



Fillmore County
 101 Fillmore St, W. Preston, MN 55965
 507-765-3811 or 507-765-4701 Fax 507-765-2803
HEMP REGISTRATION COUNTY ON-SALE and OFF- SALE
HEMP-DERIVED CANNABINOID PRODUCTS PER FILLMORE
COUNTY ORDINANCE NO. 20230926- CANNABINOID

Minnesota Licensee Name _____ Policy Number _____
 MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Business Name (Business, Partnerships, Corporation)			DOB	SSN	Trade Name or DBA
Business Address			Business Phone		Applicant's Home Phone
City	County	State	Zip Code	License Period From	To

Give the information requested below for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.

Name, title, and percent ownership	Home Address	DOB	SSN
Name, title, and percent ownership	Home Address	DOB	SSN
Name, title, and percent ownership	Home Address	DOB	SSN
Name, title, and percent ownership	Home Address	DOB	SSN

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Purpose of corporation	If a subsidiary of another corporation, give name
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Describe the premises to be licensed

Floor establishment is located on	Workers Compensation Policy Name and #	Number of Employees	Hours of operation
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Number of months per year establishment will be open	Name of manager
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Will your sales be in conjunction with another business (resort, restaurant, bar etc.), describe business

Liability Insurance Company and Policy #
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Yes No Has applicant, partners, officers or employees ever had any felony conviction violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
 (if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)

Yes No Have the applicants any interests, directly or indirectly, in any other Hemp- Derived Cannabinoid Products establishments in Minnesota? If yes, give name and address of establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of applicant (please print or type) Signature of Applicant Date

- Fee:
- On-Sale Hemp Derived Cannabinoid License \$1,000.00 (Allows consumption on licensed premises, with the exception of smokable or vaped products) Background Investigation Fee: \$300.00
 - Off-Sale Hemp Derived Cannabinoid License \$700.00 (Prohibits consumption on licensed premises and alcohol stash retailers are not currently permitted to sell these products)

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge, that the regulation of this license meets all requirements to be sold as a hemp derived cannabinoid product under Minn. Stat. 151.72 and that the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney County Date

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to Hemp-Derived Cannabinoid Products except as follows:

Signature Department and Title Date

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.