



Public Health
Prevent. Promote. Protect.



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Grant 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.

<i>FOR MUNICIPAL USE ONLY</i>
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

Registrant's Legal Name:			Federal Employer ID Number (FEIN):
Business Trade Name (doing business as):		County:	Current Phone Number of Applicant:
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 1st 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

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 Grant 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

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



SCAN HERE

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 and Resource Management Office:

Yes No

Registration or Renewal Requirements Met to County Board:

Yes (Date Going 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 compliance check 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:	