



Date Filed: _____

Paid: _____

Office of the City Clerk
303 Ninth Street P.O. Box 279
Worthington, MN 56187
Telephone: 507-666-5028

Cannabis Business Registration Form

Initial Registration Fee: \$500

Renewal Fee: \$1,000

Required Registration Documents: (office use only)

- ☐ Registration Application ☐ Worker's Compensation Form ☐ Background Check Form
- ☐ Copy of OCM License ☐ Certificate of Liability Insurance ☐ Zoning Approval ☐ Floor Plan

APPLICATION REQUIREMENTS

Complete the application and include all the requirements listed below. Incomplete applications will be returned. You may send your application by email (athiner@ci.worthington.mn.us), US mail, or drop it off at our office.

This application must be completed by: if by a natural person, by such person; if by a corporation or LLC, by an officer of the corporation or LLC; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer of the association.

APPLICANT INFORMATION

Full Name (First, Middle, Last):

Residence Address (include city, state, and zip)

Mailing Address if different:

Phone Number (including area code):

E-mail Address or Alternate Phone Number:

Is the Applicant 21 years of age or older:

☐ Yes ☐ No (if no, you are not eligible for this license)

MN Driver's License # or State I.D. #:

Are you the owner of the property premises for which the license would be granted for: ☐ Yes ☐ No

If no you must attach proof of your authorized use or lease with the property owner, which provides the name, address and phone number of the property owner(s).

Name of Property Owner:

Phone Number of Property Owner:

Address of Property Owner:

PERSONAL HISTORY INFORMATION

If the application is submitted on behalf of a Partnership, LLC or Corporation, this Personal History Information must be completed by all individuals including the applicant, partners, officers and directors. (Attach additional sheets as necessary)

Have you ever applied for or held a license to conduct a like or similar activity in any other City or State, not including Worthington:

☐ No ☐ Yes – If yes, please provide details below.

Have you ever been denied a license to conduct a similar or like activity or had such a license suspended or revoked in any City, State, including Worthington? ☐ No ☐ Yes – If yes, please provide details below.

Have you been convicted of any felony, gross misdemeanor or misdemeanor for violating any state, federal, or local law? Do not include minor traffic violations. ☐ No ☐ Yes - If yes, please provide or attach specific information about date(s) and conviction(s).

LICENSE CONTACT INFORMATION

List the individual that will serve as the City Contact person for the license application and license related questions.

Name (First, Last):

Address (include street address, city, state, zip):

Phone Number (include area code):

E-mail Address:

BUSINESS INFORMATION

Legal Name of Business:

Trade Name (dba):

Name of business owner (if different than applicant/licensee. Attach additional sheet if more than one owner)

Business Address Licensed Premise:

Mailing Address (if different):

Business Phone Number:

By initialing below, I recognize the hours of operation allowed are 10:00 a.m. – 9:00 p.m.
_____ Initial Here.

Types of Products Being Sold:

License Applicant:

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- 1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
- 2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
- 3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

MN Tax Identification #: _____ Federal Tax Identification #: _____

(If applying as an individual and/or you do not hold a MN Tax ID # or Federal Tax ID # fill out line below)
Social Security #: _____

If a Minnesota Tax ID Number is not required, please explain below:

I, (print name)_____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

I have read and understand the above Data Privacy Advisory.

Signature of Applicant:_____ Date: _____



**APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of Worthington has asked that you provide it with information about yourself which is classified as either private or confidential by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following.

1. The private or confidential information requested includes, but many not be limited to the following: your social security number of Minnesota business identification number.
2. The purpose and intended use of the information requested is: *To comply With Minnesota Statutes, Section 270C.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows:
Loss or denial of the requested license if you owe the State of Minnesota Delinquent taxes, penalties or interest.
5. The known consequences of refusing to supply the requested information is:
Your request for a license cannot be processed.
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Printed Name of Applicant: _____

Applicant's Signature: _____

Date: _____