

Application for M	edical Cannabis	Dispensary
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	☐ Initial Application		
MINNEHAHA	Renewal Application for 20		
COUNTY			
PART I: APPLICANT/OW	NER INFORMATION		
	s) of the prospective medical cannabis establishment:		
Legal name of the prospective me	adical cannahis establishment		
2. Legar name of the prospective me	edical calliable establishment.		
Name and date of birth of each p establishment:	rincipal officer and board member of the prospective med	dical cannabis	
establishment.		Valid ID attached:	
Name:	DOB:	Yes No	
Name:	DOB:	Yes No	
Name:	DOB:	Yes No	
Name:	DOB:	Yes No	
Name:	DOB:	Yes No	
	the prospective medical cannabis establishment is a	Certification attached:	
	outh Dakota; or, if the owner of the prospective medical	☐ Yes ☐ No	
•	ership, firm, limited liability company, company,		
	tity, that at least one general partner, officer, board		
_	ther person who has control or supervision of such entity		
is a resident of Minnehaha Count	y, South Dakota.		
5. A certification that the applicant	has conducted a background check on each officer,	Certification attached:	
	or employee associated with or working in the	Yes No	
prospective medical cannabis establishment within ninety (90) days prior to the date of			
the application.			
6. A certification that none of the er	mployees of the prospective medical cannabis	Certification attached:	
establishment has been convicted	d of a disqualifying felony offense.	Yes No	
7 A cortification that the employee	s of the prospective medical cannabis establishment are	Certification attached:	
over the age of 21 years.	s of the prospective medical calmabis establishment are	Yes No	
PART II: LOCATION INFO	RMATION		
8. Location of the prospective media	cal cannabis establishment:		
a. Legal description:			
b. Physical address:			

9. A certification that the location of the prospective medical cannabis establishment is in compliance with all County zoning requirements, including without limitation distance from single family dwellings, schools, churches, public use facilities, parks, and other medical cannabis dispensaries.		Certification attached: Yes No		
PART III: REQUIRED DOCUMENTATION:				
10. A copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate recordkeeping.		Documents attached: Yes No		
11. A description of appropriate security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis.		Description attached: Yes No		
12. A copy of the written policies, procedures, or plans that detail how unauthorized entrance to the prospective medical cannabis establishment will be prevented.		Documents attached: Yes No		
13. A copy of the written policies, procedures, or plans that detail the odor control plan at the prospective medical cannabis establishment.		Documents attached: Yes No		
14. The application fee and the applicable license or renewal fee.		Fees attached: Yes No		
PART IV: CERTIFICATE				
The undersigned applicant certifies under the penalties of perjury that all statements provided herein are correct; that the said applicant complies with all of the legal requirements set forth in SDCL Chapter 34-20G and Minnehaha County Ordinance 60-21; agrees that applicant's premises, for the purposes of search and seizure laws of the State and Minnehaha County Ordinance 60-21 are considered public premises; and, agrees that this application shall constitute a contract between applicant and Minnehaha County entitling the Department, the Attorney General, Minnehaha County or any law enforcement officer to inspect the premises, books, and records at all times for the purpose of enforcing the provisions of SDCL Chapter 34-20G and Minnehaha County Ordinance 60-21.				
Date:				
Signa	ture			
Print	ed Name			
Subscribed and sworn to before me this day	of,	20		
(NOTARY SEAL)	Notary Public – South Dakota My Commission Expires:			