



City of Stillwater
216 4th St. N
Stillwater, MN 55082
651-430-8800
stillwater@stillwatermn.gov

CANNABIS & LOW POTENCY USE REGISTRATION

Legal Business Name: _____

Doing Business As: _____

Business Premise Address: _____

Business Mailing Address: _____

Contact Name: _____ Phone: _____

Email: _____

Minnesota Cannabis Business License Number: _____

REGISTRATION PERIOD AND FEE*

INITIAL	RENEWAL
☐ Low Potency Hemp Edible Retail ** - \$125	☐ Low Potency Hemp Edible Retail ** - \$125
☐ Low Potency Hemp Edible Manufacturer or Wholesaler - \$500	☐ Low Potency Hemp Edible Manufacturer or Wholesaler - \$500
☐ Cultivator/Endorsement - \$500	☐ Cultivator/Endorsement - \$1000
☐ Medical Cannabis Combination - \$500	☐ Medical Cannabis Combination - \$1000
☐ Micro Business - \$0	☐ Micro Business - \$1,000
☐ Mezzo Business - \$500	☐ Mezzo Business - \$1,000
☐ Manufacturer, Wholesale, Testing Facility - \$500	☐ Manufacturer, Wholesale, Testing Facility - \$1000
☐ Retailer/Endorsement - \$500	☐ Retailer/Endorsement - \$1000
☐ Transport, Delivery - \$250	☐ Transport, Delivery - \$500

****Per City Code Section 6-132 – at the time of the initial registration, the initial registration fee and the renewal fee shall be due. All fees are nonrefundable and shall not be prorated.***

*****Liquor Stores may only sell beverages, no other edibles.***

REQUIRED DOCUMENTS FOR SUBMISSION

Copy of Office of Cannabis Management License must be attached.

Is a copy of the license attached? ☐ Yes ☐ No

Copy of Insurance Certificate must be attached. *(Unless you have a liquor/tobacco license and it's already on file with the clerk)*

Is a copy of insurance attached? ☐ Yes ☐ No



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CERTIFICATE OF COMPLIANCE

DEPARTMENT OF REVENUE INFORMATION

Pursuant to Minnesota Statute §270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

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:

1. 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;
2. Upon receiving this information, the licensing authority 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;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information. Do NOT return this form to the Department of Revenue.

Minnesota Tax ID No: _____ Federal Tax ID No: _____

Applicant Signature: _____ Date: _____

Office Use Only	
Date Application Received: _____	Receipt No: _____
Is applicant current on all property tax and assessments at location?	Yes ☐ No ☐
If owner of property, is applicant current on all City fees?	Yes ☐ No ☐
Local zoning ordinance compliance:	☐ Pass ☐ Fail
Signed by Building Inspector: _____	Date: _____
Signed by Fire Department: _____	Date: _____
Registration Approved:	☐ Yes ☐ No – Reason: _____
Signed by City Clerk: _____	Date: _____
Registration Term: _____	Commencement Date: _____ Expiration Date: _____

The above-named applicant having paid the appropriate fees, being current on all applicable tax obligations, and having passed a preliminary compliance review, is authorized to engage in cannabis use in the above-named jurisdiction.