

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