

City of Alexandria



704 Broadway, Alexandria, MN 56308

320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

Licensing Year: 1/1/2024 to 12/31/2024

New:

License Fee: \$500.00

Investigation Fee: \$500.00

Tetrahydrocannabinol (THC) Product Sales

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Applicant Information

Name of Applicant _____

Applicant's Phone Number: _____ Applicant's Email Address: _____

Applicant's Physical Address: Street _____ City _____ State _____ Zip _____

Applicant's Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip _____

Applicant is a: Natural Person Corporation Limited Liability Company Partnership Other _____

Contact Person for Applicant if Applicant is not a Natural Person:

Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

List all other names under which you conduct business (*legal names; "dba"/assumed names; names of affiliated companies, such as companies with common ownership or control; etc.*).

Applicant's Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received: _____

Date of Approval: _____

License #: _____

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compliance—Minnesota Workers' Compensation Law

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):

Policy Number:

Dates of Coverage:

to

OR

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Section B

Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- Upon receiving this information, the City of Alexandria 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;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:

Federal Tax ID Number:

If a Minnesota Tax ID number is not required, please explain:

Social Security Number:

Section C

Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, are private data. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:

Date of Birth:

Date:

Answer the following questions. Attach separate sheets if necessary. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT.

1. **For all Applicants who are natural persons and for each partner if the Applicant is a partnership, and for each on-site manager, proprietor, and other agent in charge of the premises to be licensed, please provide the following:**
 - a. Full Legal Name: First _____ Middle _____ Last _____
 - b. Place of Birth: _____
 - c. Date of Birth: _____
 - d. Current Address: _____
 - e. Have you ever used or been known by a name other than your true legal name and, if so, what was such name or names, and dates and places where used: _____

 - f. Name of the business if different than the full individual name of the applicant: _____

 - g. Street addresses at which you have lived during the preceding five (5) years: _____

 - h. Kind, name, and location of every business or occupation in which you have been engaged in during the preceding five (5) years: _____

 - i. Names and addresses of your employers and partners, if any, during the preceding five (5) years: _____

 - j. Have you ever been convicted of any felony, crime, or violation of any ordinance, including any alcohol-related traffic offenses, but excluding other traffic offenses? ____ Yes ____ No

If so, indicate the time, place, and offense for which convictions were entered: _____

 - k. Have you ever been engaged as an employer or in operating a business of similar nature (that is, a business relating to the sale of alcohol, tobacco, CBD, THC, or similar products)? ____ Yes ____ No
If so, furnish information as to the time, place, and length of time of such employment or operation: _____

 - l. Have you ever been in the military service? ____ Yes ____ No - If so, provide documentation of all discharges.
 - m. Please provide the name of the operating officer, manager or proprietor or other agent in charge of the premises to be licensed: _____
 - n. A copy of each person's current valid driver's license or other government-issued photo identification.
 - o. Provide certification that the applicant has liability insurance covering the applicant's sale of THC products.

2. If Applicant is a Partnership the following information must be provided for all partners (attach separate sheets if necessary):

- a. List the names and addresses of all partners, each of whom must provide all information listed in items 1.a-1.n above: _____

- b. List your Managing Partner or Partners: _____

- c. What is the interest of each partner in the business? _____

- d. A true copy of the Partnership Agreement, if any, shall be submitted with the application. If and in the event the composition of the partnership shall change at any time subsequent to the initial applications, any amended partnership agreements must be filed with the city.

3. If Applicant is a corporation, limited liability company, other association, the following information is required (attach separate sheets if necessary):

- a. Company name and the state of incorporation or organization: _____

- b. Please attach a true copy of your Certificate of Incorporation or Organization, Articles of Incorporation or Organization, and if a foreign corporation, any certificate of authority to conduct business in the state of Minnesota as may be required by state law.
- c. Provide the name of each operating officer, on-site manager, proprietor, and other agent in charge of the premises to be licensed, giving all information about said person as required in items 1.a-1.n above: _____

- d. A list of all persons who, whether individually or with another, own or control any interest in said corporation or association together with their addresses and all information as is required in items 1.a-1.n above: _____

- e. The name of the business if it is to be conducted under a designation, name, or style other than the full legal name of the applicant: _____
- f. The name, address, and phone number of any company that is affiliated with you by virtue of common ownership or control ("affiliated business"): _____

4. Legal Description and Street Address: Provide the street address and exact legal description of the premises to be licensed, together with a plan, sketch, or drawing of the area showing dimensions, location of buildings, street access, parking facilities and the locations of and distances to the nearest place of worship and school building. **Please attach on separate sheet.**

5. Floorplan: Provide a diagram or sketch depicting the licensed premises and the area within the licensed premises where the licensed product will be sold.

6. Age 21 and Older Retailer: Please indicate whether access to the licensed premises will be limited to persons age 21 or older. Yes No

7. **Disclosure of Ownership Interests:** Each applicant that is not a natural person shall furnish the City with a list of all persons that have an interest of five (5) percent or more in the business and of any affiliated businesses.

OWNER NAME

INTEREST HELD

8. **Prior Investigations:** Within the last 12 months prior to this application, has the applicant ever been the subject of a background investigation by any city, county, state, or federal agency? Yes No

If yes, please attach a complete, true, and correct copy of the results of that investigation, and sign the City's separate authorization to allow the City to obtain copies of those results from the investigating agency. If the investigation is pending, please indicate the government body that requested or required the investigation, the reason for the investigation, and describe the current status of the investigation. _____

9. **Financial Delinquencies:** Are real estate taxes, assessments, or other financial claims of the City or State due, delinquent, or unpaid for the premises upon which the licensed establishment is to be located? Yes No

If yes, please describe those due, delinquent, or unpaid amounts (use additional sheets if needed) _____

10. **Other Licenses Held:** Has the applicant, any owner of the applicant, or any affiliated company held a license (other than a driver's license) issued by any city or other jurisdiction within the last five (5) years? Yes No
If yes, list all such licenses including the type of license and the city or jurisdiction that issued the license and provide a copy of each license and the name, address, phone number and email address (if any) of the agency that issued each license: _____

11. **Other Similar Licenses:** Has the applicant, owner of the applicant, any affiliated company, or any employee of the applicant or any affiliated company been the subject of any license suspension, revocation, fine, penalty, criminal charge or conviction or other adverse action relating to a license to sell licensed products issued by the City or any other jurisdiction? Yes No. If yes, please explain each adverse action, including the jurisdiction that issued the license, and adverse action taken, and the date of the adverse action (use additional sheets if needed): _____

12. **Other Adverse Licensing Actions:** Has the applicant, any owner of the applicant, any affiliated company, or any employee of the applicant or any affiliated company been the subject of any license suspension, revocation, fine, penalty, criminal charge or conviction or other adverse action relating to any license issued by the City or any other jurisdiction, including any failure of a government-performed compliance check, regardless of whether the compliance failure resulted in a sanction of any type? Yes No. If yes, please explain each adverse action, including the jurisdiction that issued the license, and adverse action taken, and the date of the adverse action (use additional sheets if needed): _____

13. **Insurance:** Does the applicant have liability insurance for the sale of THC products? Yes No. If yes, please attach a copy of the applicant's certificate of insurance.

PLEASE SIGN THIS PART OF THE DOCUMENT IN FRONT OF A NOTARY PUBLIC

I, _____ (Print Legibly), an individual applicant, partner or corporate officer for _____, being duly sworn, depose and say that the answers and statements in this application are true and correct to the best of my knowledge.

Signature

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public

NOTE: EACH PERSON WITH AN OWNERSHIP INTEREST IN THE APPLICANT **MUST** COMPLETE THIS AUTHORIZATION PAGE. (MAKE COPIES OF THIS SHEET IF NECESSARY)

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

The undersigned hereby authorizes the State of Minnesota and any law enforcement agency in the State of Minnesota and elsewhere, to release to the Chief of Police for the City of Alexandria any information regarding my criminal convictions or history or arrests, for any offense, for the limited purpose of investigating my background for issuance of a tetrahydrocannabinol product sales license. This authorization is valid for six (6) months from the date below unless specifically withdrawn by the undersigned before the expiration of that time period. A copy of this Authorization is as valid as the original.

Date: _____

Signature

Print Name (First, Middle, Last)

Date of Birth

REPORT ON APPLICANT OR APPLICANTS BY POLICE CHIEF

This is to certify that to the best of my knowledge, the applicant, and/or his or her partners named herein have not been convicted within the past five (5) years for any violations of the laws of the State of Minnesota, or any Municipal Ordinances, except as hereinafter stated:

It is my judgement that the Applicant and his or her partners will comply with the laws and regulations relating to the conduct of this business if a license is granted.

Date

Chief of Police

City Attorney Approval:

Approved

Denied

Date

City Attorney



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: PHONE (A/C No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
INSURED	<table border="1"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ/JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N / A <small>If yes, describe under DESCRIPTION OF OPERATIONS below</small>						<table border="1"> <tr> <td><input type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Alexandria is listed as an additional insured.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE