



**Retail Sale of Tetrahydrocannabinol Products**  
ANNUAL LICENSE FEE: \$500.00

1. Licensee's Legal Name: \_\_\_\_\_

2. Business Trade Name (doing business as): \_\_\_\_\_

3. Address of Business Location: \_\_\_\_\_

Address City State Zip

Mailing Address: \_\_\_\_\_

Address City State Zip

4. Applicant's full name: \_\_\_\_\_

First Middle Last

5. Birth Date: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

6. Is the applicant 21 years of age or older?  Yes  No

7. Applicant's home address \_\_\_\_\_

Address City State Zip

8. Applicant's Phone Number \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

9. Circle One: Minnesota Tax ID / Federal Tax ID / Social Security number: \_\_\_\_\_

*(Required by the Minnesota Department of Revenue)*

10. Describe premises to be licensed (type of business.):

\_\_\_\_\_

11. Name of manager \_\_\_\_\_

12. Has the applicant, person managing the business, or any person associated in the business ever been convicted of any crime, misdemeanor, or violation of any city, state, or federal law involving activities licensed under this article?  Yes  No

If yes, state the nature of the offense(s) and the punishment or penalty assessed therefore. *Attach additional sheets if necessary.* \_\_\_\_\_

\_\_\_\_\_

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City Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Police Chief Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ Date Council approved \_\_\_\_\_