

City of Vergas  
131 Main St. PO Box 32  
Vergas, MN 56587-0032  
218-302-5996

**City of Vergas shall issue a retail registration to a state-licensed cannabis retail business that adheres to the requirements of Minn. Stat §342.22**

☐ Retail sale of Cannabis

☐ Retail sale of Lower – Potency Hemp

1. Licensee's Legal Name: \_\_\_\_\_
2. Business Trade Name (doing business as): \_\_\_\_\_
3. Address of Business Location: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parcel ID # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Applicants full name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
5. Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver License No: \_\_\_\_\_
6. Is the applicant 21 years of age or older? ☐ Yes ☐ No
7. Applicants Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Applicants Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
9. Circle One:  
Minnesota Tax ID / Federal Tax ID / Social Security Number: \_\_\_\_\_
10. Describe premises to be licensed (type of business)  
\_\_\_\_\_  
\_\_\_\_\_
11. Name of Manager: \_\_\_\_\_

12. Has the applicant, person managing the business, or any person associated in the business ever been convicted of any crime, misdemeanor, or violation of any city, state, or federal law involving activities licensed under this article? ☐ Yes ☐ No

If yes, state the nature of the offense(s) and the punishment or penalty assessed, therefore.

Attach additional sheets if necessary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Otter Tail County Sheriff Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid:\$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Council Approved: \_\_\_\_\_

☐ \$50 Application Fee (Nonrefundable)

☐ \$500 Registration Fee