



7000 State Hwy 70
Pine City, MN 55063
320-629-2736

Application For Retail Sale of THC And Cannabinoid Products

FEE: \$

Name of Individual, Partnership, LLC, Corporation:

_____ Phone: _____

Owner/Corporate Address: _____

City: _____ State: _____ Zip: _____

Applicant's Full Name: _____

Date of Birth: _____ Driver's License No.: _____

Is the applicant 21 years of age or older? Yes No

Applicant's Home Address: _____

City: _____ State: _____ Zip: _____

Applicant's Phone: _____ Email: _____

Enter Number for One of the Following:

Minnesota Tax ID Federal Tax ID Social Security Number

Parcel Number for Business Location (from Tax Statement):

R 43. _____

Describe Premises to be Licensed (Type of Business): _____

Name of Manager: _____

Has the applicant, person managing the business, or any person associated in the business every been convicted of a crime, misdemeanor, or violation of any city, state, or federal law involving activities licensed under this article? Yes No

If yes, state the nature of the offense(s) and the punishment or penalty assessed therefore. *Attach additional sheets if necessary.* _____

Submit this completed Application to the City of Rock Creek along with:

- 1. License from the State of Minnesota
- 2. Certificates of Insurance for Liability and Worker's Compensation.

Signature of Applicant

Printed Name

Date

FOR OFFICE USE ONLY		
Date Paid _____	Receipt No. _____	Permit No. _____
Approved By: _____	Date: _____	