



OLMSTED COUNTY MINNESOTA

2025 Retail Cannabis Product Sales Application

Olmsted County Public Health Services • 2100 Campus Drive SE • Rochester MN 55904
Main 507-328-7500 • Licensing 507-328-7481 • ehlicensingandbilling@olmstedcounty.gov

Olmsted County will not start reviewing your application until we have received the following:

1. Completed Retail Cannabis Product Sales Application
2. Submission of all the documents listed on this application

Establishment Information

Establishment name _____
Street _____ City _____ State _____ Zip _____
Phone _____ Email _____
Website _____

Owner Information*

Business name registered with Dept. of Revenue (LLC, Inc) _____
First name _____ Last name _____
Street _____ City _____ State _____ Zip _____
Phone _____ Email _____

*Include a copy of the Capitalization Table you submitted to the Office of Cannabis Management.

Billing Address

Use business address
 Use owner address
 or list alternative mailing address below
First name _____ Last name _____ or Corporate Name _____
Street _____ City _____ State _____ Zip _____

Additional Contacts

Manager
First name _____ Last name _____ Phone _____ Email _____
Emergency Contact
First name _____ Last name _____ Phone _____ Email _____

Establishment Type

Check all that apply below:
 Cannabis Microbusiness with Retail Endorsement
 Cannabis Mezzobusiness with Retail Endorsement
 Cannabis Retailer
 Lower-potency Hemp Edible Retailer
 Medical Cannabis Combination Business

In the past 5 years, have you been convicted of violating any federal, state or local laws relating to Minnesota Statutes Chapter 342.15? Yes No

If yes, list the offenses you were convicted of, the location, and when they occurred.

2025 Retail Cannabis Sales Fee Schedule

Lottery Fee (to be paid upon submission of this application)

Description	Fee
Lottery	\$100

Initial Fee (to be paid if chosen in the lottery)

Description	Fee
Cannabis Microbusiness with Retail Endorsement	\$0
Cannabis Mezzobusiness with Retail Endorsement	\$500
Cannabis Retailer	\$500
Lower-potency Hemp Edible Retailer	\$125
Medical Cannabis Combination Business	\$500

**REQUIRED INFORMATION
FOR THE MINNESOTA DEPARTMENT OF REVENUE**

Under Minnesota law (M.S. 270C.72 Subd 4), the agency issuing you this license (registration) is required to provide the following information to the Minnesota Commissioner of Revenue upon request: business name, address, Minnesota Business Identification Number (also called Minnesota Tax ID Number), and Federal Employer Identification Number (FEIN).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license (registration) if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency (Olmsted County) will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license (registration) or the processing of your renewal application.

Business name
Business owner (LLC, corporation or individual)
Business owner's address (as registered)
Minnesota Business Identification Number (7 digits)
Federal Employer Identification Number (9 digits)
Social Security Number (if not registered)

WORKERS' COMPENSATION INSURANCE COVERAGE LAW

Minnesota Statute 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license (registration) or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181 Subd 2. The information required is: 1) name of the insurance company, policy number, and dates of coverage; OR 2) the permit to self-insure. This information will be furnished upon request to the Department of Labor and Industry to check for compliance with MS 176.181 Subd 2.

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 and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers' Compensation insurance company name	Policy number	Dates of coverage From: To:
OR, I certify that I am not required to carry workers' compensation insurance because (check one): <input type="checkbox"/> I am the sole proprietor and have no employees <input type="checkbox"/> I am self-insured (you must include a copy of the permit to self-insure) <input type="checkbox"/> I have no employees who are covered by workers' compensation law. (Exempt employees include: spouse, parents, and children—all other employees must be covered)		

Submittal Process

Documents required:

- Fill out and submit all 4 pages of this application along with the following supporting documents
- Copy of State application including:
 - Employee training plan
 - Cannabis waste collection and disposal plan
 - Criminal background check
 - Office of Cannabis Management (OCM) Capitalization table
- Copy of valid state license or written notice of OCM license pre-approval
- Business policies governing operations to ensure compliance with Olmsted County and city ordinances including:
 - How you will prevent sales to patrons under the age of 21
 - How you will ensure product consumption does not occur onsite
 - Hours of operation
- Approval from the local Zoning Authority for use of land parcel where business will be located and site plan
- Approval of plans from, or proof of plan submission to, the local Building Code and Fire Code authority
- Floor plan showing locations of product displays, product storage, and point of sale systems
- Proof of general liability insurance consistent with current Olmsted County standards for contractors
- Complete preliminary compliance check to ensure compliance with local ordinances (to be scheduled by Olmsted County staff)

Additional Documents required for the lottery:

- A Certificate of good standing from the Minnesota Secretary of State
- An organizational chart
- A copy of any deed, lease, letter of intent, or other contract reflecting the right to operate a cannabis retailer business at a location permitted by the local planning and zoning authority
- If a corporation, copies of the Articles of Incorporation, Shareholders Agreement, and Bylaws
- If a limited liability company, copies of the Articles of Organization, and Operating Agreement
- If the proposed cannabis retailer is located on a property governed by an Owner’s Association or a Planned Unit Development, proof that the cannabis retailer business use complies with all applicable covenants and required approvals thereunder, or a written plan for securing a right to possess and operate a cannabis retailer business at the permitted location by the date when the business is authorized to open

Submit application and fee by mail

Checks made out to:

Olmsted County Public Health Services
Attn: EH Licensing
2100 Campus Drive SE
Rochester MN 55904

Submit application and fee digitally

Email completed documents to ehlicensingandbilling@olmstedcounty.gov.
Payment may be made via phone with credit or debit card at 507-328-7481.

Submitters signature

I declare that above information is correct. I agree to comply with the laws and rules of the State of Minnesota and Olmsted County pertaining to the operation of cannabis businesses. I understand that failure to comply with the laws and rules may result in suspension of this registration to operate, a referral to OCM for enforcement action, or the County may pursue civil legal remedies where authorized.

Applicant Signature _____ Date _____

Applicant Name _____

**INSURANCE REQUIREMENTS FOR OLMSTED COUNTY CANNABIS BUSINESS
REGISTRATION APPLICANTS**

The Registration Applicant shall purchase, provide and maintain, at its own expense, such insurance indicated in the table below. Minimum limits may be met by a combination of underlying and umbrella insurance policies.

- A. Commercial General Liability
- B. Umbrella Excess Liability
- C. Workers Compensation & Employer's Liability

Proof of such insurance shall be furnished to Olmsted County prior to the commencement of any business operations and shall be maintained throughout the life of the registration and shall be evidenced by the carrier's certificates, filed with the County.

The Registration Applicant shall supply the County with a list of any subcontractors and shall verify and take responsibility for the subcontractor's proof of insurance.

Insurance shall be in force the first day of the registration.

Insurance shall not be canceled, limited in scope of coverage or non-renewed during the registration period. Notice of a change of insurance must be provided to Olmsted County Public Health Services within thirty (30) days of the change. Notifications must be sent to EHLicensingandBilling@olmstedcounty.gov.

It is agreed that any insurance maintained by the County will not contribute with insurance provided by this policy.

The Registration Applicant shall not commence business operations until it has obtained required insurance and filed an acceptable certificate of insurance with the County. All insurance policies shall be open to inspection by the County, and copies of policies shall be submitted to the County upon written request. Olmsted County shall be added as an additional insured on the commercial general liability policy. The insurance certificate shall specify "Olmsted County" and the businesses registration number.

A. Commercial General Liability

A single or combined limit occurrence based general liability insurance policy which shall include a broad form comprehensive liability endorsement and a contractual endorsement, which shall include the following coverages at a minimum:

\$1,000,000 per occurrence

\$2,000,000 aggregate

B. Umbrella (if needed to meet liability minimum limits)

\$1,000,000 each occurrence/aggregate

C. Worker's Compensation and Employer's Liability Insurance

Registration Applicant shall procure and maintain a policy that at least meets Minnesota statutory minimum and is covered for work in Minnesota.

The above subparagraphs establish minimum insurance requirements, and it is the sole responsibility of the Registration Applicant to purchase and maintain additional insurance that may be necessary in connection with this contract.