



## Dakota 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.

\_\_\_\_\_  
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

☐ 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 Dakota 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*