

## License Application Application for license to engage in the business of **Medical Cannabis Dispensary** in Deadwood,

South Dakota, for the calendar year of	
NEW APPLICATION: Non-Refundable Fee: \$10,000.00 - To be Applied to 1st Annual Fee	
(NOTE: Balance of First Annual Fee of \$20,000.00 is Also Due Upon State Registration - No Partial Year I  ☐ RENEWAL: Annual Fee: \$30,000.00	Proration
Part I: APPLICANT/LICENSEE INFORMATION	
Name of Applicant/Licensee:	
☐ Individual ☐ Corporation ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Other	
If Corporation, please submit copy of Articles of Incorporation, By-Laws, and Certificate of Good Standing. If LLC, please submit copy of Articles of Organization, Operating Agreement, and Certificate of Good Standing If Partnership, please submit copy of written Partnership Agreement.	J.
Trade Name (or DBA) of Business:	
Please submit proof of fictitious business name (DBA) registration with South Dakota Secretary of State.	
Physical Address of Dispensary:	de
<u> </u>	
Part II: PREMISES INFORMATION	
Business Phone: Is the premises owned or rented?	
** If rented, applicant must attach "Authorization to use Property for a Cannabis Business" page 5.	
If this is a renewal application and all premises information remains the same as the original initial application, check here   *If checked, skip questions below to Part III	
Attach a copy of the deed or lease along with a "to scale" sketch of the floor plan, a "to scale" site plane reflecting all construction and lot boundaries, and an elevation drawing or rending of the exterior.	n
Zoning: The proposed business is located within (check one):	
☐ CH Commercial Highway District ☐ CE Commercial Enterprise	
Is this business located within any building containing a dwelling unit, a pediatrician's office, hotel, motoboarding house, or lodging facility? $\square$ Yes $\square$ No	otel,
Is this business located within 1000 feet from the nearest property line of any public or private school	
Is this business located within 500 feet from the nearest property line of a park or place of worship?  ☐ Yes ☐ No	
Is this business located within 100 feet from the nearest property line of another dispensary?	
□Yes □ No	
pplicant has submitted a survey from a registered land surveyor confirming the distances require com public or private schools, places of worship, parks, and other cannabis dispensaries per Deactity Ordinance 1337 Zoning Regulations for Cannabis Establishments. $\ \square$ Yes $\ \square$ No	

this license? (Contact City of Deadwoods Building Inspe	•	istruction-relai Yes	
If yes, please explain:			
<b>Note:</b> issuance of a medical cannabis dispensary lice license (i.e., building permits, etc.).	ense does not eli	minate the need	d for any other applicable
Part III: OPERATIONS INFORMATION			
Attach a business plan to include your inter compliance with City of Deadwood Ordinan			ntion demonstrating
If this is a renewal application and all operations application, check here (If checked, no			•
Attach a sales tax clearance letter from the	State of South	Dakota Depar	
Sales Tax ID#			(Required Annually)
Attach a list of products and suppliers (To Be	e Supplemented Ar	nnually)	
Part IV: PERSONNEL INFORMATION			
Business Primary Contact Name:		Titl	e:
Mailing address:			
Mailing address:  Street			State Zip Code
Phone: E-mail:			
<u>List of Owners:</u> (Attach separate page for more)			
Name:	_State of resid	ency:	% owned:
Name:	_State of resid	ency:	% owned:
Name:	_State of resid	ency:	% owned:
Name:	_State of resid	ency:	% owned:
List of Employees: (Attach separate page for more)			
Name:	_DOB:	Address: _	
Name:	_DOB:	Address: _	

Every owner, LLC member or manager, shareholder, principal officer, board member, and employee must complete a Background Investigation form found on page 4 and submit a photocopy of his or her driver's license or government ID. (This must be supplemented each time an additional employee is hired.)

## Part V: AFFIRMATION AND CONSENT Licensee or Business Name: \_\_\_\_\_\_ \_(printed name), as the applicant or as an authorized agent, officer, owner, or manager for the applicant, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare & consent that: 1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the denial of this license application by the City of Deadwood (initial here) ; 2. I consent to any background investigation necessary to determine my present and continuing suitability and that consent continues as long as I hold a Medical Cannabis Dispensary License (initial here) : 3. I understand and acknowledge that the City Finance's Office and the State of South Dakota may request other information from me in connection with this application. Failure to provide the requested information may result in denial of this application (initial here); 4. I understand this license shall not be transferable to any other person, business entity, or location and is not a property right (initial here)\_\_\_\_\_; 5. I understand that the licensed Medical Cannabis Dispensary business must maintain legal possession of the licensed premises at all times (initial here)\_\_\_\_\_; 6. I understand that the entire location premises shall be subject to inspections by relevant authorities at all operational hours and other times of apparent activity (initial here) 7. I hereby state that I have read SDCL Chap. 34-20G, all applicable State rules and regulations, and City of Deadwood Ordinance 1333 regarding Medical Cannabis Dispensary licensing rules and regulations and City of Deadwood Ordinance 1337 Zoning Regulations for Cannabis Establishments and I understand the contents thereof and agree to be bound by them in all respects, expressly including the waiver of liability, release of claims, and indemnification of the City of Deadwood and others contained in Ordinances 1333 and 1337 (initial here) 8. I understand that any Medical Cannabis License issued by the City of Deadwood is provisional, conditional, and must be annually renewed by application submitted no less than forty- five (45) days prior to the expiration date, unless earlier revoked or surrendered (initial here) I have completed all the above information and understand my responsibilities as a Medical Cannabis applicant, licensee owner, or manager. I further understand that failure to comply with any law, regulations, or provisions of this affirmation may be grounds for disciplinary action, including, but not limited to, the suspension or revocation of the license. Applicant Signature Title Date **Instructions:** File this application form along with the required attachments and application license fee to the City Finance Officer,

102 Sherman Street, Deadwood, SD. Call 578-2600 for questions.

**Application Fees:** Initial Application Fee of \$10,000.00 or Annual Fee of \$30,000.00 is due at the time of submitting thisapplication. The first Annual fee of \$30,000.00 is due upon receipt of Certification of Occupancy. The Annual Fee is not pro-rated.

For Finance Office Use Only:

Date application received:\_\_\_\_\_Fee Paid \$\_\_\_\_\_Receipt No. \_\_\_\_

## **BACKGROUND INVESTIGATION**

TO BE COMPLETED BY EACH OWNER, SHAREHOLDER, LLC MEMBER AND MANAGER, PRINCIPAL OFFICER, BOARD MEMBER, AND EMPLOYEE (Supplemental Form Required For Each New Employee)					
Name of Individual (please print):					
Trade Name of Establishment:					
Address of Proposed Establishment					
<b>Notice:</b> The Marijuana Background Application Form is an official document. If you provide false information on your Medical Cannabis Dispensary License Application and/or do not disclose all information the application asks, your license is subject to denial or revocation. The City of Deadwood Police Department will conduct a complete background investigation and will check all sources of information.					
1. Have you ever been convicted of a felony in any	State?		☐YES ☐NO		
2. Have you, or any business in which you have had ownership, had a marijuana license suspended or revoked by any State agency or a local jurisdiction?			d YES NO		
3. Are you under the age of twenty-one?	3. Are you under the age of twenty-one?				
STOP! If YES to any of 1 thru 3, you are prohibited from being an owner or employee of a cannabis establishment in Deadwood.					
4. Have you been convicted of a violent, weapon-related, or drug-related misdemeanor at any time?			? YES NO		
5. Have you been convicted of any form of theft or crime of dishonesty at any time?			☐YES ☐ NO		
6. Do you have any pending criminal charges other than traffic/moving violations?			☐ YES ☐ NO		
If YES to any of 4 thru 6, please attach a separate sheet describing in detail the facts and circumstances of each charge/conviction.					
<b>Personal Information:</b> Unless otherwise provided by law, the personal information required is solely for identification purposes and will be treated as confidential.					
Your Full Legal Name (last, first, middle)		Primary Phone Number	Alternate Phone Number		
List any other names you have used					
Current residence address M			Mailing address (if different)		
Email address					
Do you have a current Driver's License? Attach on ☐ No ☐ Yes #State		Date of Birth	Social Security Number		
I hereby authorize a comprehensive background check and release the City of Deadwood, its employees, contractors, volunteers, and elected officials from any liability or damage, which may result from furnishing the information requested.					
Signature:	Tit	le:	Date:		

## **AUTHORIZATION TO USE PROPERTY FOR A CANNABIS BUSINESS**

BUSINESS NAME:	
APPLICANT:	
STREET ADDRESS OF CANNABIS BUSINESS:	
As owner of the real property listed above, I hereby authorize the property to be used as a <b>Medical Cannabis Retail Facility</b> .	ne submission of this application for my
I understand that the lessee must operate the business on the provisions of City of Deadwood's Ordinance 1333: Licensing Pfurther understand that my property must meet certain zoning re Ordinance 1337: Zoning Regulations for Cannabis Establishme federal, state, and local laws and building codes.	rovisions for Medical Cannabis. I equirements per City of Deadwood
In exchange for good and valuable consideration, the receipt ar acknowledged, I hereby release the city, its officers, elected offi agents from all liability for all claims and demands, or causes of present or future, in any way relating to or arising from the lesses said property.	icials, employees, attorneys, and f action of any kind whatsoever,
Property Owner Signature	Date
Printed Name of Property Owner/Agent	Phone Number
Property Owner's Address	
Lease Expiration Date	

**❖ ATTACH PHOTOCOPY OF WRITTEN LEASE AGREEMENT**