



Intoxicating Hemp Product Business Registration

Type of Registration (Select all that apply) Fee

On-Site Consumption*

\$125

Minnesota Tax ID:

On-Site Manufacturing

\$125

Federal Employer ID:

Off-Site Consumption

\$125

SS# if applicable:

*On-Site Consumption applicants must be in possession of a full on-sale liquor license.

OCM Hemp Derived Cannabinoid Product Business #

Owner Name:

Legal Name

Business Name (dba)

Business Address

Mailing Address (if different than business address)

Phone

Email

Proof of Worker's Compensation Insurance Coverage

Insurance Company:

I am not required to have workers' compensation liability coverage because:

Dates of coverage:

I have no employees covered by the law

Policy Number:

Other (specify on an attached document)

All applicants must attach or email a certificate of liability insurance that corresponds with the license period. If the period covered does not match, a comment that "liability is continuous until canceled" must be noted. Certificates can be emailed to athiner@ci.worthington.mn.us



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Section 2: Employees

General manager, proprietor, food/beverage manager, managing partner, or any individual in charge of the licensed premise.

Name:

Name:

Address:

Address:

Phone:

Phone:

Position/Title:

Position/Title:

Section 3: Corporations

If the licensee is a corporation, partnership or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
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Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
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Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
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Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
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Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
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If more than five partner's or officers please attach as a list.

Payment can be mailed to:

City Clerk

303 Ninth Street

PO Box 279

Worthington MN 56187

Office of City Clerk
303 Ninth Street
Worthington, Minnesota 56187

(507) 666-5028
www.worthingtonmn.gov

Consent for the Release of Information

City of Worthington requires that all applicants be checked for violations of federal or state law or of municipal ordinances.

The following named individual has made application with the City of Worthington.

Name (First, Middle, Last):

Maiden/Former Name:

Date of Birth:

Gender:

Driver License/I.D. Number:

DL/ID State of Issuance:

I authorize the City of Worthington Police Department to disclose all applicable criminal history record information to the City of Worthington.

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your registration if you do not provide it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Worthington Police Department to investigate and make inquiries that are necessary to verify the information provided.

Applicant Signature

Date

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Worthington, Minnesota 56187

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