



Tetrahydrocannabinol (THC) Sales License

Please insure you have all the required items before submitting application.

- Applicant **MUST** submit the application to the City **IN PERSON** to verify ID and all pertaining information.
- Please schedule an appointment for application intake at 763-493-8182 or bplicense@brooklynpark.org

REQUIREMENTS CHECKLIST:

_____ Completed Application

_____ License Fee = \$1,000 per year

_____ Background Check Fee = \$500 per owner/partner

- Background Passed? _____ Yes _____ No

_____ MN Worker's Compensation Form

_____ Minnesota Tax Identification Number

_____ License fees are not transferable or refundable

_____ License Period January 1st to December 31st

- Additional Information:
 - The City Council approves or denies all NEW THC sales licenses – process may take up to 60 days
 - Allowed in retail establishments only (currently not allowed in off-sale liquor stores)
 - No deliveries allowed, sales transactions must occur at licensed facility only

CITY USE APPROVALS:

BUILDING	SENT _____	APPROVED _____
COMMUNITY DEVELOPMENT	SENT _____	APPROVED _____
CODE ENFORCEMENT	SENT _____	APPROVED _____
FIRE	SENT _____	APPROVED _____
POLICE	SENT _____	APPROVED _____
CITY COUNCIL MEETING	DATE _____	APPROVED _____

Application Questions:

Is business located within 300 feet of any public or private school? Yes_____ No_____

Is business a retail establishment which sells goods or merchandise directly to the public at retail value?
Yes___ No___

Is applicant the property owner or a tenant / lessee? Owner_____ Tenant / Lessee_____

If tenant or Lessee, property owner must approve this application

Property owner name (print) _____

Signature_____

Is the applicant 21 years of age or older? Yes___ No___

Is the applicant prohibited by Federal, State or other local law from holding a license? Yes___ No___

Has the applicant had a license to sell THC products suspended or revoked from any location in the past 12 months Yes___ No___

List all the current and previous THC Sales Licenses you have had, including the name of the store(s) and the complete address for each: _____

Does the applicant owe any taxes, fines, fees or other financial obligations to the City of Brooklyn Park?
Yes___ No___

Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal. The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.

Applicant Signature:_____ **Date:**_____

Payment: Visa MasterCard Discover American Express Check Cash

Card Number: _____

Security Code (three digit number on back of card) _____ Expiration Date: _____

Signature: _____ Date: _____

MINNESOTA BUSINESS TAX IDENTIFICATION/ SOCIAL SECURITY NUMBER

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ()

I am not required to have workers' compensation liability coverage because:	
<input type="checkbox"/> I have no employees. <input type="checkbox"/> I am self-insured (include permit to self-insure). <input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).	
I certify that the information provided above is accurate and complete.	
Signature	Date

OR

Insurance Company Name (NOT the insurance agent)	
Policy Number	
Dates of Coverage	
I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.	
Signature	Date

