



Application for Registration of Cannabis/Hemp Retail Business

APPLICANT INFORMATION:		
Name:		
<i>First</i>	<i>Full Middle Name</i>	<i>Last Name</i>
Applicant Current Address:		
City, State, Zip:		
Telephone: Home:	Cell:	Email:

BUSINESS INFORMATION:	
Business Name:	
Type of Ownership: Sole Proprietorship Partnership Limited Liability Company (LLC) Corporation Other	
Trade Name or DBA:	
Address of Business:	
City State, Zip:	
Legal Description of the Property:	
Federal Employer Identification No.:	Minnesota Business ID No.:
Business Phone:	Manager Phone Number:
Manager of Business:	
Address of Manager:	
If the above-named business is a Corporation, Partnership, or LLC, complete the following for each partner/officer:	
Owner #1:	
<i>First</i>	<i>Full Middle Name</i>
<i>Last Name</i>	
Current Address:	
City, State, Zip:	

Telephone: Home:		Work:	Cell:
E-Mail Address:	Date of Birth:		Social Security #:
Owner #2: <div style="display: flex; justify-content: space-between;"> <i>First</i> <i>Full Middle Name</i> <i>Last Name</i> </div>			
Current Address:			
City, State, Zip:			
Telephone: Home:		Work:	Cell:
E-Mail Address:	Date of Birth:		Social Security #:

Please answer all questions truthfully and to the best of your knowledge. Providing false information may be cause for denial of your registration. If answering yes to any of these questions, please attach additional information to this application.		
Yes	No	Has the applicant, partner, officer, director or manager been convicted of any misdemeanor, gross misdemeanor or felony violation of federal, state or local laws, rules or ordinances related to the sale of cannabis/hemp?
Yes	No	Has the applicant, partner, officer, director or manager been convicted of any misdemeanor, gross misdemeanor or felony violation of federal, state or local laws, rules or ordinances related to the control, manufacture or storage of cannabis/hemp? <div style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></div>
Yes	No	Have you previously operated in another city or state under a license or permit which was denied, suspended, revoked or disciplined in any manner by federal, state or local entities?
Yes	No	Does the applicant, or any partner, officer, director or manager own, control or manage any portion of any other establishment maintaining or applying for a cannabis/hemp license/registration?

Please attach a copy of the cannabis retail business or hemp retail business current license, or license preapproval, issued by the Office of Cannabis Management.

The City of Champlin reserves the right to request additional information to assist in the evaluation of this application. The City shall have at least 30 days from and after receipt of the complete application for review prior to granting or denying issuance of a registration.

I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Champlin, its agents and employees, to obtain information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this registration.

Signature of Applicant: _____ Date: _____

For Staff Use Only: _____ *Business Complies with City's Zoning Requirements*