

City of Maple Plain 5050 Independence St P.O. Box 97 Maple Plain, MN 55359 Office: (763) 479-0515 Fax: (763) 479-0519

TOBACCO & THC LICENSE APPLICATION

APPLICATION INFORMATION						
I am applying for: Tobacco License Only Tobacco & THC License (THC license cannot be issued separately)						
☐ New Application ☐	Application R	enewal	Date of Application			
APPLICANT INFORMATION						
Applicant Name (First, Middle, Last)						
Business Name		MN Tax ID Number				
Business Address		Business Phone				
Name of Manager		Manager Phone				
		Manager Birthdate				
MAILING ADDRESS – ONLY IF DIFFERENT FROM ABOVE						
Address		City, State, Zip				
	IF A CORF	PORATION				
Full & Accurate Corporate Name:		State In Which Incorporated and Date of Incorporation				
LIST ALL NAMES OF	OWNERS, PAR	TNERS OR CORP	ORATE MEMBERS			
Name (First, Middle, Last)		rthdate	Title			
Phone Number						
Resident Address						
Name (First, Middle, Last)		rthdate	Title			
Phone Number	one Number					
Resident Address						
Name (First, Middle, Last) Bi		rthdate	Title			
Phone Number						
Resident Address						

If more space is needed, attach separate sheet

APPLICANT SIGNATURE

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to my best knowledge and belief. I further understand that the giving of false information in this application constitutes cause for immediate revocation of any license issued hereunder.

I hereby authorize West Hennepin Public Safety to conduct a criminal history check/background/record check and verify the information provided on this liquor license application.

Applicant Name	_	
Applicant Signature	Date	

OFFICE USE ONLY

Application Received	Submitted to WHPS		Received by WHPS
Investigating Officer		Investigation Complete	
WHPS Recommendation	ove 🗌 Deny	Signature	
Council Approval		Outstanding Utilities/Taxes?	
☐ Tobacco Application Fee – \$200		☐ THC Applica	tion Fee – \$200

Updated October 2022