

USER GUIDE Creation and Submission of License Application Using the OCM Citizen Portal

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Table of Contents

| Introduction |
|--|
| Helpful Hints to Start |
| Sign In4 |
| License Application Selection (Create an application)5 |
| License Application Selection (Select a record type)6 |
| Step 1: Social Equity |
| Step 2: Application Information > Contacts |
| Step 2: Application Information > Application Detail10 |
| Step A. Business Information11 |
| Step B. Product Information12 |
| Step C. Business Activities12 |
| Step D. Delivery or Transport License Specific Information13 |
| Step E. Continue13 |
| Step 3: Supporting Documents |
| Step 4: Certification Statements > Acknowledgements15 |
| Step 5: Review15 |
| Step 6: Pay Fees16 |
| OCM Support |



Introduction

Welcome to the Minnesota Office of Cannabis Management (OCM). This user guide is designed to help you navigate the OCM Citizen Portal and successfully create and submit your application to be qualified for the licensing lottery or license, whichever is applicable. We highly recommend reviewing this user guide and other technical assistance materials on our website (https://mn.gov/ocm/).

Helpful Hints to Start

The following table contains some helpful hints before you begin the application process.

| Hint | Link (if applicable) |
|--|---|
| Review the OCM website and the list of documentation that you will be required to upload before submission of your application. | https://mn.gov/ocm/businesses/licensing/ |
| Use the worksheets provided by OCM. | https://mn.gov/ocm/businesses/licensing/ process |
| As you complete the worksheets, consider naming them the same as the required document/worksheet, to make it easier during the upload process. | N/A |
| Consider keeping all documents in one folder location to ease in the upload process. | N/A |
| All worksheets must remain in PDF format, except for the capitalization table. | N/A |
| If you have not already, register for an account on the OCM Citizen Portal. | <u>https://aca-</u> prod.accela.com/MDH/Default.aspx |
| Consider starting the application process early. You will be able to save your application and return to it. | N/A |
| Before you submit your application, have your payment method ready and available. Acceptable forms of payment include credit, debit, ACH. Remember application fees are non-refundable . | N/A |
| Allow pop-ups from the Citizen Portal site. There are windows that will pop up with additional information or new screen requiring data. | N/A |



Sign In

Below are step-by-step instructions for signing in to the OCM Citizen Portal. If you have not already registered for an account, complete the account registration process. Once registered, you will need to sign in.

NOTE: If you have completed the social equity verification process, you will need to use the same registered account during the application process.



| Step | Field / <u>Button</u> | Action | Notes |
|------|-----------------------|--|---|
| 1 | Username or Email* | Enter either the username or email address that was used during the account registration process. | Use the registered account that you want to use for future contact with the office. |
| 2 | Password* | Enter the corresponding password for the registered username/email account created. | If you do not remember your password, select Forgot Password? and follow instructions. |
| 3 | SIGN IN | Select. | N/A |



License Application Selection (Create an application)



In the following steps, we will navigate selecting an application. From this screen the user can return to a saved application or can progress to the list of applications available to apply for.

Note: Confirm you are signed in before proceeding. At the top of the screen, you should see **Logged in as:** and username. If you do not see this, then select **Login** in the upper right-hand corner. The system will time out for inactivity.

| Step | Field / Button | Action | Notes |
|------|--------------------------|--|---|
| 1a | Create an Application | Select if you are creating a new application. | N/A |
| 1b | Resume Application | Select if you have previously started an application but have NOT completed and submitted it to the office. | This will take you back into your application and allow you to update information or pay and submit your application for consideration. You can proceed to appropriate sections of this document for additional help. |
| 2 | General Disclaimer | Check I have read and accepted the above terms after you have reviewed the disclaimer. | Use the scroll bar to the right to review all lines and information in the disclaimer window. |
| 3 | Continue Application | Select to continue. | N/A |



License Application Selection (Select a record type)

On the next screen, select the specific license type to complete the desired application.

| Step | Field / <u>Button</u> | Action | Notes |
|------|----------------------------------|---|--|
| 1 | License Applications | Select the gray caret to expand the selection criteria and select the appropriate option. | The list will display the license types available for application. If you plan to apply for more than one license, you must complete separate applications for each. |
| 2 | Save and Continue Application | Select to continue. | N/A |

Step 1: Social Equity

You have successfully navigated to the license application of choice; the first step will address social equity information.

Note: It is important to remember that if you completed the social equity verification, you must sign into the OCM Citizen Portal using the same registered account (email address) used when applying for social equity verification.

| Step | Field / <u>Button</u> | Action | Notes |
|------|--|---|---|
| 1 | Are you applying as a social equity applicant? | Select the appropriate answer as to whether you have received your social equity verification form. | The social equity verification form would have been received from CSI (Creative Services, Inc.). |
| 2 | Save and Continue Application | Select to continue. | N/A |



Step 2: Application Information > Contacts

In this step you will provide important information about key business contacts. At a minimum every application must identify an applicant, a business owner, and an authorized agent. The same person may serve in all three roles, or you may have more than one person for each contact type.

For business owners, **you must add each business owner** to the application in the contact section.

| 1 Social Equity | 2 Application | on 3 S D | Supporting Documents | 4 Certification Statements | 5 Review | 6 | 7 | 8 |
|---|---------------------|-----------------------------|-------------------------|-------------------------------|-----------------------------|-------------|----------|---------|
| Step 2:Applie | cation In | formation | >Contacts | | * indic | cates a req | uired | l field |
| ontact List | | | | | | | | |
| applications require, th | at vou identify a i | minimum of 1 Applic | ant, 1 siness Owner | and 1 Authorized Age | ent. In some cases, the sar | me person v | vill sei | rve in |
| three roles and must be | e added individua | lly. You can confirm | n you have met the suc | cessful addition when | there is a green check man | k. | | |
| Required Conta | act Type Mi | nimum | | | | | | |
| | | | | | | | | |
| Applicant | 1 | | | | | | | |
| Applicant Authorized Agen Business Owner | 1 t 1 | | | | | | | |
| Applicant Authorized Agen Business Owner | 1 t 1 1 | | J | | | | | |
| Applicant Authorized Ageni Business Owner Select from Ac | t 1 1 ccount | Add New | J | | | | | |
| Applicant Authorized Agen Business Owner Select from Ac | t 1 1 ccount | Add New | J | | | | | |
| Applicant Authorized Agen Business Owner Select from Ac howing 0-0 of 0 Contact Type | t 1 1 CCOUNT | Add New Business Name | Contact Phone | e E-mail | Action | | | |

| Step | Field / <u>Button</u> | Action | Notes | |
|-----------|------------------------|---|--|--|
| 1a | Select from Account | Use this option if the registered user is the applicant, authorized agent, or business owner. | Each contact type will have to be added one at a time. | |
| 1b | Add New | Use this option if you need to add additional business contacts to the record OR if not the registered user. | Each contact type will have to be added one at a time. | |
| 2a, 2b | Туре | Use the drop-down arrow to select the contact type to add. | Each contact type will have to be added one at a time. Select Contact from Account Unny G Type: Continue Discard Changes Individual Contact Details × Type: Continue Discard Changes | |



| Step | Field / <u>Button</u> | Action | Notes |
|------|-----------------------|--|---|
| 3 | Continue | Select to continue. | If you are following the (a) path, then the registered account information will be used. If you are following the (b) path, then you will need to provide all contact information. |
| 4 | Contact Details* | Input all relevant contact information. Depending on the contact type, you may be asked to provide additional information like birth date and Social Security Number. | Remember to complete all required fields. This contact information should represent legal names and address for purpose of licensing. |
| 5 | Continue | Select to continue. | Repeat Steps 1-4 for each contact type and respective contacts to add. |

* **Note:** Depending on the path chosen for adding contact information, some data will be pre-populated while other data will need to be manually added.



When you have successfully completed adding the minimum contacts, you will notice that there are green check marks to the left of each contact to indicate success. You can also see the contact details in the middle of the screen.

| Social Equity 2 Step 2: Application Contact List All applications require, that you is all three roles and must be added | Application Information | 3 Supporting ion > Contac Applicant, 1 Business confirm you have met 1 | Certification Statements | 5 Review * ind | dicates a required as a required as a required as a same person where the same person where person where the s | 7 uired | 8 field. ve in |
|---|---|---|--|---|--|-------------------|----------------------|
| Step 2: Application | dentify a minimum of 1 individually. You can c | ion > Contac Applicant, 1 Business confirm you have met 1 | Owner, and 1 Authorized Age file successful addition when | * in ent. In some cases, the there is a green check m | dicates a req same person v nark. | uired vill ser | field. ve in |
| All applications require, that you i all three roles and must be added | dentify a minimum of 1 I individually. You can o pe Minimum | Applicant, 1 Business confirm you have met i | Owner, and 1 Authorized Age the successful addition when | ent. In some cases, the s there is a green check m | same person v nark. | rill ser | ve in |
| All applications require, that you i all three roles and must be added | dentify a minimum of 1 I individually. You can o pe Minimum | Applicant, 1 Business confirm you have met | Owner, and 1 Authorized Age the successful addition when | ent. In some cases, the s there is a green check m | same person v nark. | rill ser | ve in |
| Required Contact Typ picant whorzed Agent usiness Owner Se ct from Accourt Showing 1-3 of 3 | 1 1 nt Add New | w | | | | | |
| Contact Type Full Na | ame Business Name | Contact Phone | E-mail | Action | | | |
| Applicant Bunny | G | 999999999 | kimberly@thehilts. | .com Edit Delete | | | |
| Authorized Bunny Agent | G | 999999999 | kimberly@thehilts. | .com Edit Delete | | | |
| Business Bunny Owner Bunny | G | 999999999 | kimberly@thehilts. | .com Edit Delete | | | |

| Step | Field / <u>Button</u> | Action | Notes |
|------|-----------------------|--|--|
| 6a | Bankruptcy Filing | Review and select the appropriate response. Yes, proceed to Step 6b. No, proceed to Step 7a or 7b. | This contact information should represent legal names and address for purpose of licensing. |
| 6b | Bankruptcy Details | Provide details about the bankruptcy. | Dates, time, respective person, bankruptcy status at a minimum. |
| 7 | Continue | Select to continue. | N/A |



Step 2: Application Information > Application Detail

The information in the next step, **Application Detail**, will vary depending on which license type you are applying for. The screenshot to the right is an example of only one license type. Refer to the following table for details on unique fields per license type.

Although fields may not be required, the office encourages applicants to provide as much information as possible about the business, product types, and business activities. The more information provided at this time, the better the review process and future application steps will be.

Information that is not known at this time can be amended in the future.

| Establishment Information | *indicates a required |
|--|---|
| | |
| Business Information | |
| Legal Business Name: | |
| DBA Assumed Name: | |
| Website: | |
| | |
| Legal Business Registration Type: | Select 🔻 |
| Legal Business Tax ID: | |
| Additional Documentation | |
| ADDITIONAL DOCUMENTATION Applicants are required to upload the following additional documents, if applicable, in order to meet below to indicate if this documentation exists for your business. Based on your responses, these d of your application. | minimum qualifications. Please select Yes or No for each documents will be required uploads on the Documents p |
| * If the business is a corporation, do you have articles of incorporation, including amendments?: | O Yes O No |
| * If the business is a corporation, do you have bylaws, including amendments?: | ○ Yes ○ No |
| * Does the business have any partnership agreements?: | ○ Yes ○ No |
| * Does the business have any operational agreements?: | O Yes O No |
| * Does the business have any shareholder agreements?: | ○ Yes ○ No |
| * Does the business have any promissory notes?: | ○ Yes ○ No |
| * Does the business have any security instruments?: | ○ Yes ○ No |
| * I attest that by not uploading the above documentation, the documenta does not exist. I understand that if this documentation is found to exist a not provided, OCM may deny my application or revoke my prospective license. I certify that I will provide this documentation as it becomes applicable to my business to OCM as a condition of licensing. | tion 🗌 nd |
| Product Types | |
| PRODUCT TYPES Analizants will have the opportunity to undate or provide this information later in the analization proc | cess or through an amendment record |
| Non - Flowering Plants: | Π |
| Flower: | |
| Seed: | |
| Business Activities | |
| BUSINESS ACTIVITIES Please select all business activities you plan to conduct | |
| Cultivation Endorsement: | |
| Transport: | |
| Packaging: | |
| Wholesaler: | |
| Medical Cannabic Cultivation: | |
| | |
| Medical Cannabis Voltevalori. Medical Cannabis Wholesaler: Medical Cannabis Packaging: | |
| Medical Cannabis Gutrauton. Medical Cannabis Packaging: Save and resume later | Save and Continue Application » |



Step A. Business Information

| Step/Section | Field | Action | Notes |
|--------------|--|---|---|
| 1 | Legal Business Name | Provide appropriate information. | This should represent the legal registered name of the business. |
| 2 | Doing Business As (DBA) - Assumed Name | Provide appropriate information. | If the business is operating under a DBA, provide the DBA name. |
| 3 | Website | Provide appropriate information. | If there is a website for the business, provide the URL |
| 4 | Legal Business Registration Type | Use the drop-down menu to select the appropriate business type. | Identify the legal operating structure of the business. |
| 5 | Legal Business Tax ID | Tax ID associated with the business and business type. | Depending on the type of business this will be your Social Security Number, federal or state tax ID. |
| 6 | List of Retail Licenses Held by the Applicant | List all license numbers for retail locations the applicant already possesses. | (For retail license type only.) If you already hold licenses for a Minnesota cannabis retail business, list all license numbers. |



Step B. Product Information

| Step/Section | Field | Action | Notes |
|--------------|---------------|--|-----------|
| 1 | Product types | Please check the product(s) that you believe you will be handling in your business once licensed. | No notes. |

Step C. Business Activities

| 1Business ActivitiesCheck all that apply.Identify the business activities/endorsements that you are seeking as part of your business license.1Not reflecting correct activities/business endorsement may affect licensing endorsement may affect licensing endorsement may affect licensing | Step/Section | Field | Action | Notes |
|--|--------------|---------------------|-----------------------|--|
| STATUS / DUSIDASS ODARATIONS IN THA TUTURA | 1 | Business Activities | Check all that apply. | Identify the business activities/endorsements that you are seeking as part of your business license. Business activities and endorsements must be updated to represent the business operations. Not reflecting correct activities/business endorsement may affect licensing statue/business operations in the future |



Step D. Delivery or Transport License Specific Information

| Step/Section | Field | Action | Notes |
|--------------|--------------------------|--|---|
| 1 | Vehicle List | Complete the table and provide information about each make/model color/VIN/license plate. | N/A |
| 2 | Equipment List | Complete the table by listing all equipment (type and quantity) associated with the business. | N/A |
| 3 | Insurance Information | Use the dropdown list to select. (Surety Bond, Self-Insured, Certificate of Insurance) | What type of security agreement do you have to provide coverage not less than \$300,000 for loss of damage to cargo? |
| 4 | Insurance Information | Use the dropdown list to select. (Surety Bond, Self-Insured, Certificate of Insurance) | What type of security agreement do you have to provide coverage not less than \$1,000,000 for injury or destruction of property? |
| 5 | Vehicle List | Complete the table and provide information about each make/model color/VIN/license plate | N/A |

Step E. Continue

| Step/Section | Field | Action | Notes |
|--------------|----------|---------------------|-------|
| 1 | Continue | Select to continue. | N/A |



Step 3: Supporting Documents

The most important aspect of your cannabis business license application is the addition of **all required worksheets** and **other supporting documents**. It is highly recommended that before you start your application or before you upload your documents, that you take a moment to review the <u>OCM website</u> (<u>mn.gov/ocm/businesses/licensing/process</u>) to ensure you have all the required worksheets completed, saved and ready to upload as well as any other required documents based upon the license type you are applying for. **Required worksheets are provided on OCM's website**. The worksheets will help ensure that you are supplying the information needed.

There may be some document categories where an applicant may have multiple exhibits to support the requirement. Please combine all exhibits into a single file and upload to appropriate category to ensure timely processing of application. Applicants <u>will not</u> be able to upload any additional documents after submitting payment

| Step | Field / Button | Action | Notes |
|------|----------------|---|--|
| 1 | Add | Select to add the specific document listed. | The required documents depend on the license type of application. ALL documents listed on the screen are required to move to the next step in the application process. |
| 2 | Open/Add | Select the document from your file location and select the appropriate button to add the document. Repeat Steps 1 and 2 until ALL required documents have been added. | Depending on the operating system and file location, this will vary. |
| 3 | Continue | Select to continue. | N/A |



Step 4: Certification Statements > Acknowledgements

The next screen provides a list of acknowledgements that should be reviewed and understood carefully. The acknowledgements include agreements of work to be done in future stages as well as agreements to how the business will operate. False statements in this section may affect the status of the application or in the future the license.

| Step | Field / <u>Button</u> | Action | Notes |
|------|-----------------------|---|---|
| 1 | Review and Check | Review each of the statements and check, once read and understood. All acknowledgements must be checked to continue to the next step in the application. | Refer to <u>Minnesota</u> <u>Statutes Chapter 342</u> for further details supporting the acknowledgements. |
| 2 | Continue | Select to continue. | N/A |

Note: Acknowledgements will vary depending on the license type selected.

Step 5: Review

Once you have completed all the core application components, you will be brought to the review/summary screen. This is an opportunity for the applicant to review all the information provided on the application and make needed updates before proceeding to either site registration or application payment.

| Step | Field / Button | Action | Notes |
|------|-------------------------|---|--|
| 1 | Review | Review each section of the application to ensure accuracy. | Refer to <u>Minnesota Statutes</u> <u>Chapter 342</u> for further details supporting the acknowledgements. |
| 2 | Edit | Select if a respective section needs updates. You will be brought to the section, make needed updates, select Continue . | N/A |
| 4 | Continue Application | Select to continue. | N/A |



Step 6: Pay Fees

The final step in the application submission process is processing your application payment. *Payments are non-refundable.* Payments can be made via credit or debit card or ACH. During this process you will be redirected to the banking interface.

Note: Once redirected to the banking applet, you will need to complete the payment process to return to the application.

| Cannabis Retailer Applicat | ion | | | | |
|--|--|--|---|-------------------------------|-----------------------------|
| 1 2 3 Attachments | 4 Certification Statements | 5 Review | 6 Pay Fees | 7 Red | cord Issuance |
| Chan C - Dave Falan | | | | | |
| isted below are preliminary fee vork items installed or repaired. | s based upon the in Enter quantities wh | formation you've ent here applicable. The f | ered. Some fees are ollowing screen will d | based on the isplay your t | e quantity of otal fees. |
| Fees | | | | Otv. | Amount |
| | Fee | | | 1 | \$2 500.00 |
| Cannabis Dispensary Application | 1100 | | | ÷ | <i>\$2,500.00</i> |
| Cannabis Dispensary Application | on-refundable bank | ing service fee. | | | <i>\$2,500100</i> |

Note: The bank does charge a bank processing fee, which is outside of the OCM citizen portal, so please ensure to note the processing fee for your records.

| Step | Field/ <u>Button</u> | Action | Notes |
|------|--------------------------|--|--|
| 1 | Continue to Payment | Select to proceed to payment. | N/A |
| 2 | Review | Review the license application type in the center of the screen, qty which should be one (1) and amount of the application fee. | N/A |
| 3 | Check Out | Select to continue payment process. | N/A |
| 4 | Click here to Pay Now | Select to proceed to the payment detail screen. | You are now in the third-party payment solution. Note: All fields in the following payment detail screen are required. Ensure all information provided matches the information associated with the selected payment method. Acceptable methods are ACH, credit or debit card. |
| 5 | Payment Details | Complete ALL the payment detail information requested | The required fields will change depending on whether you have selected payment by card or ACH. Please add all information and review before selecting PAY . |



| Step | Field/ <u>Button</u> | Action | Notes |
|------|--|---|---|
| 6 | Agree | Confirm your agreement with terms and conditions. | N/A |
| 7 | Рау | Select to process payment. | You will be taken to a confirmation screen. |
| 8a | Print | Select to print copy of confirmation screen. | The print feature will leverage your browser print options. |
| 8b | Continue to Minnesota Citizen Access portal | Select to return to OCM Citizen Portal. | You will be taken to the final confirmation screen. |

Note: The final screen will provide you confirmation that your application was successfully submitted. You will also see your application record number. This can be referenced at any time during the application process to see status updates and request additional information or other communications regarding your application. This number can also be referenced should you ever need assistance from the office.

Note: You will also receive email communication confirming the successful submission of your application. We recommend saving the email as it will contain a link to your application that you can use in the future.

 Create an Application
 Search Applications

 1 Select item to pay
 2 Parment information
 3 Receipt/Record issuance

 State Application (s) comport your record select the record ID hyperlink below. To upload diditional documents, open your record, and then select "Attachments" under "Record Info".

 Receipt
 With application(s) has been successfully submitted. Rease print your record(s) and retain a copy for your records.

 .
 .



OCM Support

Resource and support information.



Phone: 651-539-5000, option #2



Website: https://mn.gov/ocm/



Email: <u>cannabis.info@state.mn.us</u>



Online Support Request (for registered accounts only): https://aca-prod.accela.com/MDH/Default.aspx

