

	CANNABIS BUSINESS RETAIL REGISTRATION APPLICATION	
	3400 Plymouth Blvd., Plymouth, MN 55447	(763) 509-5000

TYPE OF LICENSE

- | | |
|--|--|
| <input type="checkbox"/> Microbusiness with Retail Endorsement | This is a: |
| <input type="checkbox"/> Mezzobusiness with Retail Endorsement | <input type="checkbox"/> Initial registration |
| <input type="checkbox"/> Cannabis Retailer | <input type="checkbox"/> Registration renewal (annual) |
| <input type="checkbox"/> Medical Cannabis Combination Business | |
| <input type="checkbox"/> Lower-potency Hemp Edible Retailer | See page 4 for license fee schedule. |

Name of applicant (name of individual, partnership, corporation, or association to be licensed):		
Applicant Residential Address:		
Applicant Phone:	Applicant Cell:	Applicant E-Mail Address:
Business Name/dba:		
Business Address:		
Business Phone:	Business Website:	
Establishment - Licensed Premise Address:		
Establishment Address:	Establishment Website:	
Fed Tax ID Number:	Office of Cannabis Management License Number:	
Minnesota Tax ID Number:	Hennepin County Property ID Number:	
DESCRIPTION OF PROPOSED BUSINESS:		
Do you own the building/property at which the business will be located?	YES	NO
Has the business received preliminary certification of local ordinance compliance?	YES	NO

Cannabis Code: **100-20-211-21100-4100.210**

Provide a detailed narrative description of the proposed business for which the license is sought including, but not limited to, type of clientele, type of entertainment including, but not limited to, outdoor entertainment, dancing, live music and amplified music (if any) and type of food menu:

What other permits or licenses required by the State of Minnesota have been applied for or issued for the premises?

Are any real estate taxes, special assessments, or other financial claims of the City of Plymouth or State of Minnesota delinquent or unpaid for the premises to be licensed?

If yes, please give details:

The data on this form will be used to consider your cannabis business retail registration. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are required by State law or City ordinance to answer any questions to provide information requested. However, failure to answer questions or provide the information requested will prevent the City of Plymouth from processing your application.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE RETAIL REGISTRATION.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS AND STATE THAT THE ANSWERS ARE CORRECT TO THE BEST OF MY OWN KNOWLEDGE.

(Signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 20____

(Signature of Notary Public) My Commission expires on: _____



**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. This information will be collected by the City and retained in the files.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

Please supply the following information and return along with your application:

Business Name *(Use Applicant name if not affiliated with a company):*

License or Permit Number:

DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:

Effective
Date:

Expiration
Date:

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

NUMBER 2 – Complete if self-insured:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 – Complete this portion if exempt:

I am not required to have workers' compensation liability coverage because:

☐ I have no employees

☐ I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

☐ Other: _____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Applicant Signature

Title

Date

CHECKLIST OF ITEMS TO INCLUDE WITH APPLICATION

	Non-Refundable Registration Fee
	Copy of valid state license or written notice of OCM license pre-approval
	Site plan showing the building within which the business will be located, available parking, ingress/egress points, etc.
	Floor plans for the proposed business showing compliance to all Minnesota Building Code requirements for the proposed use
	Certification of Workers Compensation Insurance

LICENSE FEES

Type of License	Initial Fee	Renewal Fee
Cannabis Microbusiness	N/A	\$1,000
Cannabis Mezzobusiness	\$500	\$1,000
Cannabis Retailer	\$500	\$1,000
Medical Cannabis Combination Business	\$500	N/A
Lower-potency Hemp Edible Retailer	\$125	\$125

**The initial registration fee shall include the fee for initial registration and the first annual renewal.*

Renewal fee shall be paid yearly, beginning with the second annual renewal.

Contact Plymouth Planning Division for additional paperwork for Temporary Cannabis Events.