



CITY OF GEM LAKE
Heritage Hall
4200 Otter Lake Road | Gem Lake, MN 55110
651-747-2790/92 | 651-747-2795 (fax)
E-mail city@gemlakemn.org



Cannabinoid & THC Registration Application

Pursuant to City Ordinance No. 147, as it relates to the regulation of cannabis businesses within the City of Gem Lake. No individual or entity may operate a state-licensed cannabis business within the City of Gem Lake without first registering with the City of Gem Lake, issued in accordance with the City Code.

Instructions: Return completed application in person, by mail, or email, sent to the contact information listed at the top of this application, with the required documentation and applicable fees.

Required:

- Fees Paid; Check made payable to the City of Gem Lake
- Copy of your valid state license or written notice from the Office of Cannabis Management license preapproval
- Certificate of Liability Insurance listing the City as Certificate Holder
- Business License Tax Identification Form (page 2)

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Information

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Parcel ID Number: _____

Property Owner Information (if different from applicant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Certification Information (provide a copy of the license or preapproval from the State OCM)

Minnesota Cannabis Business License Number: _____

License Type

- | | |
|---|---|
| <input type="checkbox"/> Cannabis Retailer | <input type="checkbox"/> Temporary Cannabis Event |
| <input type="checkbox"/> Cannabis Microbusiness | <input type="checkbox"/> Medical Cannabis Combination |
| <input type="checkbox"/> Cannabis Mezzobusiness | <input type="checkbox"/> Lower-Potency Hemp Edible Retailer |

City Ordinance Review (required)

- ☐ I have reviewed and understand Ordinances No. 145 and 147 and will follow them in their entirety. I also understand that failure to comply with these ordinances may result in administrative penalties, suspension or revocation of the license.

Signature of Business Owner: _____ Date: _____



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Business Registration Tax Identification

Unless otherwise indicated, the data in this application may be used to approve your license or permit. Upon approval of the license or permit, the information contained in this application shall be deemed public unless classified as private by state law. Private data is available to you and the City or State who need this information to perform their duties but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license or permit if you do not provide it. By signing below, you are acknowledging having reviewed Gem Lake Ordinance No. 147, as it relates to the regulation of cannabis businesses within the City of Gem Lake.

Minnesota Statute, section 270C.72, Subd. 4 All licensing authorities must require the applicant to provide the applicant's Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon the request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, the City is required to advise you of the following regarding the use of the information requested herein:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales tax, employer's withholding or motor vehicle excise taxes;
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; and
3. Failure to supply this information may jeopardize or delay processing of your registration or renewal.

Sole Proprietors Only (please print clearly)

#1 Owner Name: _____	#1 Owner SSN: _____
#2 Owner Name: _____	#2 Owner SSN: _____
#3 Owner Name: _____	#3 Owner SSN: _____

Partnerships, LLCs, Corporations, etc. (please print clearly)

Business Name: _____

MN Tax ID No.: _____ Federal Tax ID No.: _____

I declare that the information I have provided on this application is truthful and I understand that falsification of answers or failure to provide the required data may result in denial of the application. I authorize the City of Gem Lake to investigate and make whatever inquiries necessary to verify accuracy of the information provided.

Signature of #1 Owner: _____	Date: _____
Signature of #2 Owner: _____	Date: _____
Signature of #3 Owner: _____	Date: _____

or

Signature: _____ Date: _____