

Elko New Market Cannabis Retail Registration Form
 Please provide all the applicable information below.
 Registration approval is dependent on meeting local zoning compliances.

DO NOT SUBMIT THIS FORM UNTIL YOU HAVE A LICENSE NUMBER OR PREAPPROVAL LETTER FROM OCM.

REGISTRATION FEES

Initial Registration Fee*

- Cannabis Microbusiness - \$0.00
- Cannabis Mezzobusiness - \$500
- Cannabis Retailer - \$500
- Medical Cannabis Combination Business - \$500
- Low-potency Hemp Products - \$125

One-Time Registration Fee

- Temporary Cannabis Event - \$100

*the first renewal fee will be collected with the initial registration fee

Renewal Fee

- Cannabis Microbusiness - \$1,000
- Cannabis Mezzobusiness - \$1,000
- Cannabis Retailer - \$1,000
- Medical Cannabis Combination Business - \$1,000
- Low-potency Hemp Products - \$125

MN CANNABIS LICENSE INFORMATION

Minnesota Cannabis Business License Number: Please attach a copy. # _____

Or - copy of written Office of Cannabis Management (OCM) license preapproval letter.

I have submitted a Preliminary Training and Educational Plan for Employees as required by OCM. Not Applicable

APPLICANT INFORMATION

Is the applicant current on all property tax and assessments at retail location? Yes No

Name of Applicant

Applicant Address

City	State	Zip	County
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Applicant Phone

Applicant Email

Name of Owner *(if different than applicant)*

Owner Address

City	State	Zip	County
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Owner Phone

Owner Email

Name of Business			
Business DBA			
Business Address			Parcel ID
City	State	Zip	County
Business Phone			
Business Email			
TEMPORARY CANNABIS EVENT PERMIT			
Name of Applicant			
Name of Property Owner			
Location of Event			
Applicant Address			
City	State	Zip	County
Applicant Phone			
Applicant Email			
<input type="checkbox"/> Attached Site Plan of Event Space (including access points)			
Dates/Hours of Event			
Anticipated Number of Guests			
Describe Security Plan for Event:			

I certify that all statements made by me in this document are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any falsification of answers to the preceding questions will result in denial of the application, now and in the future.

Applicant Signature _____ **Date** _____

Applicant Title _____

Owner Signature _____ **Date** _____

PRELIMINARY COMPLIANCE (COMPLETED BY CITY STAFF)

Preliminary local ordinance compliance: Meets Requirements Does NOT meet requirements

Zoning District:

- Initial Registration and First Renewal Fee Paid
- Second Renewal Fee Paid

Notes:

Approved by:

Title: