

Cannabis Registration – Lower Potency Hemp Edible Retailer



Legal Business Name:	Contact Name:
DBA Name:	Contact Phone: ()
Business Address:	Email Address:
Business Mailing Address (if different from above):	Business Phone: ()

Lower-Potency Hemp Edible Retailer

Total: \$250
Initial Fee \$125 + 1st Year Registration Fee \$125

Property Owner / Fee Owner Name (if different from above) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone No. _____ **E-mail** _____

Signature _____ **Date** _____

Printed Name _____

Minnesota Lower Potency Business License Number: *(Pre-Approval license number is acceptable)*

Projected Opening Date: _____ / _____ / _____

Please provide Hours of Operation or circle "Closed"

Sunday	_____ am to _____ pm or Closed	Thursday	_____ am to _____ pm or Closed
Monday	_____ am to _____ pm or Closed	Friday	_____ am to _____ pm or Closed
Tuesday	_____ am to _____ pm or Closed	Saturday	_____ am to _____ pm or Closed
Wednesday	_____ 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 Planning & Zoning Office.

Provide a completed form and materials to the City Clerk. 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 (OCM)
- Completed Lower Potency Hemp Edible Retailer Registration form.
- Compliance with requirements established by Minnesota Statute 342
- Compliance with the requirements by Chapter 18, ARTICLE XXII, and applicable zoning requirements outlined in Chapter 118, ARTICLE III of the City Code.
- Current on all property taxes and assessments at the location where the retail establishment is located, if applicable.
- Fees as outlined on the front page for the specific type of registration.

TENNESSEN WARNING NOTICE

The data on this form will be used to consider your cannabis business 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 South St. Paul 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) _____

Subscribed and sworn to before me this _____ **day of** _____, **20**____

Stamp

Notary Public

For Office Use Only:

Preliminary local ordinance compliance:

- Pass Fail

Submittal date: ____ / ____ / ____

Fee paid: \$ _____

Date payment received: ____ / ____ / ____

Zoning Administrator or Designee:

Signature

Approval Date: ____ / ____ / ____

- Application Complete