



124 North Broadway, Crookston, MN 56716
218 281-1232 Fax 218 281-5609
Cannabis Retail Business Registration Application
(Pursuant to Ordinance No. 97, 3rd Series)

SECTION 1 – BUSINESS INFORMATION

Business Name: _____

Business Type: Cannabis Retail Microbusiness (Retail Endorsement) Mezzobusiness (Retail Endorsement)

Business Address: _____

Parcel ID: _____

Business Phone: _____ Email: _____

Days/Hours of Operation: _____

SECTION 2 – OWNER / APPLICANT INFORMATION

Owner / Applicant Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Type of Ownership: Sole Proprietorship Partnership Corporation LLC

SECTION 3 – STATE LICENSING INFORMATION

Office of Cannabis Management (OCM) License Number: _____

Type of License: _____

Copy of valid State License or OCM Pre-Approval Notice attached

SECTION 4 – ZONING & BUILDING COMPLIANCE

(To be verified by Planning & Zoning / Building Official)

Zoning District: _____

Meets buffer zone requirements (per Ord. No. 97, §.11): Yes No

Fire Code & Building Code Compliance Verified: Yes No

Reviewer Signature: _____ Date: _____

SECTION 5 – OTHER LOCATIONS

Does the applicant operate any other retail locations: Yes No

If yes, please list: _____

SECTION 6 – REGISTRATION FEES

- Application Fee: \$50.00
- Initial Retail Registration Fee: \$500.00
- Annual Renewal Fee (starting second renewal): \$1,000.00

Check attached Payment made online

All fees are non-refundable once processed.

SECTION 7 – CERTIFICATION & SIGNATURE

I hereby certify that all information in this application is true and correct, and that I will comply with all applicable federal, state, and local laws, including City of Crookston Ordinance No. 97, 3rd Series.

Applicant Signature: _____ Date: _____

Print Name: _____

SECTION 8 – FOR CITY USE ONLY

Date Received: _____ Received By: _____

Application Number: _____

Approved Denied

Date of Council Action: _____

Registration Certificate No.: _____

Police Chief Signature: _____

City Clerk Signature: _____

SUBMIT COMPLETED APPLICATION TO:

City of Crookston
124 N Broadway, Crookston, MN 56716
(218) 281-1232 | localcannabis@crookston.mn.us

SECTION 8 – OCM RETAIL REGISTRATION FORM AND CHECKLIST

Local Unit of Government: _____

Business Name: _____

Business Address: _____

Minnesota Cannabis Business License Number: _____

Registration Period and Fee:

| License Type | Initial Fee | Renewal Fee |
|---|------------------|------------------|
| Cannabis Microbusiness | up to \$0.00 | up to \$1,000.00 |
| Cannabis Mezzobusiness | up to \$500.00 | up to \$1,000.00 |
| Cannabis Retailer | up to \$500.00 | up to \$1,000.00 |
| Cannabis Retailer – Municipal Cannabis Store | up to \$1,000.00 | — |
| Medical Cannabis Combination Business | up to \$500.00 | up to \$1,000.00 |
| Lower-Potency Hemp Edible Retailer | up to \$125.00 | up to \$125.00 |

Checklist:

- Applicant is current on all property taxes and assessments at retail location.
- Applicant has paid the appropriate fees.
- Applicant is current on all applicable tax obligations.
- Applicant has passed a preliminary local ordinance compliance review.
- All required documentation is attached.

Preliminary Local Ordinance Compliance: _____

Notes: _____

TENNESSEN WARNING

(General)

- 1.) **Background:** The Minnesota Government Data Practices Act required the City of Crookston to inform you of your rights relating to private or confidential data collected from you. Private data is information collected by the City which is available to you, but not to the public. Confidential data is information collected by the City which is not available to you or the public. Most of the personal information we collect from you is private.
- 2.) **Need for information:** The information we collect or have collected from you or from other sources authorized by you is needed for one or more of the following purposes:
 - a. To distinguish you from all other applicants and identify you in our personnel files.
 - b. To enable us to verify that you are the individual who makes the application.
 - c. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews.
 - d. To determine if you meet the minimum age requirements if any.
 - e. To conduct proper investigations if you are applying for a position.
 - f. To determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for.
 - g. To enable us to ensure your rights to equal opportunities.
 - h. To meet federal and state reporting requirements and to make processing more efficient.
 - i. To do anything else which may be determined to be necessary for proper personnel administration in the City.
- 3.) **Refusal:** You have the right to refuse to supply information we request. However, without all of the information requested, we may be unable to provide a particular service or to fulfill the requirements of a program.
- 4.) **Access to data:** Private or confidential information we collect on you may be shared, as a matter of program or service necessity with other agencies or individuals. Private or confidential data we collect on you will be available to persons in the City offices who have a bona fide need for the information. Private or confidential information we collect on you will not be given to another agency or individual without your written consent unless specifically authorized by state or federal law or under valid court order. Unless otherwise authorized by law, government agencies with whom we share private or confidential information must also treat the information they receive as private or confidential. You, as the subject of collected private data, unless otherwise specified by law or court order, may view the private information we have concerning you and may make written comments about the accuracy of the private information. Copies of private information we have concerning you may be made, for a reasonable fee, upon your request.
- 5.) **Retention:** All information on you will be kept until federal, state or city retention requirements have been met, at which time the information will be destroyed.

I have been informed of and understand my rights as a subject of data;

Signature

Date

Crookston Police Department

321 West Robert • Crookston, MN 56716 • (218) 281-3111 • (218) 281-1410 (fax)

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Crookston Police Department to conduct/receive any federal or local criminal history record information pertaining to me which may be located in files from any federal, state or local criminal justice agency.

Print **Complete** Full Name (Last, First, Middle)

Maiden Name (if applicable) or Other Names You Have Used

Address

Sex

Date of Birth

Social Security #

Driver's License #

Signature

Signature of Parent or Legal Guardian

Date

(Office use only)

Criminal History Background Reason:

- Employment with the City of Crookston (Department) _____
- Occasional Unescorted Access within the Crookston Police Department
- (Other) _____

Officer Requesting _____

Records Clerk _____

Crookston Police Department

321 West Robert • Crookston, MN 56716 • (218) 281-3111 • (218) 281-1410 (fax)

AUTHORIZATION TO RELEASE INFORMATION

I hereby expressly authorize you to release to the City of Crookston, the Crookston Police Department, or any agent acting on its behalf, any juvenile and/or adult and all information which you may have concerning me, including my personal history and records, physical and medical history and records, personnel and employment history and records, background investigation reports and records, and all other information of every kind of a public, private, confidential or privileged kind.

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization.

I hereby release the City of Crookston, the Crookston Police Department, and any organization, company or person, furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

This authorization shall be valid for a period of one year from the date below. I understand that I reserve the right to, at any time prior to the expiration, revoke this authorization in writing at any time.

A photocopy of this authorization will be treated in the same manner as an original. This release form authorizes conversations by the bearer of this authorization with representatives of agencies and individuals to which the release has been prepared.

DATE: _____

SIGNATURE: _____

PRINT FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____