Cannabis & Lower Potency Hemp Edible Retail City Registration Form

This registration form must be completed and delivered to the Department of Safety and Inspections (375 Jackson Street, Suite 220) for each location that is licensed by Minnesota Office of Cannabis Management. Registration will require first year renewal fee in addition to the initial fee. You are required to apply for any other permits or Saint Paul licenses that your business may need to operate.

MN Statute 342.22 RETAILERS; LOCAL REGISTRATION, Sub (1) Registration required. Before making retail sales to customers or patients, a cannabis microbusiness, cannabis mezzobusiness, cannabis retailer, medical cannabis combination business, or lower-potency hemp edible retailer **must register with the city, town, or county in which the retail establishment is located.**

1. Registration information

Legal/corporate name

Business email

Business name (DBA)

Cell phone number

Business location address

State OCM license number

Mailing address (if different from business location)

Contact person

2. Retail information

What type of business do you have:

- ☐ Cannabis Microbusiness
- ☐ Cannabis retailer
- ☐ Medical Cannabis
- ☐ Cannabis Mezzobusiness
- ☐ Lower Potency hemp edibles or beverages
- ☐ Medical Cannabis Combination

Days and hours the business will be open

Does this address currently have a Saint Paul alcohol license?

- ◯ No
- ◯ Yes, license number

Does this address currently have any Saint Paul liceneses?

- ◯ No
- ◯ Yes, license numbers

Is this location current on all property taxes and assessments?

- ◯ No, amount owed
- ◯ Yes

Are the property owner or the tenant responsible for the property taxes and assessments?

- ◯ No
- ◯ Yes

3. Verification

I, (print name) , certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my registration and any licenses.

Signature of Applicant	Title	Date

4. Additional Information

1. Incomplete registrations may be returned and not processed until we have all the required information.
2. For reasonable accommodations or alternative formats please contact.