



City Clerk's Office
221 East Clark Street
Albert Lea, MN 56007-2496
Telephone: 507-377-4335
dmaras@ci.albertlea.mn.us

LICENSE APPLICATION
Cannabinoid Products - \$200.00
Annually

Please Type or Print Legibly

Applicant:

Full Name: _____

Home Address: _____ City, State, Zip Code: _____

Home Telephone Number (Daytime): _____

Email Address: _____

Business:

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

Business Telephone Number (Daytime): _____

Corporation (if applicable):

Corporation Name: _____

List the Officers and their Titles: _____

* * * * *

State of Minnesota)
County of Freeborn) ss.
City of Albert Lea)

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE LAWS OF THE STATE OF MINNESOTA AND THE ALBERT LEA CITY CODE AS THEY RELATE TO THE LICENSING AND OPERATION OF LICENSES BEING APPLIED FOR. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

Signature

Date

Office Use

Date Received: _____

Check Number/Cash/CC: _____

Processor Initials: _____

Council Approved: _____

Fee Received: \$ _____