



FORM E

South Dakota Medical Cannabis Program LOCAL GOVERNMENT COMPLIANCE CERTIFICATION

The purpose of this form is to collect the necessary information from applicants who seek a medical cannabis establishment registration certificate pursuant to ARSD 44:90:03:10 and ARSD 44:90:03:11

SECTION I. Establishment Information

Please provide the following information for the prospective medical cannabis establishment. For each establishment you are certifying within your jurisdiction, please provide a separate local government compliance certification form.

Legal Business Name <i>aka Trails Deadwood Growhouse Head Cannabis Co.</i>		Type of Establishment(s) <input type="checkbox"/> Cultivation <input checked="" type="checkbox"/> Dispensary <input type="checkbox"/> Manufacturing <input type="checkbox"/> Testing	
Establishment Physical Address <i>32 Charles St.</i>		Apartment or Suite #	
City <i>Deadwood</i>	County <i>Lawrence</i>	State <i>SD</i>	ZIP Code <i>57732</i>

SECTION II. Ordinance Compliance

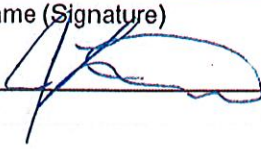
- Are there Ordinances limiting the number of medical cannabis establishments within the jurisdiction?
Yes ☐ (Go to question 2)
No ☒ (Go to question 4)
- How many of each establishment type are allowed by ordinance in the jurisdiction?
 - Cultivation _____
 - Manufacturing _____
 - Testing _____
 - Dispensary _____
- When was the effective date for this ordinance?
Effective Date _____
- Are there Zoning ordinances in effect relating to medical cannabis establishments?
Yes ☒ (Go to question 5)
No ☐ (Go to question 6)
- Is the proposed location in compliance with zoning ordinances pertaining to medical cannabis? Yes ☒ No ☐
- Does the jurisdiction require the applicant to obtain any local permits, licenses, or registrations pertaining to medical cannabis?
Yes ☒ (Go to question 7)
No ☐ (Sign and certify this form)
- Has the applicant obtained the required local permits, licenses, or registrations pertaining to medical cannabis? Yes ☒ No ☐

SECTION III. Attachments

Please attach all ordinances related to medical cannabis with this form. If submitting multiple local government compliance certification forms, only attach local ordinances once.

SECTION IV. Certification

I certify that the above-mentioned medical cannabis establishment meets all applicable jurisdiction requirements.

Full Name (Printed) Jessica McKeown	Title Finance Officer	Jurisdiction City of Deadwood
Full Name (Signature) 		Date 5/22/2025

