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EDIBLE CANNABINOID SALES REGISTRATION APPLICATION



1 PROPERTY OWNER INFORMATION			
NAME (PRINTED):			
ADDRESS:			
PRIMARY PHONE:			
ALTERNATIVE PHONE:			
EMAIL:			
2 BUSINESS INFORMATION			
NAME (PRINTED):			
ADDRESS:			
PRIMARY PHONE:			
ALTERNATIVE PHONE:			
EMAIL:			
3 ZONING INFORMATION			
ZONING DISTRICT:			
LAND USE:			
SALE OF CANNABINOID PRODUCTS PRIMARY USE? Yes No			
IF ACCESSORY USE, ONLY 10% OF FLOOR AREA USED? Yes No			
CITY OF JORDAN 210 1ST ST E JORDAN, MN 55352 PHONE: 952.492.2535 APPLICATION DATE (mo/day/year) PAGE 1 OF 2			

4 PLEASE CHECK AFTER READING				
	SERVING SIZE LIMITED TO 5 MG DELTA-9, 25 MG CANNABIDIOL OR CANNABIGEROL, OR .5 OTHER			
	PACKAGE LIMITED TO LESS THAN 50 MG DELTA-9, 250 MG CANNABIDIOL , CANNABIGEROL, OR .5 OTHER			
	PRODUCTS SOLD ONLY TO THOSE 21 OF AGE OR OLDER, AGE VERIFICATION REQUIRED PRIOR TO SALE			
	PRODUCTS NEED TO BE BEHIND CHECK OUT COUNTER WHERE PUBLIC IS NOT PERMITTED OR IN LOCKED CASE			
	SIGNAGE DISPLAY REQUIRED TO NOTIFY THAT SELLING PRODUCTS TO ANY PERSON UNDER THE AGE 21 IS ILLEGAL			
	REGISTRATION IS REQUIRED ANNUALLY FF	ROM JANUARY 1ST TO DECEMBER 31ST		
5	SIGNATURE			
OV	VNER SIGNATURE	DATE		
RE	PRESENTATIVE SIGNATURE	DATE		
	REGISTRATION FEE NOTE: A NONREFUND.			
ANNUAL FEE \$250.00		BLE FILING FEE MUST BE ACCOMPANIED WITH THE APPLICATION AT TIME OF SUBMITTAL MADE PAYABLE TO THE		
ACK	·	CITY OF JORDAN. EDGE THAT THE ABOVE INFORMATION IS TRUE AND AND THAT THE PROPERTY OWNER CONTACT NAMED		