



City of Hoyt Lakes  
 206 Kennedy Memorial Drive  
 Hoyt Lakes, MN 55750  
 218-225-2344  
[info@hoytlakes.com](mailto:info@hoytlakes.com)

## Cannabinoid License Application

Name of individual, partnership, LLC, corporation: \_\_\_\_\_

Owner Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Is the applicant 18 years of age or older?     Yes             No

City of Hoyt Lakes Tobacco License Number: \_\_\_\_\_

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) and the punishment or penalty assessed therefore. *Attach additional sheets if necessary.* \_\_\_\_\_

I certify the above information is true and correct. Written notice must be provided to the City within five (5) business days following any changes to the information stated above. I acknowledge the provisions of the tobacco and tobacco products ordinance have been reviewed and attest the property at the above address will be operated and maintained according to the requirements of the ordinance, subject to applicable sanctions and penalties. I affirm I will provide all necessary reports and make all sales tax payments as required by State Statute. I affirm I am aware of and will comply with all Federal, State, and Local requirements with respect to tobacco and tobacco products. I authorize the City of Hoyt Lakes to investigate any or all statements or facts contained herein; acknowledging that the misrepresentation or the omission of facts called for will be just course for the disqualification or repeal of the license.

I understand that as part of the Cannabinoid License application process, the City shall conduct a criminal background check.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Release of Information for Background Check:**

The following named individual has made application with this agency for a Tobacco License.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_  
Month/Day/Year

**Social Security Number** (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension or East Range Police Department to disclose all criminal history record information to the City of Hoyt Lakes for the purpose of Cannabinoid License Application with this agency.

The expiration of this authorization shall be one year from the date of my signature.

MUST BE SIGNED IN FRONT OF A NOTARY

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Minnesota  
County of St. Louis

This record was acknowledged before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name(s) of individual(s)).

My commission expires: \_\_\_\_\_ Stamp:

\_\_\_\_\_  
Notary Signature

Application Rec'd: _____	Paid: _____	Payment Type: _____
Police Chief Approval: _____	Date: _____	
Council Approval: _____	License no.: _____	Mailed on: _____
Denial: _____		