

Local Approval of Cannabis Event

A signed copy of this form must be uploaded by the applicant in their Accela portal as part of the event license application, along with copies of all permits or licenses issued to the event license applicant by the local unit of government.

Once the Office of Cannabis Management (OCM) receives this form and a complete cannabis event license application from the applicant, OCM will proceed with its review process. The event is subject to regulation by OCM as it pertains to applicable cannabis laws and rules.

Applicants and local governments should note that the event must adhere to all relevant state rules and any local conditions or restrictions imposed under municipal or county authority.

To Be Filled Out by Cannabis Event License Applicant

Event name (if applicable): _____

Event address: _____

City: _____

State: _____

ZIP code: _____

Event date(s): _____

Event time start: _____

Event time end: _____

The event can last no longer than four days.

Event activities: ☐ Onsite consumption ☐ Onsite sales

Estimated daily attendance: _____

Provide the estimated number of attendees expected each day of the cannabis event.

Estimated total attendance: _____

Provide the estimated total number of attendees expected over the entire duration of the cannabis event.

Estimated staffing and business participation: _____

Provide the estimated number of employees or volunteers required to be present at the cannabis event, as well as the estimated number of licensed cannabis and/or hemp businesses that will participate in the event. Applicants are required to submit a complete list of licensed businesses participating in the event to OCM prior to the event's start date. Local governments may also require a copy of this list from the applicant as a condition of local approval.

Applicant legal business name: _____

Cannabis license number (if applicable): _____

Assumed name/DBA: _____

Applicant primary contact: _____ Applicant phone number: _____

Local unit of government: _____

Local government contact name: _____ Title: _____

Local government address: _____

City: _____ State: _____ ZIP Code: _____

Local government phone number: _____

Local government email: _____

Cannabis event license applicant attestation

To be completed by the cannabis event license applicant before submitting this form to OCM.

By submitting this form to OCM, the above-named applicant is providing formal notice of intent to host a licensed cannabis event.

The applicant acknowledges that cannabis events are subject to regulation by OCM, including inspection, enforcement, and compliance with all applicable state laws and rules.

Submission of this form does not guarantee license issuance.

Cannabis event license applicant signature: _____

Name: _____ Date: _____

To Be Filled Out by Local Government

To be completed by an authorized representative of the local government where the proposed cannabis event will be held.

This form serves as written documentation to the Minnesota Office of Cannabis Management (OCM) that the applicant listed above (applicant) has contacted our office to provide notice of intent to host a cannabis event within our jurisdiction, as required by Minnesota Statutes, chapter 342.

We acknowledge that the applicant is seeking a cannabis event organizer license and intends to operate a cannabis event at the proposed location under our jurisdiction.

Pursuant to Minnesota Statutes, section 342.40 and applicable local authority, we affirm that the applicant has received local approval for the proposed cannabis event, including any necessary permits or licenses issued by the local unit of government, and that the event location and activities comply with all applicable local zoning ordinances and, where applicable, state fire and building codes.

Local government approval of event

Signature of authorized local government representative: _____

Name: _____ Title: _____

Date: _____

Questions regarding this form may be directed to ocm.licensing@state.mn.us.