

# Retail Cannabis Registration

The City of South St. Paul allows for a maximum of 2 registered adult-use cannabis retail businesses within the city. Applications will be processed on a first-come, first-serve basis provided a complete application has been submitted and accepted.



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

**New Registration Type (select one):**

- Cannabis Retailer: \$1,500**  
*Initial Fee \$500 + 1<sup>st</sup> Year Registration Fee \$1,000*
- Cannabis Mezzobusiness with retail: \$1,500**  
*Initial Fee \$500 + 1<sup>st</sup> Year Registration Fee \$1,000*
  - Retail operations
  - Cultivation
  - Extraction and concentration
  - Production/Manufacturing
  - On-site consumption
  - Edible cannabinoid product handler
  - Medical cannabis
    - Medical cannabis cultivation
    - Medical cannabis processor
    - Medical cannabis retailer
- Cannabis Microbusiness: \$1,000**  
*Initial Fee \$0 + 1<sup>st</sup> Year Registration Fee \$1,000*
  - Retail operations
  - Cultivation
  - Extraction and concentration
  - Production/Manufacturing
  - On-site consumption
  - Edible cannabinoid product handler
  - Medical cannabis
    - Medical cannabis cultivation
    - Medical cannabis processor
    - Medical cannabis retailer
- Medical Cannabis Combination Business \$1,500**  
*Initial Fee \$500 + Registration Fee \$1,000*

**Property Owner / Fee Owner Name** (if different from above) \_\_\_\_\_

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

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

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

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

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

Minnesota Cannabis business license number (*Pre-Approval 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

Wednesday: \_\_\_\_\_ am to \_\_\_\_\_ pm or Closed

Wednesday: \_\_\_\_\_ 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.

- Applications deemed complete will be processed on a first-come, first-serve basis.
- The number of registered retail cannabis retail businesses with the city shall be limited to a maximum of two (2) registrations.
- A cannabis retail business (excluding lower potency hemp businesses) requires a Conditional Use Permit and must comply with City Code Section 118-278.

**Provide a completed form and materials to the City Clerk. All requirements listed below must be submitted to be considered a complete application.**

- A valid license or pre-approval issued by the Office of Cannabis Management (OCM)
- Completed Retail Cannabis 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.
- Approved Conditional Use Permit or letter from Zoning Administrator stating Conditional Use Permit (CUP) has been approved.

**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 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: \_\_\_\_\_

Zoning Administrator or Designee:

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

Approval Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Application Complete