Cannabis Retail Business Registration Form
CITY OF EMPIRE, MN

Cannabis Related Businesses are Regulated by City Ordinances 280 and 400

New License____; Renewal License____

License Fee $_____ Date Fee Paid _____

Full Name/Names of Applicant(s) _____

Address _____

Phone Number _____

Email Address _____

Do you Own the Building/Property at which the business will be located? **Y** **N**

Business Name _____

Business Address _____

Parcel Identification Number (PID) _____

Description of Business in Connection With Which the Proposed License Will Operate

_____

_____

_____

_____

Description of Business Premises _____

_____

Is Applicant Owner and/or Operator of Business? **Y** **N**

The applicant acknowledges that:

- This local retail registration must be renewed on an annual basis.
- The proposed retail establishment will only sell products legally allowed under Minnesota State Statutes as may be amended.
- All taxes, assessments, utility charges, or other financial claims of the city or state for the property at which the retail cannabis establishment is proposed are current.

I hereby certify that the information in this application is true and correct. Permission is granted to the City of Empire or its representatives to obtain information from your references and any other sources that are relevant to evaluating this application. I further certify that the proposed retail cannabis establishment is compliant with all local ordinance established pursuant to Minn. Stat. 342.13.

_____ _____

Applicant's Signature Date

ADDITIONAL INFORMATION/DOCUMENTATION

Prior to acceptance of this application by the Empire City Council, the Applicant is required to provide the City with the following:

- A copy of a valid State License or Written Notice of OCM License Preapproval.
- An Interim Use Permit (IUP) application for the business, and related documentation, that has been reviewed and approved by the City of Empire.