

CANNABIS BUSINESS REGISTRATION APPLICATION (Retail Applications)

City of Grand Rapids

420 N. Pokegama Ave Grand Rapids, MN 55744 Email: kgibeau@grandrapidsmn.gov

	Α	PPLICANT (ENTITY)) INFORMAT	ΓΙΟΝ		
Applicant (Entity) Name:				DBA:		
Physical Address:						
		Street		City	State	Zip
Primary Contact:				Title:		
Mailing Address:						
		Street		City	State	Zip
Phone Number:			Email:			
HAS ANY INDIVIDUAL IN THIS	APPLICATION APPLIED F	OR ANY OTHER CANNABIS	PERMIT IN THE	CITY OF GRAND RA	APIDS? Yes No	_
Business Formation: Des	scribe how the busir	ess is organized.				
☐ Sole Partnership	\square Corporation	\square S-Corporation	☐ Limited	d Partnership	☐ Limited Liability (Company
☐ Other (please describe):	_		_			
		PROPOSED LO	OCATION			
Property Owner Name:						
Proposed Location						
Address:		Street		City	State	Zip
Property Owner Phone				,		<i>r</i>
Number:		E	mail:			
Zoning Clearance Letter :	☐ Yes ☐ No					
Assessor's Parcel Identifica	ition Number:					
	AP	PLICATION SUBMIT	TAL CHEC	KLIST		
Applications must be sub- of the following will be de					s failing to submit any	
✓ A	complete and signed Re	etail Cannabis Business Re	gistration Appl	ication.		
✓ A	copy of OCM issued car	nabis license.				
✓ A1	letter from Itasca Count	y that the host property i	is not delinquer	nt with property t	axes.	
✓ A:	signed and notarized Pr	operty Owner Consent/La	andlord Affidavi	t, if different fron	n business owner.	
✓ Pro	oof of Insurance or Lett	er of Insurability from the	e Insurance Con	npany.		
✓ Zo	ning Verification Letter					
✓ No	otarized Background Au	thorization.				
✓ Re	egistration Fee.					

OWNER INFORMATION

1. Each owner must be listed on the application including name, title, address, current home address and percentage of business ownership.

(Ownership percentages should total 100%. If any individual(s) own(s) less than 10%, list the number of individuals who own less than 10% and the total percentage to reach 100%. For example, If John Doe owns 5%, Joe Smith owns 8%, and Mary Jones owns 9% state at the bottom of this form that three individuals own 22% so that the total will equal 100% once you individually include all those who own 10% or more.)

2. Each owner of record must submit a complete and Notarized Background Authorization form. Backgrounds will be conducted by the City of Grand Rapids Police Department and/or the Minnesota Bureau of Criminal Apprehension.

		s disclosure form is true ar ground information is			, 0
Ownership %	· · · · · · · · · · · · · · · · · · ·	included as required?	☐ Yes ☐ N	lo	
Owner Name:		Title:			
Address:	Street	City		State	7in
Signatura	Street	City	Date:	State	Zip
Signature:			Date:		
I declare under the penalty o	f perjury that the information provided on this	s disclosure form is true ar ground Information is	nd accurate to	the best of m	y knowledge.
Ownership %		included as required?	☐ Yes ☐ N	lo	
Owner Name:		Title:			
Address:					
	Street	City		State	Zip
Signature:			Date:		
			Dutc.		
I declare under the penalty o	f periury that the information provided on this	disclosure form is true ar		the best of m	v knowledge.
I declare under the penalty o	f perjury that the information provided on this	disclosure form is true ar		the best of m	y knowledge.
, ,	Back				y knowledge.
Ownership %	Back	ground Information is	nd accurate to		y knowledge.
Ownership % Owner Name:	Back	ground Information is included as required?	nd accurate to		y knowledge.
, ,	Back	ground Information is included as required?	nd accurate to		y knowledge. Zip
Ownership % Owner Name:	Backg	ground Information is included as required? Title:	nd accurate to	lo	
Ownership % Owner Name: Address: Signature:	Street	ground Information is included as required? Title: City	nd accurate to □ Yes □ N □ Date:	State	Zip
Ownership % Owner Name: Address: Signature:	Street f perjury that the information provided on this	ground Information is included as required? Title: City s disclosure form is true ar	nd accurate to □ Yes □ N □ Date:	State	Zip
Ownership % Owner Name: Address: Signature: I declare under the penalty o	Street f perjury that the information provided on this	ground Information is included as required? Title: City	nd accurate to □ Yes □ N □ Date:	State the best of m	Zip
Ownership % Owner Name: Address: Signature:	Street f perjury that the information provided on this	ground Information is included as required? Title: City Gisclosure form is true arground information is	Date:	State the best of m	Zip
Ownership % Owner Name: Address: Signature: I declare under the penalty of the ownership %	Street f perjury that the information provided on this	ground Information is included as required? Title: City s disclosure form is true ar ground information is included as required? Title:	Date:	State the best of m	Zip
Ownership % Owner Name: Address: Signature: I declare under the penalty of the ownership % Ownership % Owner Name:	Street f perjury that the information provided on this	round Information is included as required? Title: City disclosure form is true are ground information is included as required?	Date:	State the best of m	Zip

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners

SUPPORTING INFORMATION
List all fictitious business names the applicant is operating under including the address where each business is located:
Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license at any time in the previous five (5) years? If so, please list and explain:
Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction(s)? If so, which jurisdiction(s)?
APPLICATION CERTIFICATION
Thereby certify under penalty of periury on behalf of myself and all owners, corporate officers, partners, and managers identified in this
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Date

For more information City of Grand Rapids Municipal Code, Chapter 14, Article 14-VI. https://grandrapids.municipalcodeonline.com/book?type=ordinances#name=ARTICLE_14-VI_REGULATE_CANNABIS_BUSINESSES

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