CITY OF ALEXANDRIA
704 Broadway, Alexandria, MN 56308
320.763.6678 | 320.763.3511 (fax) |www.AlexandriaMN.city

Cannabis Retail Business Registration

FEDERAL TAX ID: _____
MN TAX ID: _____
OFFICE OF CANNABIS MGMT ID: _____

FEE: _____
DATE RCVD: _____

Type of Registration: (Select all that apply)

- ☐ Retailer
- ☐ Low Potency Retailer
- ☐ Mezzobusiness
- ☐ Microbusiness
- ☐ Medical Cannabis Combination Business
- ☐ Event Organizer

Business Information

Legal Name: _____ DBA: _____
Business Address: _____
Business Phone Number: _____ Email: _____
Mailing Address (correspondence should be sent): _____

Applicant Information:

Full Name: _____ Date of Birth: _____
Home Address: _____
Phone: _____ Email: _____

Street addresses at which you have lived during the preceding five (5) years: Dates Lived at this Address:

_____
_____
_____
_____

Name, location, and type of business and jobs during past five (5) years:

_____
_____
_____
_____

Partnerships and Corporations

Full Name of Partner/Officer Home Address Date of Birth

_____
_____
_____

PROPERTY OWNER INFORMATION

Full Name: _____ Date of Birth: _____

Home Address: _____

Property Address: _____ Parcel ID: _____

Phone: _____ Email: _____

Required Attachments:

- Certificate of Liability Insurance & Proof of Worker's Compensation Insurance Coverage
- Copy of Valid Driver's License
- Written Notice of OCM License Preapproval
- Copy of Lease Agreement if Business Location is Not Owned by Applicant
- Map showing compliance with buffer requirements (*Cannabis Retailer Only*)
- Proposed Site Plan and Building Plan (*Cannabis Retailer Only*)

Cannabis and Lower Potency Hemp Fee	
Cannabis Initial Retail Registration Fee + First Renewal Fee	$1,500
Cannabis Renewal Registration Fee	$1,000
Lower Potency Hemp Initial Retail Registration Fee + First Renewal Fee	$250
Lower Potency Hemp Renewal Fee	$125
Temporary Cannabis Event Registration Fee	$375
Civil Penalty for Registration Violations	**$2,000**

I declare, under penalty of perjury, 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 Alexandria to investigate and make inquiries that are necessary to verify the information provided. I further hereby certify that I have received from the City of Alexandria a copy of City of Alexandria Ordinance Regulating Cannabis Businesses and will familiarize myself with the provisions contained within it. I understand and agree to comply with all of the requirements of City of Alexandria Ordinances including the Ordinance Regulating Cannabis Businesses and the City of Alexandria Zoning Ordinance. I further certify that I am in compliance with all local ordinances established pursuant to Minn. Stat § 432.13.

_____ Date: _____

Applicant

_____ Date: _____

Property Owner

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*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received: _____ Date of City Council Approval: _____

License #: _____

Zoning Approval: ○ Approved ○ Denied

_____ _____
Signature Date Signed

Building Official Approval: ○ Approved ○ Denied

_____ _____
Signature Date Signed

Fire Chief Approval: ○ Approved ○ Denied

_____ _____
Signature Date Signed