



Office of the City Clerk  
11155 Robinson Drive  
Coon Rapids MN 55433-3761  
763-767-7432

## APPLICATION FORM FOR CANNABINOIDS LICENSE

Dear Applicant:

Thank you for your interest in obtaining a cannabinoids license in Coon Rapids. All application materials must be completed before your application will be processed. Upon receipt of the completed application, the Police Department will conduct an investigation on all applicants (and store manager, if different from applicant).

After the investigation is completed, the application and background investigation will be reviewed by the City Clerk. Depending on the length of the investigation and review by the City Clerk, the process may take up to 30 business days to complete.

Attached are the forms you will need to complete. If the store manager is different from the applicant, the "Store Manager - Authorization of Release of Data" form must be completed. City Code regarding cannabinoids and general licensing provisions are also provided on the City website at <http://www.coonrapidsmn.gov/citycode/index.htm>.

All fees are due when the application is submitted. The fee for a cannabinoids license is \$10,700 annually and may be pro-rated monthly. There is also a non-refundable investigation fee of \$500 for a new cannabinoids license. Changes in store manager require additional documentation and background investigation with the city. Checks should be made payable to City of Coon Rapids. In the event a license is denied, the license fee will be refunded.

If you have questions about the forms, regulations or the process, please feel free to contact this office at 763-767-6432.

Stephanie Lincoln  
Deputy City Clerk



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<http://www.coonrapidsmn.gov>

License #:	
Receipt #:	
Date:	
Fee Paid:	

## Application Guidelines and Checklist

License Type: Cannabinoids Products	
<i>In compliance with Coon Rapids City Code 5-3000 you are required to submit the following information for a Cannabinoids License:</i>	
Staff Initials:	<b>Application Checklist</b> <b>Submit completed items below to:</b> Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433
<b>ALL Applicants/Owners/Partners must submit the following:</b>	
<input type="checkbox"/>	1. Application (Form #1)
<input type="checkbox"/>	2. License Applicant Information (Form #2)
<input type="checkbox"/>	3. Minnesota Workers' Compensation Liability (Form #3)
<input type="checkbox"/>	4. Cannabinoid License Application Authorization of Release of Data (Form # 4)
<input type="checkbox"/>	5. Supplemental Investigation Form (Form #5)
<input type="checkbox"/>	6. Color photocopy of Driver's License or other State issued identification card
<b>Each Business must submit the following:</b>	
<input type="checkbox"/>	7. Certificate of Liability Insurance – see page 3 of Form #1 for more details (highlighted in green)
<input type="checkbox"/>	8. License Fee (2023 - \$10,700)
<input type="checkbox"/>	9. Background Investigation Fee (2023 - \$500) <i>one time fee</i>
<input type="checkbox"/>	10. Copy of signed lease agreement for your business
<b>Manager (if applicable) must submit the following:</b>	
<input type="checkbox"/>	1. Manager – Application for Cannabinoid License (Form # 6)
<input type="checkbox"/>	2. Manager – Cannabinoids License Application Authorization of Release of Data (Form # 7)
<input type="checkbox"/>	3. Manager – Supplemental Investigation Form (Form #8)
<input type="checkbox"/>	4. Manager - License Applicant Information (Form #9)
<input type="checkbox"/>	5. Color photocopy of Driver's License or other State issued identification card.
<b>Your License Application</b> <ul style="list-style-type: none"> <li>Incomplete and/or illegible applications will be returned.</li> <li>All applications must be signed by an owner, partner, or principal.</li> <li>No license will be issued for a period longer than one year. Standard license periods are from January 1 to December 31.</li> <li>Licenses are not transferable unless City Council approval is granted.</li> <li>Make a duplicate copy of this packet for your personal records before submitting.</li> <li>Minnesota Sales Tax ID (651) 296-6181</li> <li>Federal Tax ID/Employer Identification Number (651) 312-8082</li> <li>Multiple licenses must be filed individually and may not be combined.</li> </ul>	



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Date:	
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**Please send the 2023 License Certificate to the following address:**

- Address of Residence
- Address of Business
- Other \_\_\_\_\_

**Please send the 2024 Renewal Application to the following address:**

- Address of Residence
- Address of Business
- Other \_\_\_\_\_

**Please send all formal correspondence and notices from the City of Coon Rapids to the following address:**

- Address of Residence
- Address of Business
- Other \_\_\_\_\_



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# Form #1

## License Application for Cannabinoids

Applicant Personal Information:			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:		Evening Telephone:	
<input type="checkbox"/> I certify that I am 21 years of age or older			
Applicant is the:			
<input type="checkbox"/> Officer		<input type="checkbox"/> Owner	
Of:			
Complete Legal Business Name:			
Doing Business As Name:			
Business Phone:			
Address of Business in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	MN	
	Zip:		
Primary Type of Business being conducted at establishment:			
Location Manager:			
First Name:			
Middle Name:			
Last Name:			
Email Address:			
Telephone:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
<p><i>Anytime there is a change in the store manager, you are required to inform the City of Coon Rapids of the change within 14 days. It will be necessary for a New Manager Application and a background investigation to be completed in order for your Cannabinoids License to remain valid.</i></p>			



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# Form #1

If Corporation or Partnership, state:	
Type of Organization:	<input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Complete Legal Business Name:	
Date of incorporation:	
State of Incorporation:	

I agree, as part of this application, to list the corporate owners holding more than five percent (5%) of the outstanding stock of the corporation. I will notify the City Clerk of any change in legal ownership in this business. The ownership interest of the business are as follows:

Officer / Partner / Owner #1	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
% of Ownership Interest:	

Officer / Partner / Owner #2	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
% of Ownership Interest:	

Officer / Partner / Owner #3	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
% of Ownership Interest:	



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# Form #1

Have you ever been convicted within the last five years of violating any federal, state or local laws relating to the sale of tobacco, alcohol, THC/cannabinoid products?

Yes;  No. If yes, please describe the circumstances, including the date and location:

Have you ever been convicted of a violation of Minnesota Statutes Chapter 152 (Drugs; Controlled Substances)?

Yes;  No. If yes, please describe the circumstances, including the date and location:

List business names, complete addresses and all jurisdictions where you currently hold or have previously held a license to sell cannabinoids:

Business Name	Complete Address	Jurisdiction

I understand that this license is to sell cannabinoid/THC/ “edibles” products at retail only at the business listed on this application and these products may contain no more than 0.3% of any THC total, no more than five milligrams of THC per serving, and no more than fifty milligrams of THC per package.

I understand that the business establishment listed on this application may not be within 1,000 feet of a school.

I understand the City Code Section 5-3010 prohibits the sale of cannabinoid products through the use of any type of vending machine or internet sales, and also prohibits providing delivery services for these products.

I understand that **no sale** of cannabinoid/THC products may be made:

1. On Sundays, except between the hours of 11:00 am and 6:00 pm
2. Before 8:00 am on Monday through Saturday
3. After 10:00 pm on Monday through Saturday
4. On Thanksgiving Day
5. On December 25
6. After 8:00 pm on December 24

I understand that I am required to provide a Certificate of Insurance that shows general liability coverage, issued by an insurance company authorized to do business in the State of Minnesota, with a limit of not less than \$1,000,000 for each occurrence. Any general aggregate limit included in the policy must be not less than \$2,000,000 and the aggregate limit will apply on a per license year basis. The insurance policy must also cover liability arising from loss associated with the sale of cannabinoids from your business resulting in personal injury, property damage, or both. A certificate of insurance acceptable to the City must be filed with the City Clerk prior to the commencement of operation. The certificate and the required insurance policy shall contain a provision that the coverage



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# Form #1

afforded under the contract will not be cancelled or allowed to expire until at least 30 days after prior written notice has been given to the City.

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to [www.coonrapidsmn.gov](http://www.coonrapidsmn.gov) and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

Any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the business, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

#### TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

Date

Signature



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# Form #2

## License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it 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 or processing your renewal application.

**Please print or type in the following information and return along with your application.**

Applicant Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Store Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	MN	Zip:
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature

Title





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# Form #3

## MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

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 or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: <b>*Note: This is NOT the insurance agent.</b>	
Telephone Number:	
Policy Number:	
Dates of Coverage: <b>*Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.</b>	

(OR)

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	

I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



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# Form #4

## CANNABINOIDS LICENSE APPLICATION AUTHORIZATION OF RELEASE OF DATA

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Business Information			
Business Name:			
Business Phone:			

<p>Have you ever been convicted of any crime, either felony, gross misdemeanor, or misdemeanor?</p> <p><input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes, please state nature and location of offense(s):</p> 
<p>Have you ever been convicted of any traffic offense?</p> <p><input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes, please state nature and location of offense(s):</p> 



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# Form #4

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota.  Yes;  No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

### **Tennessee warning**

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

---

Date

---

Signature



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# Form #5

## SUPPLEMENTAL INVESTIGATION INFORMATION

---

Print Full Name

---

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex:  Male;  Female

Race: \_\_\_\_\_



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# Form #6

## Manager - Application for Cannabinoid License

Manager Personal Information:			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:		Evening Telephone:	
<input type="checkbox"/> I certify that I am 21 years of age or older			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Business Phone:			
Address of Business:	Street:		
	City:	Coon Rapids	
	State:	MN	
	Zip:		
<p>Have you ever been convicted within the last five years of violating any federal, state or local laws relating to the sale of tobacco, alcohol, THC/cannabinoids products?</p> <p><input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes, please describe the circumstances, including the date and location:</p>			
<p>Have you ever been convicted of a violation of Minnesota Statutes Chapter 152 (Drugs; Controlled Substances)?</p> <p><input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes, please describe the circumstances, including the date and location:</p>			
<p><input type="checkbox"/> I understand that this license is to sell cannabinoids/THC/ "edibles" products at retail only at the business listed on this application and these products may contain no more than 0.3% of any THC total, no more than five milligrams of THC per serving, and no more than fifty milligrams of THC per package.</p>			



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## Form #6

Any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the business, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

### TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

---

Date

Manager Signature



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# Form #7

## MANAGER – CANNABINOIDS LICENSE AUTHORIZATION OF RELEASE OF DATA

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Business Information			
Business Name:			
Business Phone:			
Business Address:			

<p>Have you ever been convicted of any crime: felony, gross misdemeanor, or misdemeanor?</p> <p><input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes, please state nature and location of offense(s):</p>
<p>Have you ever been convicted of any traffic offense?</p> <p><input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes, please state nature and location of offense(s):</p>



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## Form #7

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota.  Yes;  No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

---

Date

---

Signature





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# Form #8

## MANAGER - SUPPLEMENTAL INVESTIGATION INFORMATION

---

Print Full Name

---

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex:  Male;  Female

Race: \_\_\_\_\_



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# Form #9

## Manager - License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it 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 or processing your renewal application.

**Please print or type in the following information and return along with your application.**

Applicant Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Store Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	MN	Zip:
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature

Title

