



City of Osakis

14 Nokomis Street East
PO Box 486
Osakis, Minnesota 56360
Phone #320-859-2150
Fax #320-859-3978

Cannabis Retail Registration

Full Name of Property Owner: _____

Full Name of Applicant: _____

Applicant Address: _____

Business Name: _____

Business Address: _____

Email Address: _____ Contact Number: _____

☐ Yes ☐ No Certification that the applicant complies with the requirements of local ordinances established pursuant to Minnesota Statute §125.13.

☐ Yes ☐ No Verification of land use compliance by the Zoning Administrator. Zoning District: _____

☐ Yes ☐ No Fee: \$500 (non-refundable once processed – Payable to the City of Osakis.

☐ Yes ☐ No Renewal Fee: \$1,000 (non-refundable once processed – Payable to the City of Osakis.

☐ Yes ☐ No Copy of a valid state license or written notice of OCM license preapproval.

☐ Yes ☐ No Copy of a valid state driver's license.

Applicant (Please Check One): ☐ Corporation ☐ Natural Person ☐ LLC ☐ Partnership ☐ Other

☐ Yes ☐ No Has applicant, partners, or employees ever had any felony convictions or cannabis violations in Minnesota or elsewhere? If so, give names, dates, violations and final outcome details. _____

☐ Yes ☐ No Is the applicant or any of the associates in this application a member of the city council which will issue this license? If yes, in what capacity? _____

☐ Yes ☐ No Have the applicants had any interests, directly or indirectly, in any other cannabis businesses in Minnesota? If yes, give the name and address of the business. Name: _____ Address: _____

Attachments (check all included with this application):

☐ A site plan of the property showing dimensions, building location, street access, parking facilities.

☐ A list of three (3) references who are not related to the applicant and do not have a financial interest in the premises or business.

Have all real estate and other taxes for the premises and the business to be licensed been paid? ☐ Yes ☐ No

If NO, what years are delinquent?

Describe the premises to be licensed: _____

Floor location business is on: _____

Number of months per year the business will be open: _____ Name of Manager: _____

Is the business in conjunction with any other businesses? ☐ Yes ☐ No If yes, describe business: _____

Tennessee Warning (PRIVATE INFORMATION)

Under the Minnesota Government Data Practices Act (Minn. Stat. § 13.548), your name, address, telephone number, and e-mail are private data. You may choose not to provide some or all of this private data, but it may limit your ability to participate in this program. For example, your contact information is needed to provide information to you such as approval, etc. By signing below, you are consenting to allow registration information to be shared with the City Clerk/Treasurer, and other registered program participants in order to administer this activity. This consent expires upon completion of this activity.

WORKERS COMPENSATION INFORMATION

Workers Compensation Company Name

Workers Compensation Policy Number

TAX INFORMATION

Licensee's MN Sales and Use Tax ID Number

Licensee's Federal Tax ID Number

BUSINESS INFORMATION

Applicant's Name (Business, Partnership, Corporation, LLC)

DOB

SSN

Trade Name or DBA

Business Address

Business Phone

Applicant's Home Phone

City

County

State

Zip Code

Give information requested below for all partners, or the officers and directors of a partnership or corporation, and the % of stock held by each officer if applicable.

Name _____	Title _____	% Own _____	Address _____	DOB _____	SSN _____
Name _____	Title _____	% Own _____	Address _____	DOB _____	SSN _____
Name _____	Title _____	% Own _____	Address _____	DOB _____	SSN _____
Name _____	Title _____	% Own _____	Address _____	DOB _____	SSN _____

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Name of the Applicant (print)

Signature of Applicant

Date

OFFICE USE ONLY

Date Application Mailed to Applicant: _____

Date Application Received: _____

Date Certificate of Liability Received: _____

Date Application mailed to State: _____

Date City Council Action: Approved On: _____ Denied On: _____

Signature of City Clerk/Treasurer

Date