



Public Health  
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[horizonpublichealth.org](http://horizonpublichealth.org)

## Douglas County

### Registration Application to Make Retail Sales of Cannabis Products

To be completed by applicant when registering for a cannabis retail business with a county.

Applicant's Minnesota Tax ID Number:
Applicant's State License Number:

➤ The MN tax ID number must be issued in the same legal name of the licensee below.

FOR MUNICIPAL USE ONLY	
Registration Number	
Period Covered	
Date of Issuance	

#### Step 1: Select Registration Period

Initial  Renewal

#### Step 2: Select License Type and Fee

##### If Initial is selected:

- Microbusiness- \$0.00  Mezzobusiness- \$500.00  Retailer- \$500.00  
 Medical Combination Business- \$500.00  Low-Potency Hemp Edible- \$125.00

##### If Renewal is selected:

- Microbusiness- \$1,000.00  Mezzobusiness- \$1,000.00  Retailer- \$1,000.00  
 Medical Combination Business- \$1,000.00  Low-Potency Hemp Edible- \$125.00

#### ESTABLISHMENT INFORMATION

Full Name of Property Owner:			Federal Employer ID Number (FEIN):	
Full Name of Applicant, if Different Than Above:			Current Phone Number of Applicant:	
Business Trade Name (doing business as):			County:	
Complete Address of Business Location (permit location):		City/State:	Zip:	Email:
Parcel ID Number:	Mailing Address: Street/PO Box:		City/State:	Zip:

**Douglas County**  
809 Elm Street Suite 1200  
Alexandria, MN 56308

**Grant County**  
15 Central Ave N, PO Box 191  
Elbow Lake, MN 56531

**Pope County**  
10 1<sup>st</sup> Street NE  
Glenwood, MN 56334

**Stevens County**  
10 E Hwy 28  
Morris, MN 56267

**Traverse County**  
202 8th Street N, PO Box 23  
Wheaton, MN 56296

Description of the retail business, items being sold, and hours of operation.

### Attestation of Cannabis Retailer Compliance

By signing below, I certify that I have read and understand all applicable state and local laws, ordinances, and regulations pertaining to the operation of a cannabis or hemp business. I acknowledge that it is my responsibility to remain informed of and in compliance with all current and future regulatory requirements.

I further certify that:

1. I have obtained and will maintain a valid state license in accordance with Minnesota Statutes, section 342, and have included a copy of such license with this application.
2. For businesses seeking a retail endorsement (including microbusiness, mezzobusiness, medical combination business, low-potency hemp edible business, and retailer), a valid local retail registration is required prior to commencing any retail sales.
3. The Office of Cannabis Management (OCM) and/or law enforcement may conduct inspections of my premises, including but not limited to inventory, invoices, and registrations, and I understand that refusal to allow an inspection may result in suspension or revocation of my registration.
4. All required fees have been paid in full, all applicable tax obligations are current, and my business has passed a preliminary compliance review.
5. Failure to comply with any requirement may result in civil penalties, suspension, or revocation of my registration.
6. Pursuant to Minnesota Statutes, Chapter 342.13(f), this business complies with the local jurisdiction's zoning ordinances, as well as the state fire code and building code.

I hereby make application pursuant to the provisions of Minnesota Statutes, Chapter 342, for a retail registration to engage in or transact business in the sale of cannabis and hemp products as a cannabis retailer in Douglas County. I swear or affirm under oath, under penalties of perjury, that all statements made in this document are true and correct.

### Signature:

Licensee Signature:	Title:	Print Name:	Date:	Daytime Phone:
Board Signature:	Title:	Print Name:	Date:	

### Submitting Application:

Your application will not be considered complete until **all required items are received**. Please ensure you submit the following:

- Completed and signed application form
- Full registration fee payment (non-refundable, not prorated)
- Copy of valid cannabis business license issued by the Office of Cannabis Management (OCM)

### Payment Options:

- **Pay Online:** [click here to pay online](#)
- **Scan the QR Code**
- **Pay by Check:** Make checks payable to:



Horizon Public Health  
809 Elm Street Suite 1200  
Alexandria, MN 56308

SCAN HERE

Please mail or email your completed documentation to the following:

#### MAIL:

Horizon Public Health  
ATTN: Whitney Lund  
809 Elm Street Suite 1200  
Alexandria, MN

#### Email:

[whitneyl@horizonphmn.gov](mailto:whitneyl@horizonphmn.gov)

**Internal Use Only:**

Date & Time Form Received: \_\_\_\_\_ Date & Time Fee Amount Received: \_\_\_\_\_

Fee Amount Received: \_\_\_\_\_

Valid OCM copy of license:

Yes  No

Validate Retail Property Taxes and Assessment is Current with Auditor Office:

Yes  No

Validate Property Compliance with Land Use Ordinance with Environmental Services:

Yes  No

Certification that the applicant complies with the requirements of local ordinances established pursuant to Minn. Stat. §342.13.

Yes  No

Registration or Renewal Requirements Met to County Board:

Yes (Date to County Board): \_\_\_\_\_

No (Note Reason):

Denials:

Wrong Fee

Applicant has no valid retail license from OCM.

Incomplete Form

Applicant fails to provide any of the information required on registration application or provides false or misleading information.

Property Tax

Applicant is prohibited by state, or local law, ordinance, zoning regulation, or other regulation from holding a registration.

Other: \_\_\_\_\_

Applicant fails a preliminary inspection for compliance by the Department as provided under Minn. Stat. § 342.22, subd. 3(b) as amended from time to time.

Date of Issuance of Registration or Renewal: \_\_\_\_\_

Date of Registration or Renewal Expiration: \_\_\_\_\_

Date Registration Certificate Was Mailed to Applicant: \_\_\_\_\_

Notes (as needed):

Date Paid:	Check # (if applicable):	Amount:	Received By:	Requirements Met Yes No
Processed By:		Date:	Title:	