



Retail sale of Cannabinoid Products
ANNUAL LICENSE FEE: \$300

705 2nd St North
Princeton, MN 55371
763-389-2040

1. Name of individual, partnership, LLC, corporation: _____

2. Site Address: _____
Address City State Zip

3. Owner/corporate address: _____
Address City State Zip

4. Applicant's full name: _____
First Middle Last

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

6. Is the applicant 21 years of age or older? [] Yes [] No

7. Applicant's home address _____
Address City State Zip

8. Home phone _____ Office phone _____

9. Circle One: Minnesota Tax ID / Federal Tax ID / Social Security number: _____
(Required by the Minnesota Department of Revenue)

10. Describe premises to be licensed (type of business.):

11. Name of manager _____

12. Has the applicant, person managing the business, or any person associated in the business ever
been convicted of any 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. _____

I understand that as part of the Cannabinoid Retail Sales License application process, the City shall
conduct a criminal background check in accordance with City Code #355.04.

By signing below, I authorize the City of Princeton, MN to conduct a background check on
me.

Signature of applicant: _____ Date: _____

You must also register with the State of MN:
https://redcap.cannabis.web.health.state.mn.us/redcap/surveys/?s=9DR8MHLCKY48JMLJ

Police Chief Approval: _____ Date: _____

Amount paid: _____ Check # _____ Date Council approved _____