



## 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

<input type="checkbox"/> Monday	Open: _____	Close: _____
<input type="checkbox"/> Tuesday	Open: _____	Close: _____
<input type="checkbox"/> Wednesday	Open: _____	Close: _____
<input type="checkbox"/> Thursday	Open: _____	Close: _____
<input type="checkbox"/> Friday	Open: _____	Close: _____
<input type="checkbox"/> Saturday	Open: _____	Close: _____
<input type="checkbox"/> Sunday	Open: _____	Close: _____

### Other Cannabis Business Locations

 Attach a list, if necessary.

1. <hr/> Name of Business	Type of Cannabis Business
<hr/> Address	<hr/> City <hr/> State <hr/> ZIP
2. <hr/> Name of Business	Type of Cannabis Business
<hr/> Address	<hr/> City <hr/> State <hr/> 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.

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Applicant's Signature

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Date