



LOWER POTENCY HEMP EDIBLE LICENSE APPLICATION CITY CODE CHAPTER 6.42

Off Sale License (\$100) _____
On Sale License _____ Do you currently have a on sale liquor license? _____
(\$1000 per year \$300 if combined with on sale liquor license)
License Period September 1st – August 31st

Applicant Name: _____

Residential Address: _____

Licensee & DBA Name(s): _____

Business/Store Manager: _____

Business Address: _____

Business Phone: _____ Email Address: _____

State Tax ID# _____ Federal Tax ID# _____

The Licensee has submitted the following in conjunction with the Cannabinoid Dealer application:

- _____ City of Ely Application Form
- _____ Certificate of Insurance
- _____ Minnesota Tax Clearance Form
- _____ Background Check Form and Copy of ID
- _____ Workers Comp Insurance Compliance Form

Is the applicant over the age of 21 years _____ Yes _____ No

Has the applicant been convicted within the past five (5) years of any violation of a federal, state, or local law, ordinance provision, or other regulation relating to any commerce of licensed products? _____ Yes _____ No
If so give dates and details: _____

Has the applicant had a license to sell Edible Cannabinoid Products revoked within the preceding twenty-four (24) months of the date of application. _____ Yes _____ No
If so give dates and details: _____



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On-Sale Licenses: Is your business a hotel, restaurant, bowling center, club or congressionally chartered veterans' organization, or a theater? ____ Yes ____ No If Yes Which One: _____

Insurance:

Minimum coverages \$50,000 per person, \$100,000 more than one person, \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support; an annual aggregate of \$300,000 may be included in the insurance coverage;

Please review Insurance Certificate before submitting:

- Must be Certificate of Insurance (Declarations or Binders not accepted)
- Licensee name on this application and the Insurance Certificate must match EXACTLY.
- Must provide physical address of licensed location (No PO Boxes accepted)
- Dates of coverage must cover the entire license period
- Must list the City of Ely as additional Insured

By signing this form I agree to notify the City of Ely of any changes (including insurance coverage) that occur during the year. I also acknowledge that I have read and understand the current City Cannabinoid Product Dealer Code including unannounced compliance checks and I will educate my employees of the rules regulations for this City and the State of Minnesota.

Applicant Signature – certifies all information to be true and correct Date

Police Department Approval Date

City Council Approval Date



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RELEASE OF INFORMATION

I, _____ of
(Printed full Legal Name – first, middle, last)
_____, born _____
(Street, City, State and Zip) (Date of Birth)

am seeking permission to acquire a _____ License from the City of Ely. I hereby authorize THE ELY POLICE DEPARTMENT AND THE CITY OF ELY, to inspect and gather information retained by any agency or institution as necessary, to determine if I would be prohibited from obtaining such a license.

Have you been convicted within the past five (5) years of a felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute local Ordinance, other than traffic offenses?
_____ Yes _____ No

If Yes, provide the following information:
Date of Conviction: _____ Offense: _____
Location: _____
(City, County, State)

Law Enforcement Jurisdiction: _____
(Name of City/County/Federal Arresting Authority)

COPY OF PICTURE ID ATTACHED: _____

PHONE NUMBER: _____

Date: _____
(Applicant Signature)

Witness Signature: (Notary Public or Peace Officer)

(Commission Expiration Date)

(Title and/or Police Department)

NOTARY SEAL:

CITY OF ELY
POLICE DEPARTMENT
CHAD HOUDE
POLICE CHIEF
218-365-3222 Ext 2



Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number:	Effective date:	Expiration date:
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name:

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in braille, large print or audio.