



CANNABINOID AND CANNABIS PRODUCTS REGISTRATION APPLICATION

It is required to submit a copy of your valid state license or written pre-approval issued by the Office of Cannabis Management when submitting your registration application. A fee is required at the time of registration. Each business location is required to complete a separate registration application.

Submit completed materials to Jared Haas, Associate Planner, via:

Email: jhaas@cityofisanti.us (check can be mailed separately)

Mail: City of Isanti -Attn: Associate Planner

110-1st Ave NW, Isanti, MN 55040

In-Person: City Hall - 110 1st Ave NW, Isanti

PLEASE INDICATE ALL OF WHICH YOU ARE APPLYING FOR:

- ☐ Initial Registration
- ☐ Renewal Registration

REGISTRATION- INITIAL FEES

- | | |
|---|---|
| <input type="checkbox"/> Cannabis Microbusiness – No fee | <input type="checkbox"/> Lower-Potency Hemp Edible Manufacturer - \$500 |
| <input type="checkbox"/> Cannabis Mezzobusiness - \$500 | <input type="radio"/> THC Beverages |
| <input type="checkbox"/> Cannabis Cultivator - \$500 | <input type="radio"/> Edible Products |
| <input type="checkbox"/> Cannabis Manufacturer - \$500 | <input type="radio"/> Non-Edible Products |
| <input type="checkbox"/> Cannabis Retailer - \$500 | <input type="checkbox"/> Lower-Potency Hemp Edible Retailer - \$125 |
| <input type="checkbox"/> Cannabis Wholesaler - \$500 | <input type="radio"/> THC Beverages |
| <input type="radio"/> Cannabis | <input type="radio"/> Edible Products |
| <input type="radio"/> Lower-Potency Hemp Edibles | <input type="checkbox"/> Medical Cannabis Combination Business - \$500 |
| <input type="checkbox"/> Cannabis Transporter - \$250 | <input type="checkbox"/> Cannabis Event Organizer – No Fee
(additional special event permit required)
Click here for special event permit application |
| <input type="checkbox"/> Cannabis Testing Facility - \$500 | <input type="checkbox"/> Cannabis Delivery Service - \$250 |

REGISTRATION- RENEWAL FEES☐ Cannabis Microbusiness – **\$1,000**☐ Cannabis Mezzobusiness - **\$1,000**☐ Cannabis Cultivator - **\$1,000**☐ Cannabis Manufacturer - **\$1,000**☐ Cannabis Retailer - **\$1,000**☐ Cannabis Wholesaler - **\$1,000**☐ Cannabis☐ Lower-Potency Hemp
Edibles☐ Cannabis Transporter - **\$500**☐ Cannabis Testing Facility - **\$1,000**☐ Lower-Potency Hemp Edible Manufacturer - **\$500**☐ THC Beverages☐ Edible Products☐ Non-Edible Products☐ Lower-Potency Hemp Edible Retailer - **\$125**☐ THC Beverages☐ Edible Products☐ Medical Cannabis Combination Business - **\$1,000**☐ Cannabis Event Organizer – No Fee
(additional special event permit required)
[Click here for special event permit application](#)☐ Cannabis Delivery Service - **\$500****BUSINESS INFORMATION**

BUSINESS NAME:

PRIMARY CONTACT NAME:

PRIMARY CONTACT PHONE NUMBER:

PRIMARY CONTACT EMAIL ADDRESS:

BUSINESS ADDRESS:
(Street, City, State, Zip)

PARCEL ID

CORPORATE INFORMATION

(If information is different than listed above)

CORPORATE NAME:

CONTACT NAME:

PHONE NUMBER:

EMAIL ADDRESS:

CORPORATE ADDRESS:
(Street, City, State, Zip)**BUSINESS OWNER**

NAME:

PHONE NUMBER:	
EMAIL ADDRESS:	
PROPERTY OWNER	
NAME:	
PHONE NUMBER:	
EMAIL ADDRESS:	

ZONING DISTRICT INFORMATION

Cannabis-related businesses are permitted only in the following zoning districts, subject to applicable licensing, land use regulations, and approval processes:

- B-2 General Business District
- B-3 Highway Business District
- I-1 Industrial Park District
- I-2 Heavy Industrial District

Cannabis-related uses are not permitted in residential districts.

Please indicate the zoning district in which the proposed business is located:

- ☐ B-1 Downtown Business District
- ☐ B-2 General Business District
- ☐ B-3 Highway Business District
- ☐ I-1 Industrial Park District
- ☐ I-2 Heavy Industrial District

Zoning district information can be verified through the City's Planning Department at jhaas@cityofisanti.us or the online zoning map.

Interactive Zoning Map: [Click here to visit the zoning map](#)

CITY REVIEW AND APPROVAL

Zoning Verification – Associate Planner

- ☐ Zoning district confirmed
- ☐ Cannabis-related use permitted in zoning district
- ☐ Additional land use approvals required: _____
- Associate Planner Signature: _____
- Date: _____

The Undersigned acknowledges to comply with all state rules and regulations, outlined in Minn. Statutes 151.72 and 342, and City Code. The Undersigned acknowledges and agrees that the City will verify the business seeking retail sales registration is in compliance and will perform annual inspections as required by the State. The Undersigned acknowledges that this application has been read and that the information provided is true, correct, and that this information may be made public. False disclosures will result in the forfeiture of the registration application.

Business Owner Signature

Printed Name

Phone

Date