



Permit # _____

Issued Date: _____

316 Highway 10 S, Motley, MN 56466 • www.cityofmotley.com

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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