



# **BOIS FORTE CANNABIS REGULATORY COMMISSION**

## **Cannabis Vendor License Application**

### **I. Overview**

Pursuant to Section 4.4(a) of the Bois Forte Cannabis Regulatory Ordinance (“Ordinance”) and Section 2.7 of the Bois Forte Cannabis Regulations (“Regulations”), a cannabis business licensed by an Indian tribe located within the State of Minnesota or by the State of Minnesota (a “Foreign Cannabis Business”) seeking to engage in commerce with a business licensed under the Ordinance must receive approval from the Bois Forte Cannabis Regulatory Commission (“Commission”) for a Vendor License. A Vendor License only authorizes a Foreign Cannabis Business to engage in commerce with a Band-owned cannabis business licensed under the Ordinance and does not authorize the Foreign Cannabis Business to independently operate with the Bois Forte Band of Chippewa’s (the “Band”) Territory.

The Vendor License requirement applies to any Foreign Cannabis Business seeking to transport Commercial Cannabis within Bois Forte Band of Chippewa’s (the “Band”) Territory, sell Commercial Cannabis to a Band-owned cannabis business licensed under the Ordinance, or otherwise engage in activities for which a Vendor License is required. If granted a Vendor License, the Applicant shall be authorized as a Commercial Seller or a Transporter in association with sales of Commercial Cannabis to and/or from the Band’s Territory, subject to all applicable conditions associated with the Vendor License.

By submitting this Application, the Applicant agrees to be subject to the laws of the Band, including the Bois Forte Cannabis Regulatory Ordinance and its implementing regulations, and expressly consents to the Band’s jurisdiction, including its courts, its administrative bodies and its regulatory agencies and commissions in association with its activities occurring within the Band’s Territory.

Capitalized terms used in this Application and not defined herein have the meanings ascribed to them in the Bois Forte Cannabis Regulatory Ordinance.

### **II. Instructions for Application Completion and Submission**

In order to be considered for a Vendor License, you must provide all information requested in this Application. False or incomplete answers could result in the denial or subsequent revocation of your License. If you need more space for your responses, you may submit the required information with additional pages.

An authorized representative of the Applicant must submit an original application to Saydee Whitebird, Director of the Cannabis Regulatory Commission, electronically ([swhitebird@whitebirdlogistics.com](mailto:swhitebird@whitebirdlogistics.com)). Please take efforts to transmit the application using a secure method to avoid the risk of any data or security breaches.

You must answer all questions accurately and in as much detail as possible. If a question does not pertain to you, write “N/A” (not applicable) in the space provided, but do not leave the answer blank.

If the Applicant’s Vendor License is approved by the Commission, the Commission will email a digital copy of the Vendor License to the email address provided below. If you prefer another form of delivery such as mail or pickup, please contact the Commission directly to make alternative arrangements.

a. Email address: \_\_\_\_\_

The Commission reserves the right to supplement this application with additional questions, request additional information, and return any incomplete applications submitted.

### III. Applicant Information

Applicant Instructions: Please enter all information requested below regarding the Applicant. The “Applicant” is the individual or business entity applying for a Vendor License.

A. Legal Name of Applicant:

\_\_\_\_\_

B. List all Other Names Under Which the Applicant Conducts Business (d/b/a, etc.):

\_\_\_\_\_

C. Applicant Mailing Address:

\_\_\_\_\_

D. Applicant Phone Number:

\_\_\_\_\_

E. Applicant TIN (Taxpayer Identification Number; sole proprietorships may use the Applicant’s Social Security Number as their Taxpayer Identification Number)

\_\_\_\_\_

F. Applicant's Business Entity Type

Sole Proprietorship <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>
General Partnership <input type="checkbox"/>	Limited Partnership <input type="checkbox"/>	Other <input type="checkbox"/>
If "Other" is selected, list entity type here: _____		

G.

Place(s) of Incorporation or Business Registration(s):

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IV. Vendor License Category

Please select all applicable Vendor License options that correspond with the Applicant's activities. You may select more than one category, as desired.

The Applicant is seeking a:

- Transport Vendor License
  - A Transport Vendor License is needed for a Foreign Cannabis Business seeking to transport Commercial Cannabis within the Band's Territory.
- Commercial Seller Vendor License
  - A Transport Vendor License is needed for a Foreign Cannabis Business seeking to sell Commercial Cannabis to a Band-owned cannabis business licensed under the Bois Forte Cannabis Regulatory Ordinance.

V. Authorized Representative of Applicant

In this Section, please identify the representative who is completing this application on behalf of the Applicant. This person will serve as the agent of the Applicant who will have primary responsibility for communicating with the Commission on all relevant matters related to this Application.

1. Name (first, middle, last): \_\_\_\_\_

Other Names/Alias:

\_\_\_\_\_

2. Title: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Physical Address:

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5. Mailing Address (if different than physical address):

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6. Telephone Number: (\_\_\_\_) \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

I hereby certify that I am an Authorized Representative of the Applicant, duly authorized to submit this Application on the Applicant's behalf and to bind the Applicant to the consents and conditions contained in this Application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VI. Consents & Acknowledgements

<b>PRIVACY NOTICE</b>	
<p>In compliance with the Privacy Act of 1974, the Applicant is now informed that solicitation of the information in this Application is authorized by the Bois Forte Cannabis Regulatory Ordinance and its implementing regulations. The purpose of the requested information is to confirm the eligibility of the Applicant to be permitted by the Bois Forte Cannabis Regulatory Commission to obtain a Vendor License. The information will be used by the Commission, its Commissioners and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local, and foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or in connection with a licensing enforcement action. Failure to consent to the disclosures indicated in this notice will result in the Commission being unable to issue the Applicant a Vendor License.</p>	
<b>I have read and understand the foregoing statement.</b>	

<b>CONDITIONS UPON LICENSING</b>	
<p>As a condition of receiving a Vendor License, the Applicant shall be subject to the laws of the Bois Forte Band of Chippewa ("Band") as well as the policies, rules, procedures, and regulations of the Commission, and expressly agrees and consents to the jurisdiction of the Band, including its courts, its administrative bodies and its regulatory agencies and commissions, in association with its Commercial Cannabis Activities within the Band's Territory.</p> <p>Upon the Applicant's award of a Vendor License, the Commission, including its Commissioners, employees, agents and other authorized representatives, shall be authorized under the Bois Forte Cannabis Regulatory Ordinance ("Ordinance") to conduct inspections of the Applicant's vehicle and other personal property, including the personal property of those employees and agents of the Applicant that are authorized to transport Cannabis on the Applicant's behalf, while present in the Band's Territory, based on a reasonable and articulable suspicion of a violation of the Ordinance or its implementing regulations.</p>	
<b>I have read and understand the foregoing statements and agree that the Applicant shall be legally bound by initialing here.</b>	

<b>RELEASE OF CLAIMS</b>	
<p>The Applicant hereby releases, remises, and discharges the Bois Forte Band of Chippewa, the Commission and each of their respective directors, officers, members, agents, employees, and assigns (each, a "Tribal Party") from all liability, claims, demands, actions and causes of action, damages, costs, payments, and expenses of every kind, nature or description arising out of any regulatory inspection, investigation or enforcement action of a Tribal Party taken in the course of an official action, including the processing or investigation of this Application.</p>	
<b>I have read and understand the foregoing statements and agree that the Applicant shall be legally bound by initialing here.</b>	

## VII. Attachments

<p><b>The following documents and materials must be submitted with this Application for the Applicant to be considered for Vendor License eligibility. If a requested document cannot be produced, explain the reason why. Responses may be submitted with additional pages.</b></p>	
<p>A current and valid license, permit or other documentation evidencing the Applicant's authorization to conduct Commercial Cannabis Activity in the jurisdiction in which it is located.</p>	<input type="checkbox"/>
<p>A copy of all laws, regulations, and standards that the Applicant was required to satisfy as a condition of conducting Commercial Cannabis Activity in the jurisdiction in which it is located.</p> <p><u>Note for all Applicants:</u> The Commission's issuance of a Vendor License is contingent on a determination that the standards for issuance of the license authorizing the Applicant to conduct Commercial Cannabis Activity in the jurisdiction in which it is located meets or exceeds the standards required under the Bois Forte Cannabis Regulatory Ordinance and implementing regulations.</p>	<input type="checkbox"/>
<p>Supplemental Attestation of Testing and Quality Control, Attachment A of this Application.</p> <p>(This form is only required for Applicants seeking a Commercial Seller Vendor License. Any Commercial Cannabis sold to a Band-owned cannabis business licensed under the Bois Forte Cannabis Regulatory Ordinance must meet or exceed the quality control and testing requirements outlined under Chapter 3 of the Bois Forte Cannabis Regulations. This form requires the Applicant's Authorized Representative to attest to the Applicant's ability to satisfy the quality control and testing requirements outlined under Chapter 3, a copy of which is attached to the Form.)</p>	<input type="checkbox"/>
<p>Supplemental Form for Persons Performing the Physical Transportation of Commercial Cannabis, Attachment B of this Application.</p> <p>(This form is only required for Applicants seeking a Transport Vendor License. Each individual performing the physical transportation of Commercial Cannabis on behalf of the Applicant must complete a Supplemental Form for Persons Performing the Physical Transportation of Commercial Cannabis.)</p>	<input type="checkbox"/>

VIII. Certification

In submitting this Application, I, as either the Applicant or as the authorized representative on behalf of the Applicant:

- Certify that to the best of my knowledge and belief the information supplied in association with this Application is true, accurate and complete as of the date of the submission of this Application.
- Certify that I understand that a false or misleading statement on any part of this application may be grounds for denying a Vendor License.
- Agree to assist the Commission in verifying the accuracy of the information I have submitted upon the Commission's request; and
- Agree that if any information provided in association with this Application changes or otherwise becomes inaccurate, or new information becomes available, the Applicant shall promptly notify the Commission with or without a formal request for such information.
- Certify that the Applicant will comply with the requirements of the Bois Forte Cannabis Regulatory Ordinance and the regulations and orders promulgated by the Cannabis Regulatory Commission relating to Vendor Licenses.

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Signature

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Applicant Name

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Authorized Representative Name, Title

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Date

**ATTACHMENT A**  
**SUPPLEMENTAL ATTESTATION OF TESTING & QUALITY CONTROL**

I, as either the Applicant or as the authorized representative on behalf of the Applicant, hereby acknowledge that any Commercial Cannabis sold to a Band-owned cannabis business licensed under the Bois Forte Cannabis Regulatory Ordinance must meet or exceed the quality control and testing requirements outlined under Chapter 3 of the Bois Forte Cannabis Regulations. I, as either the Applicant or as the authorized representative on behalf of the Applicant, certify that a written copy of the quality control and testing requirements outlined under Chapter 3 of the Bois Forte Cannabis Regulatory Ordinance have been provided to me, I have reviewed such requirements and understand them, and the Applicant will comply with the quality control and testing requirements outlined under Chapter 3.

I further certify that the Applicant will conduct testing of its Commercial Cannabis that it intends to sell to a Band-owned cannabis business licensed under the Bois Forte Cannabis Regulatory Ordinance through the following licensed third-party laboratory:

Name & Address of Testing Laboratory:
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I have read and understand this Attestation and execute it on behalf of the Applicant voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Authorized Representative Name, Title

\_\_\_\_\_  
Date



**ATTACHMENT B**  
**SUPPLEMENTAL FORM FOR PERSONS PERFORMING THE PHYSICAL**  
**TRANSPORTATION OF COMMERCIAL CANNABIS**

This Supplemental Form for persons performing the Physical Transportation of Commercial Cannabis must be completed by each individual who will deliver, pick-up or otherwise carry commercial cannabis to, from or within the Band's Territory on behalf of a Foreign Cannabis Business.

Each of such individuals must fill out a copy of this form to be authorized to perform the physical transportation of Commercial Cannabis to, from or within the Band's Territory. If you are approved to perform the physical transportation of Commercial Cannabis on behalf of a Foreign Cannabis Business, your name shall be listed on the face of the Transport Vendor License of the cannabis business for whom you work.

Persons required to fill out a copy of this form include both drivers and passengers of vehicles used to transport Commercial Cannabis on behalf of a Foreign Cannabis Business to, from, or within the Band's Territory.

**Full Legal Name:** \_\_\_\_\_

**Name of Foreign Cannabis Business You Work for:** \_\_\_\_\_

**Electronic Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Physical Address:**

\_\_\_\_\_  
(street) (city) (state) (zip code)

**Mailing Address:**

\_\_\_\_\_  
(street) (city) (state) (zip code)

**Driver's License #:** \_\_\_\_\_

**State of Issuance:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**PRIVACY NOTICE**

In compliance with the Privacy Act of 1974, you are now informed that solicitation of the information in this form is authorized by the Bois Forte Cannabis Regulatory Ordinance and its implementing regulations. The purpose of the requested information is to determine your eligibility to perform the physical transportation of Commercial Cannabis. The information will be used by the Commission, its Commissioners and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local, and foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions, or in connection with a regulatory enforcement action. Failure to consent to the disclosures indicated in this notice will result in the Commission being unable to authorize you to perform the physical transportation of Commercial Cannabis to, from or within the Band's Territory.

**I have read and understand the foregoing statement.**

**NOTICE REGARDING FALSE STATEMENTS**

False or misleading statements on any part of this form may be grounds for denial or revocation of your authorization to perform the physical transportation of Commercial Cannabis to, from or within the Band's Territory.

**I have read and understand the foregoing statement.**

**CONDITIONS TO TRANSPORT COMMERCIAL CANNABIS**

As a condition of receiving authorization to perform the physical transportation of Commercial Cannabis within the Band's Territory, you shall be subject to the laws of the Band, as well as the policies, rules, procedures, and regulations of the Commission, and expressly agree and consent to the jurisdiction of the Band, including its courts, its administrative bodies and its regulatory agencies and commissions, in association with your Commercial Cannabis Activities within the Band's Territory.

The Commission, including its Commissioners, employees, agents and other authorized representatives are authorized to conduct inspections of you and your personal property, while present in the Band's Territory, based on a reasonable and articulable suspicion of a violation of the Ordinance or its implementing regulations.

**I have read and understand the foregoing statements and agree to be legally bound by initialing here.**

**RELEASE OF CLAIMS**

I hereby release, remise, and discharge the Bois Forte Band of Chippewa, the Commission and each of their respective directors, officers, members, agents, employees, and assigns (each, a "Tribal Party") from all liability, claims, demands, actions and causes of action, damages, costs, payments, and expenses of every kind, nature or

description arising out of any regulatory inspection, investigation or enforcement action of a Tribal Party taken in the course of an official action, including the processing or investigation of the information provided in this form.

**I have read and understand the foregoing statements and agree that I shall be legally bound by initialing here.**