

RETAIL REGISTRATION OF CANNABIS BUSINESS
CITY OF DULUTH

Registration Fees	
Microbusiness (with retail endorsement)	N/A
Mezzobusiness (with retail endorsement)	\$ 500.00
Retailer	\$500.00

**Fees include initial registration and first renewal. Fees will increase to \$1,000.00 for all registration types upon second renewal*

Application Information

Name:	
Address:	
Phone:	Email:

Business Information

Name:	
Address:	
Phone:	Email:
MN Tax ID Number:	OCM License Number:
Is this business current on all property taxes and assessments? Yes No	

I hereby state that all information here is true and correct and that I shall comply with all provisions of the ordinances of the city of Duluth and laws of the state of Minnesota and their amendments.

Authorized Signature

Date

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

City Clerk's Office
Room 318
411 West First Street
Duluth, Minnesota 55802-1189



SUPPLEMENTAL INFORMATION RETAIL REGISTRATION FORM

This form is to be completed by each of the following:

- All people that have an interest of five (5) percent or more in the business.

Please list all owners and show the interest held by each

Name:	Address & Phone	Interest Held (%)

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MN STATUTE 270C.72 TAX IDENTIFICATION FORM

PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each 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:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this 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.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicants Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

MN Tax Identification Number: _____

Federal Tax Identification Number: _____

Signature _____ Date _____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable) N/A	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City Duluth	State MN	ZIP code
County St. Louis	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- ☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- ☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.