmit.

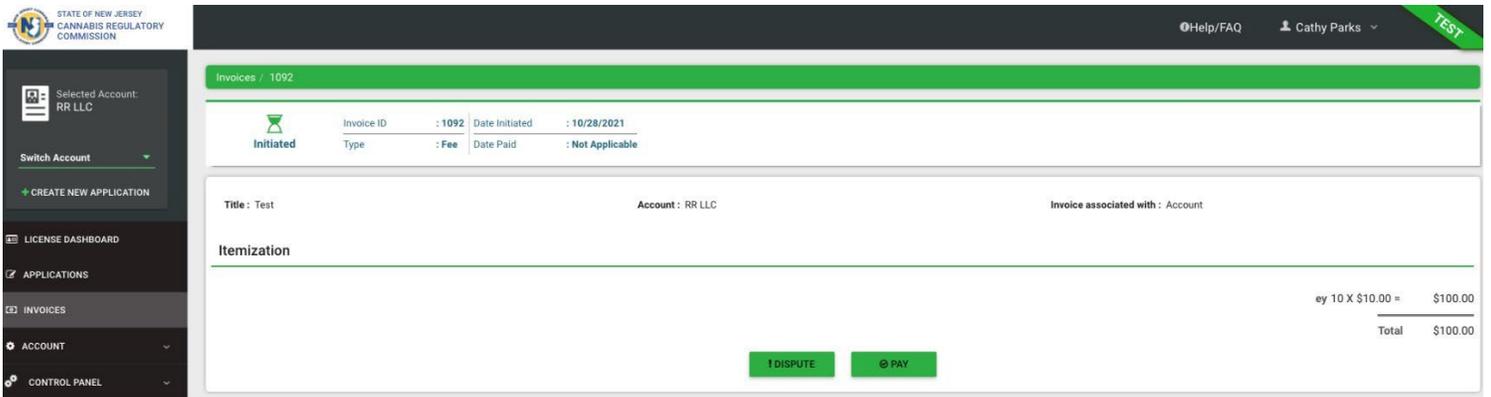


# Payments & Invoices

The balance amount that is due will be invoiced and sent to your dashboard. You will receive a notification that there is an amount to pay.



The invoice view, after it has initiated and needs an action taken on it.



### Select Payment Type ✕

Please select the mode of payment.



Credit Card / ACH

CANCEL

**Fees over \$250 can only be paid via ACH.**

1 Payment Type   2 Customer Info   3 Payment   4 Submit Payment

### Payment

**Payment Type**

Payment Type \*

Select One

Next >

**Customer Information**

**Payment Information**

Cancel

### Transaction Summary

	ey \$100.00
<b>Pay now with New Jersey Government Services</b>	<b>\$100.00</b>

### Need Help?

Select Payment Method and Continue to proceed with payment.

After successful payment, you will see this screen:



**Your transaction has been approved.**

---

Your payment is processing.  
You will be sent a confirmation email within the next hour.

---

**RETURN TO INVOICE**

When you return to invoice, you will see status as “paid.”

Invoices / 1092

✓ Invoice ID : 1092 Date Initiated : 10/28/2021  
 Paid Type : Fee Date Paid : 11/03/2021

Title : Test Account : RR LLC Invoice associated with : Account  
 Transaction ID : 61726858

Itemization

10 X \$10.00 = \$100.00  
 Total \$100.00

STATE OF NEW JERSEY CANNABIS REGULATORY COMMISSION

Help/FAQ Cathy Parks TEST

Selected Account: RR LLC

Switch Account

+ CREATE NEW APPLICATION

LICENSE DASHBOARD

APPLICATIONS

INVOICES

ACCOUNT

CONTROL PANEL

Invoices

Status	Invoice ID	Title	Date Initiated	Amount
✓ Paid	1092	Test	Oct 28, 2021	\$100.00

Page: 1 Rows per page: 25 1 - 1 of 1

If you do not agree with the invoice amount, you may select “Dispute Invoice” and give a reason for the dispute. This is sent back to the regulator portal.

## Dispute Invoice ✕

Are you sure you want to dispute this invoice?  
NOTE: This action cannot be reversed.

Please provide a reason for this action:

---

CANCEL
UPDATE

STATE OF NEW JERSEY  
CANNABIS REGULATORY COMMISSION

[Help/FAQ](#)
Cathy Parks
TEST

Selected Account:  
Cannabiz LLC

Switch Account

+ CREATE NEW APPLICATION

- ☰ LICENSE DASHBOARD
- ☑ APPLICATIONS
- ☑ INVOICES
- ⚙ ACCOUNT
- ⚙ CONTROL PANEL

Invoices / 1033

✔	Invoice ID : 1033	Date Initiated : 09/10/2021
Paid	Type : Fee	Date Paid : 09/10/2021

**Title :** Cannabiz LLC Balance of Licensing Fee      **Account :** Cannabiz LLC      **Invoice associated with :** Record

**Record :** 1055      **Transaction ID :** 61027408

**Itemization**

	Balance 1 X \$800.00 =	\$800.00
	Total	\$800.00

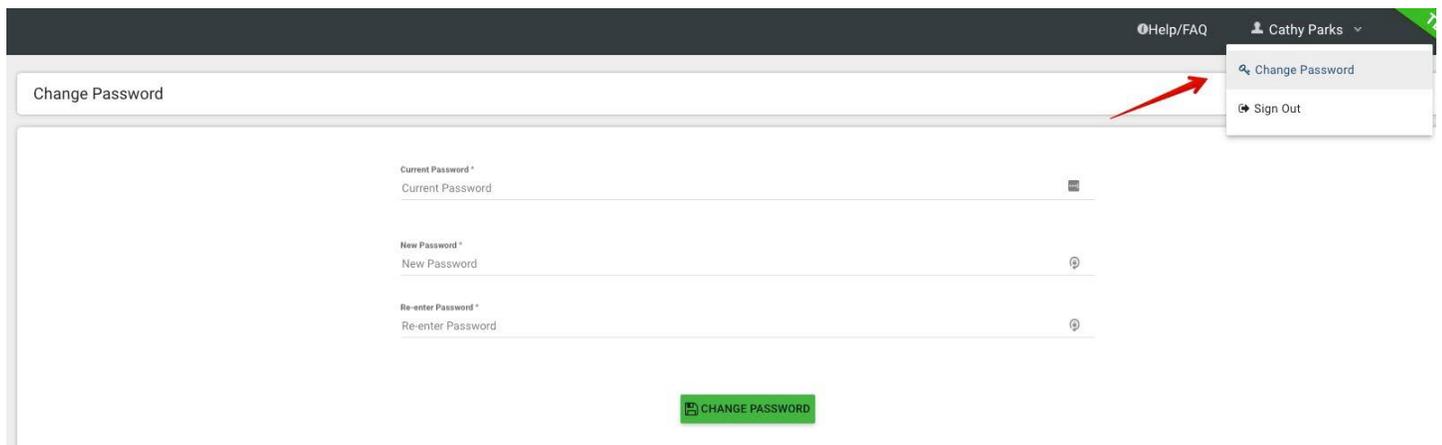
## Update Applications

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From time to time, a permit-holder may need to update information on file, such as name or address. To report such a change, select the Update application type and complete the required information.

## Change Password

While logged in, you will find “Change Password” when you click on your name in upper right corner.



## Support

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### Program Help

More information about the application process and supporting documents is available here [nj.gov/cannabis/businesses](https://nj.gov/cannabis/businesses)

### Technical Help

If you have technical support questions and need assistance with logging in, or utilizing the portal properly, click on the Help/FAQ icon at the top of your dashboard screen.

## Help Screens and Online User Guides

Help information, contact numbers, emails and this user guide are in the portal. Click on the Help button in upper right of your screen.

