



City of Albertville
5959 Main Avenue NE, P.O. Box 9
Albertville, MN 55313
763-497-3384
www.albertvillemn.gov

APPLICATION FOR RETAIL SALES OF TETRAHYDROCANNABINOL (THC) PRODUCTS

License fee: \$250

1. Type of business: Individual Corporation Partnership Association
2. Name of individual, partnership, LLC, Corporation: _____
3. Owner/corporate address: _____
Address City MN Zip
4. Establishment name (DBA): _____
5. Establishment address: _____ Phone: _____
6. Applicant's full name: _____
First Middle Last
7. Applicant's phone: _____ Email: _____
8. Please list all persons with an ownership interest in the business: *Attach additional sheets if necessary.*

Full name: _____	Interest: _____
Home address: _____	Phone: _____
Full name: _____	Interest: _____
Home address: _____	Phone: _____

All persons named in this application as an applicant, owner, partner, or manager must complete a consent form to conduct a background investigation (attached). Please make copies as needed.

9. Describe premises to be licensed (type of business): _____
10. Name of manager in charge of day-to-day operations: _____
 Manager's Phone: _____ Phone: _____
11. MN Statute 270C.72 requires us to collect a tax identification or social security number for each applicant who is issued a license.

MN Tax ID # _____ Federal Tax ID # _____

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), jurisdiction where conviction occurred and the punishment assessed therefore. *Attach additional sheets if necessary.* _____

13. List other localities where the applicant has had or currently has a THC license: _____

14. Has the applicant/officer/partner ever been denied a license to sell THC or THC products?

Yes No

If yes, give date, details and jurisdiction: _____

15. Are any of the following taxes for the licensed premises unpaid or delinquent?

State Sales Tax Yes No State Withholding Taxes Yes No

Real Estate Taxes Yes No City Utility Bills Yes No

Special Assessments Yes No

If yes, indicate the years and amounts that are unpaid or delinquent. _____

I hereby state:

- If applicant is a corporation, I have been given proper authority to sign on behalf of the corporation.
- The answers and statements given by me are true and accurate to the best of my knowledge and belief.
- I understand that providing false information in this application may result in revocation of any and all licenses.

Signature of Applicant

Date



City of Albertville
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Albertville, MN 55301
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763-497-3210
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BACKGROUND INVESTIGATION CONSENT FORM

Date: _____

APPLICATION TYPE:

- Massage Therapy – Individual Liquor License
 Massage Therapy – Business THC License

Last Name, First Name, Middle Name (full) of Applicant (please print):

Maiden, Alias or Former (please print):

Date of Birth: _____ Place of Birth: _____ Sex (M or F): ____
Month/Day/Year

Social Security Number : _____

The undersigned, having filed an application with the City of Albertville for a business license, realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application does hereby authorize and request the **Wright County Sheriff's Office, Minnesota Bureau of Criminal Apprehension, and every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records, or other information pertaining to me to furnish the original or copies of such documents, records and other information to the City** or any of its representatives to inspect and make copies of any such documents, records, and other information; I further authorize any such persons to answer any inquiries, questions, or interrogations concerning the undersigned, which may be submitted to them by the City or its authorized representative, I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records, and other information.

Signature of Applicant

Date

Subscribed and sworn before me, this _____ day of _____, 20_____.

Signature of Notary Public

Notary Seal



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TENNESSEN WARNING

In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City.
2. You are not legally obligated to supply the requested information and may refuse to provide some or all of the requested information.
3. The known consequence of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequence of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Some of the information you provide will be released to the Minnesota Department of Revenue. Other governmental agencies necessary to process your application are authorized by law to receive the information provided. The City may also release the information provided if required by Court order, or if authorized by other state or federal law.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and is in agreement of the Tennesen Warning and its application.

Signature of Applicant

Date