



**REGISTRATION APPLICATION FOR CANNABIS RETAIL BUSINESS**

**Applicant Note:**

Print, type, or check all applicable information. Incomplete applications will not be accepted and penalties may be assessed.  
The information contained in this application becomes part of Goodhue County's official records upon receipt by the department and is thereafter accessible to the public.

**MAKE CHECKS PAYABLE TO: GOODHUE COUNTY**

**Date & Time Completed Application Received** \_\_\_\_\_

Registration Type	
<input type="checkbox"/> INITIAL REGISTRATION (New Establishment) Date of Opening: _____	<input type="checkbox"/> EXISTING ESTABLISHMENT REGISTRATION (Change in Ownership) Date of Reopening: _____ Previous Owner: _____ Date of Change of Ownership: _____
<input type="checkbox"/> RENEWAL REGISTRATION	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> CHANGE IN LOCATION (Business Relocating) Old Location: _____ New Location: _____	

BUSINESS INFORMATION	
Business (dba) Name: _____	Owner Name: _____
Business Address: _____ (must be physical location)	Owner Mailing Address: _____
Parcel ID: _____	
Telephone Number: _____	Telephone Number: _____
Email: _____	Email: _____

Provide the following information:	
Office of Cannabis Management Number: _____	Provide a Copy of State License OR preliminary license approval from OCM
Minnesota Tax Identification Number: _____	
Office of Cannabis Management License Type: _____	
Township Board or Delegate City approval	Provide proof of city or township zoning review
Proof of Insurance	Provide a Copy of Certificate of Insurance

REGISTRATION/BUSINESS TYPE	
(each location requires a separate application) See supplement for description of each business type	
<input type="checkbox"/> RETAILER	
<input type="checkbox"/> MICROBUSINESS	
<input type="checkbox"/> MEZZOBUSINESS	
<input type="checkbox"/> MEDICAL CANNABIS COMBINATION BUSINESS	
<input type="checkbox"/> LOWER-POTENCY HEMP EDIBLE RETAILER	
<input type="checkbox"/> EVENT ORGANIZER	
Location of Event: _____	
Date(s) and Times of Event: _____	

TOTAL ANNUAL FEE (See Goodhue County Fee Schedule) \$ _____		
I declare under the penalties of perjury and criminal liability for willfully making a false statement that this application is, to the best of my knowledge and belief, true, correct and complete. Additionally, I certify that I comply with local ordinances established pursuant to Minn. Stat. 342.13.		
Signature of owner, partner or principal officer	Title	Date

FOR COUNTY USE ONLY	
FINANCE DIRECTOR APPLICATION APPROVAL	DATE
LAND USE MANAGEMENT DIRECTOR APPLICATION APPROVAL	DATE
COUNTY BOARD APPLICATION APPROVAL (SIGNATURE OF BOARD CHAIR)	DATE