



Permit # _____
Issued Date: _____

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**APPLICATION FOR LICENSE TO SELL TETRAHYDROCANNABINOL,  
TETRAHYDROCANNABINOL PRODUCTS, OR TETRAHYDROCANNABINOL RELATED  
DEVICES**

**Type of license application:**

\_\_\_\_\_ New      \_\_\_\_\_ Renewal      \_\_\_\_\_ Transfer

**SECTION I.** Licensee information (owner/officer of corporation or business)

Name: \_\_\_\_\_  
                    Last                                      First                                      Middle                                      Date of Birth \*

Title: \_\_\_\_\_      Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*\*This information is needed for background check of licensee.*

**SECTION II.** Business information for premises where licensee will sell tetrahydrocannabinol products, etc.

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ MN Tax ID Number: \_\_\_\_\_

**SECTION III.** In order to obtain a license to sell tetrahydrocannabinol, tetrahydrocannabinol products, or tetrahydrocannabinol related devices; the following questions must be answered:

A. Is licensee 21 years of age or older?       Yes       No

B. In the last five years, has the licensee been convicted of any violation of Federal, State, or local law or ordinance relating to tetrahydrocannabinol, tetrahydrocannabinol products or tetrahydrocannabinol related devices?

Yes       No

C. In the twelve months preceding the date of this application, has the licensee had a license revoked to sell tetrahydrocannabinol, tetrahydrocannabinol products or tetrahydrocannabinol related devices?

Yes       No

***I hereby certify that the above information is true, and that there is no reason under Federal, State, or local law or ordinance, which would prohibit me from holding a license to sell tetrahydrocannabinol, tetrahydrocannabinol products, or tetrahydrocannabinol related devices.***

***I certify that I have reviewed and understand all regulations adopted in Ordinance #205.***

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*