

TOWNSHIP OF MARLBORO
Zoning Board of Adjustment

- CONFLICT & CONTRIBUTION DISCLOSURE STATEMENTS -

This form must be completed by all applicants for a variance, waiver or exception in conjunction with any application for a subdivision, not considered a minor subdivision, or a site plan, not considered a minor site plan. All applicants have a continuing obligation while their application is pending before the Zoning Board of Adjustment to amend this form to disclose all contributions and relationships that fall within the scope of the disclosure requirements. The information disclosed on this form shall not be used in any manner as evidence relevant to the decision-making criteria for granting the subject application.

As used in this form, the following terms shall mean:

DEVELOPER: The legal or beneficial owner or owners of a lot or of any land proposed to be included in a proposed development, including the holder of an option or contract to purchase, or other person having an enforceable proprietary interest in such land.

PROFESSIONAL: Any person or entity whose principals are required to be licensed by New Jersey law. Professional shall include both the individuals and, if applicable, the firms or entities in which said individuals practice.

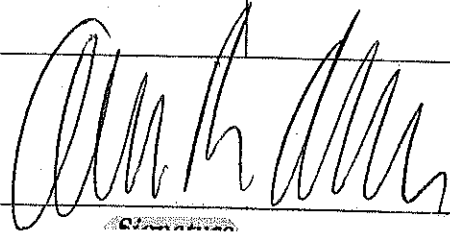
CONTRIBUTION: Every loan, gift, subscription, advance or transfer of money or other thing of value, including any item of real property or personal property, tangible or intangible (but not including services provided without compensation by individuals volunteering a part or all of their time on behalf of a candidate, committee or organization), made to or on behalf of any candidate, candidate committee, joint candidates committee, political committee, continuing political committee or political party committee and any pledge, promise or other commitment or assumption of liability to make such transfer. For purposes of this form, any such commitment or assumption shall be deemed to have been a contribution upon the date when such commitment is made or liability assumed.

1. **CONTRIBUTION DISCLOSURE STATEMENT:** Please list below all contributions to any candidate, candidate committee, joint candidates committee, political committee, continuing political committee or political party committees of, or pertaining to, the Township of Marlboro made within one (1) year prior to the last municipal election through the time of filing the application with or seeking approval from the Zoning Board of Adjustment by (a) the applicant; (b) any developer involved in the application; (c) any associates (stockholders or individual partners) of said developers who are required to be disclosed pursuant to N.J.S.A. 40:55D-48.1 or 40:55D-48.2; and (d) any professionals who apply for or provide testimony, plans or reports in support of the application or who have an enforceable proprietary interest in the property or development which is the subject of the application or whose fee in whole or part is contingent upon the outcome of the application. Identify the name of the individual or entity who made the contribution, the recipient of the contribution, the amount of the contribution and the date of the contribution (*attach additional pages if necessary*):

APPLICATION ZB#: _____

NAME: Neurology Center for Epilepsy & Seizures, LLC

CONTRIBUTOR	RECIPIENT	AMOUNT	DATE
n/a			

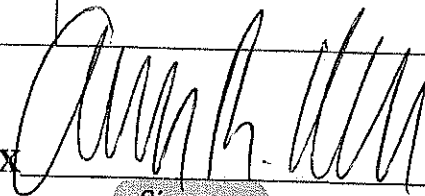
X  2/26/21

2. **CONFLICT DISCLOSURE STATEMENT:** List below any business, financial, social or family relationships between any current member of the Zoning Board of Adjustment and (a) the applicant; (b) any developer involved in the application; (c) all associates (stockholders or individual partners) of said developers who are required to be disclosed pursuant to N.J.S.A. 40:55D-48.1 or 40:55D-48.2; and (d) any professionals who apply for or provide testimony, plans or reports in support of the application or who have an enforceable proprietary interest in the property or development which is the subject of the application or whose fee in whole or part is contingent upon the outcome of the application. Identify the individuals or entities who have such a relationship and the nature of the relationship. *(attach additional pages if necessary):*

APPLICATION ZB#: _____

NAME: Neurology Center for Epilepsy & Seizures, LLC

INDIVIDUAL/ENTITIES WITH RELATIONSHIP	NATURE OF RELATIONSHIP
n/a	

X 

Signature

2/26/21

Date