



## Lake of the Woods County License Application Cannabis Retail Registration

### Applicant Information

Corporation or Legal Name

Corporate Address

City

State

ZIP

Name of Person Completing Application

Title

Phone Number

Email

Website

### Type of Legal Organization

☐ Sole proprietor

☐ Partnership

☐ Other \_\_\_\_\_

☐ Minnesota: Date of Incorporation \_\_\_\_\_

☐ Out-of-State: State of Incorporation \_\_\_\_\_

Are you registered in Minnesota? ☐ Yes ☐ No

MN Employer ID Number

Federal Employer ID Number (FEIN)

Date of Issuance

### Leadership

List partners, officers and directors of the partnership or corporation, their date of birth and percent ownership.

Name and Title

Address

DOB

Percent

Name and Title

Address

DOB

Percent

Name and Title

Address

DOB

Percent

Name and Title

Address

DOB

Percent

### Include with application

☐ Copy of Minnesota Office of Cannabis Management License or Preliminary License Approval

☐ Certificate of Insurance

☐ Fee Payment

### Certification of Compliance

I hereby certify pursuant to the provisions of the Minnesota Statutes, Chapter 342.13(f) that this proposed cannabis or hemp business complies with the local jurisdiction's zoning ordinances, the state fire code and building code as applicable.

Applicant's Signature

Date

## Business Information

Business Trade Name (Doing Business As)

Business Address (License Location)

City

State

ZIP

Phone Number

Name of Township

Business Manager's Name

Title

Phone Number

Email

Name of Property Owner/Company, if not owned by the corporation

Contact's Name

Property Owner's Phone Number

### Type of Retail Cannabis Business

☐ Outdoor Cultivator

☐ Indoor Cultivator

☐ Adult-use ☐ Mezzobusiness ☐ Microbusiness ☐ Medical Combination ☐ Low-potency Hemp Edible

### Days & Hours of Operation

☐ Monday

Open: \_\_\_\_\_

Close: \_\_\_\_\_

☐ Tuesday

Open: \_\_\_\_\_

Close: \_\_\_\_\_

☐ Wednesday

Open: \_\_\_\_\_

Close: \_\_\_\_\_

☐ Thursday

Open: \_\_\_\_\_

Close: \_\_\_\_\_

☐ Friday

Open: \_\_\_\_\_

Close: \_\_\_\_\_

☐ Saturday

Open: \_\_\_\_\_

Close: \_\_\_\_\_

☐ Sunday

Open: \_\_\_\_\_

Close: \_\_\_\_\_

### Other Cannabis Business Locations

Attach a list, if necessary.

1.

Name of Business

Type of Cannabis Business

Address

City

State

ZIP

2.

Name of Business

Type of Cannabis Business

Address

City

State

ZIP

## Statement of Understanding

I hereby make application pursuant to the provisions of Minnesota Statutes, Chapter 342, for a retail registration to engage in or transact business in the sale of cannabis and hemp products as a cannabis retailer in Lake of the Woods County.

I swear or affirm under oath, under penalties of perjury, that all statements made in this document are true and correct.

Applicant's Signature

Date