



# Retail Cannabis and Lower-Potency Hemp Edibles Registration Application

<b>Legal Business Name:</b>	<b>Contact Name:</b>
<b>Doing Business As Name:</b>	<b>Contact Phone:</b> (    )
<b>Business Mailing Address:</b>	<b>Email Address:</b>
<b>Business Address:</b>	<b>Business Phone:</b> (    )
<b>Parcel ID:</b>	

**License Type (select one):**

<input type="checkbox"/> <b>Cannabis Retailer</b> (\$500 Initial Registration Fee; \$1,000 Annual Renewal) <input type="checkbox"/> <b>Cannabis Mezzobusiness with retail</b> (\$500 Initial Registration Fee; \$1,000 Annual Renewal) <ul style="list-style-type: none"> <li><input type="checkbox"/> Retail operations</li> <li><input type="checkbox"/> Cultivation</li> <li><input type="checkbox"/> Extraction and concentration</li> <li><input type="checkbox"/> Production/Manufacturing</li> <li><input type="checkbox"/> On-site consumption</li> <li><input type="checkbox"/> Edible cannabinoid product handler</li> <li><input type="checkbox"/> Medical cannabis           <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical cannabis cultivation</li> <li><input type="checkbox"/> Medical cannabis processor</li> <li><input type="checkbox"/> Medical cannabis retailer</li> </ul> </li> </ul>	<input type="checkbox"/> <b>Cannabis Microbusiness</b> (\$500 Initial Registration Fee; \$1,000 Annual Renewal) <ul style="list-style-type: none"> <li><input type="checkbox"/> Retail operations</li> <li><input type="checkbox"/> Cultivation</li> <li><input type="checkbox"/> Extraction and concentration</li> <li><input type="checkbox"/> Production/Manufacturing</li> <li><input type="checkbox"/> On-site consumption</li> <li><input type="checkbox"/> Edible cannabinoid product handler</li> <li><input type="checkbox"/> Medical cannabis           <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical cannabis cultivation</li> <li><input type="checkbox"/> Medical cannabis processor</li> <li><input type="checkbox"/> Medical cannabis retailer</li> </ul> </li> </ul> <input type="checkbox"/> <b>Lower-Potency Hemp Edible Retailer</b> (\$125 Annual Registration Fee)
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**Property Owner / Fee Owner Name** (if different from above) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Minnesota cannabis or lower potency business license number:** \_\_\_\_\_ **Anticipated Opening Date** \_\_\_\_/\_\_\_\_/20\_\_\_\_

*(Pre-Approval license number is acceptable)*

\_\_\_\_\_

**Please provide Hours of Operation or circle "Closed"**

Sunday \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed  
Monday \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed  
Tuesday \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed  
Wednesday \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed

Thursday \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed  
Friday \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed  
Saturday \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed

**Registration and Zoning Compliance Checklist:**

The following materials must be submitted with your application to be considered complete. If you have any questions or concerns regarding the necessary materials, please contact the City Clerk's office.

- Applications deemed complete will be processed on a first-come, first-serve basis.
- A cannabis retail business (excluding lower potency hemp businesses) shall not operate within 500 feet of another dispensary.

Provide a completed form and materials to the City Clerk inbox at [jolleen.chaika@ci.forest-lake.mn.us](mailto:jolleen.chaika@ci.forest-lake.mn.us). All requirements listed below must be submitted in order to be considered a complete application.

- A valid license or pre-approval issued by the Office of Cannabis Management
- Zoning verification letter sent from City Planner confirming approved Interim Use Permit (Cannabis only)
- Completed Cannabis or Lower Potency Hemp Edible Retail Registration Application
- Full copy of the business security plan (Cannabis)
- Full copy of the business odor mitigation plan (Cannabis only)
- Compliance with requirements established by Minnesota Statute 342
- Compliance with all applicable zoning requirements outlined in Forest Lake City Code, Chapter 153.092 (UU)
- Current on all property taxes and assessments at the location where the retail establishment is located, if applicable.
- Application Fee - **Payment will be required for issuance of Registration**

**TENNESSEN WARNING NOTICE**

*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 and to provide information requested. However, failure to answer questions or provide the information requested will prevent the City of Forest Lake 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.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Name (Printed)** \_\_\_\_\_

**For Office Use Only:**

Preliminary local ordinance compliance:

- Pass     Fail

Submittal date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fee paid: \$ \_\_\_\_\_

Date payment received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

IUP Approval date (Cannabis only):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Fire Inspection Completion date (Cannabis only):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Building Inspection Completion date (Cannabis only):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Certificate of Occupancy issued date (Cannabis only):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Approved \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Staff Initials \_\_\_\_\_

Application Complete