Administration Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7023

Cannabis License Retail Registration 2025

Business Name _____

Business Address _____

Business Phone _____

Property Owner _____

Parcel ID _____

Applicant:

Name _____ DOB _____

Address _____

Phone _____

Email _____

Person to Contact concerning Business License *(if different from above)*:

Name _____

Address _____

Phone _____

Email _____

Minnesota Cannabis Business License Number: _____

Type of License you are Registering:

☐ Cannabis Retailer

☐ Lower Potency Hemp Retailer

☐ Cannabis Mezzobusiness

☐ Cannabis Microbusiness

☐ Medical Cannabis Combination Business

Endorsements Obtained:

- ☐ Retail Operations
- ☐ On-site Consumption
- ☐ Cultivation
- ☐ Extraction and Concentration
- ☐ Production of Customer (Consumer) Products
- ☐ Edible Cannabinoid Product Handler
- ☐ Medical Cannabis Cultivator
- ☐ Medical Cannabis Processor
- ☐ Medical Cannabis Retailer

Lower-Potency Hemp Endorsements Obtained:

- ☐ Retailer
- ☐ Delivery
- ☐ Edible Cannabinoid Product Handler
- ☐ On-site Consumption *(On-sale Liquor License Required)

License Registration	**2025 Initial Fee**	**2026 Renewal Fee**	**Total Due at Registration**
Cannabis Retailer	$500	$1000	$1500
Lower Potency Hemp Retailer	$125	$125	$250
Cannabis Mezzobusiness	$500	$1000	$1500
Cannabis Microbusiness	$0	$500	$500
Medical Cannabis Combin. Business	$500	$1000	$1500

***Applicants must provide a copy of a valid state license or written notice of OCM License preliminary approval.**

____ I hereby acknowledge that I am in compliance with the requirements of Chapter 318 of the Roseville City Code.

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data will constitute public record if and when the license is granted. Our intended use of the information is to annually update our records. If you refuse to supply the information, the license application may not be processed.

Signature _____

Date _____