

## Cannabis & Hemp Retail Registration Form

This registration form must be completed and sent to [BusinessLicenses@minneapolismn.gov](mailto:BusinessLicenses@minneapolismn.gov) for each location that is licensed by Minnesota Office of Cannabis Management. Registration will require first year renewal fee in addition to the initial fee. You are required to apply for any other permits or Minneapolis licenses that your business may need to operate.

**355.20. Registration required and issuance of registration.** (a) No person, as that term is defined in section 3.60 of this Code, shall operate, conduct, or carry-on any cannabis microbusiness with a retail operations endorsement, cannabis mezzobusiness with a retail operations endorsement, cannabis retailer, medical cannabis retailer, medical cannabis combination business, or lower-potency hemp edible retailer establishment, without being registered under this chapter with the licensing official pursuant to Minn. Statutes, Section 342.22.

1. Registration information			
Legal/Corporate Name	Business Name (DBA)		
Business location address	City	State	Zip
Mailing address (if different from business location)	City	State	Zip
Contact person	Business email		
Business phone number	Cell phone number		
State OCM license/registration number	State OCM license/registration expiration date		
2. Retail information			
<b>What type of business do you have:</b> <input type="checkbox"/> Cannabis Microbusiness <input type="checkbox"/> Cannabis retailer <input type="checkbox"/> Medical Cannabis <input type="checkbox"/> Cannabis Mezzobusiness <input type="checkbox"/> Lower Potency hemp edibles or beverages <input type="checkbox"/> Medical Cannabis Combination			
Days and hours the business will be open			
Does this address currently have a Minneapolis alcohol license? <input type="checkbox"/> No <input type="checkbox"/> Yes, license number _____			
Does this address have any Minneapolis license(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, license numbers _____			
Is this location current on all property taxes and assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No, amount owed _____			

### 3. Verification

**A signature is required.**

- ☐ I agree to allow entry to any City, State or Federal official/employee who has legal authority for inspection.
- ☐ I agree to follow all laws related to cannabis, hemp and THC.
- ☐ I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my registration and any licenses.

By typing your name, you are electronically signing this application.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### 4. Additional information

1. You cannot transfer this registration to any other person or location.
2. Incomplete registrations may be returned and not processed until we have all the required information.
3. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov). People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.
4. State of Minnesota cannabis and hemp information- [MN Office of Cannabis Management](#)
5. City of Minneapolis website- [www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/](http://www.minneapolismn.gov/business-services/licenses-permits-inspections/business-licenses/)