



Medical Cannabis Establishment License Application

Application for license to engage in the business of Medical Cannabis Dispensary located at City of Box Elder, South Dakota, for the calendar year of \_\_\_\_\_.

- NEW APPLICATION
RENEWAL APPLICATION

TYPE of CANNABIS ESTABLISHMENT

- Cultivation Facility
Testing Facility
Product Manufacturing Facility
Dispensary

Note: Cannabis Fees are outlined in the City of Box Elder Ordinance Adopting a Comprehensive Schedule of Fees and Charges and are subject to change. The First Annual Fee is also due upon State Registration – No Partial Year Pro-ration

Instructions: Submit this application form along with the required attachments and applicable application fee(s) to the City Finance Officer, 420 Villa Drive, Box Elder, SD 57719. If you have any questions please call (605) 923-1404. The first Annual Fee is due upon receipt of Certificate of Occupancy and is not subject to pro-ration.

PART I. APPLICANT/LICENSEE INFORMATION

Business (or DBA) Name: \_\_\_\_\_

- 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 Articles of Organization, Operating Agreement, and Certificate of Good Standing. If Partnership, please submit copy of written Partnership Agreement. If DBA, Please submit proof of fictitious name (DBA) registration with South Dakota Secretary of State

Applicant: \_\_\_\_\_

Street Address of Cannabis Establishment: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Revised: 11/5/2021



PART II. PREMISES INFORMATION

Business Phone: \_\_\_\_\_ Is the premises owned or rented? \_\_\_\_\_

\*\* If rented, applicant must attach "Authorization to use Property of a Cannabis Establishment" 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 plan reflecting all construction and lot boundaries, and an elevation drawing or rendering of the exterior.

Zoning: The proposed business is located within a General light industrial district (GILD): [ ] YES [ ] No

Is this business located within 1000 feet from the nearest lot line of any public or private school or a residence (not located on the same lot as a cannabis cultivation facility)? [ ] YES [ ] No

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? [ ] YES [ ] No If yes, please explain:

Note: Issuance of a medical cannabis establishment license does not eliminate the need for any other applicable license (i.e. building permits, etc.).

PART III. OPERATIONS INFORMATION

Attach a business plan to include your intended hours and rules of operation demonstrating compliance with City of Box Elder Ordinances.

Attach a complete description of security and safety measures demonstrating compliance with South Dakota Statutes and Administrative rules.

If this is a renewal application and all operations information remains the same as the original initial application, check here [ ] (if checked, no new business plan or safety/security measures are needed).

Attach a sales tax clearance letter from the State of South Dakota Department of Revenue and a list of products and suppliers (both are required annually).

Sales Tax ID# \_\_\_\_\_



PART IV. PERSONNEL INFORMATION

Business Primary Contact: Name \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List of Owners: Attach separate page if additional space is needed.

- Name \_\_\_\_\_ State of Residency: \_\_\_\_\_ % Owned \_\_\_\_\_
Name \_\_\_\_\_ State of Residency: \_\_\_\_\_ % Owned \_\_\_\_\_
Name \_\_\_\_\_ State of Residency: \_\_\_\_\_ % Owned \_\_\_\_\_
Name \_\_\_\_\_ State of Residency: \_\_\_\_\_ % Owned \_\_\_\_\_
Name \_\_\_\_\_ State of Residency: \_\_\_\_\_ % Owned \_\_\_\_\_

List of Employees: Attach separate page if additional space is needed.

- Name \_\_\_\_\_ DOB: \_\_\_\_\_ Address \_\_\_\_\_
Name \_\_\_\_\_ DOB: \_\_\_\_\_ Address \_\_\_\_\_
Name \_\_\_\_\_ DOB: \_\_\_\_\_ Address \_\_\_\_\_
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 pag 4 and submit a photocopy of his or her diver'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: \_\_\_\_\_

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, officer, 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 Box Elder (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 Establishment 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 Establishment 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 Box Elder Code of Ordinances Chapter 8 regarding Medical Cannabis Establishment business licensing rules and regulations, 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 Box Elder and others contained in the City of Box Elders Medical Cannabis Ordinances (initial here) \_\_\_\_\_
8. I understand that any Medical Cannabis Establishment license issued by the City of Box Elder 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: \_\_\_\_\_



**CITY OF BOX ELDER CANNABIS ESTABLISHMENT BACKGROUND INVESTIGATION FORM**

**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	
-----------------------------------	--

**Notice:** The Marijuana Background Application Form is an official document. If you provide false information on your Medical Cannabis Establishment License Application and/or do not disclose all information the application asks, your license is subject to denial or revocation. The City of Box Elder 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?  YES  NO
3. Are you under the age of twenty-one?  YES  NO

**STOP:** If YES to any of 1 thru 3, you are prohibited from being an owner or employee of a cannabis establishment in the City of Box Elder.

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.

**Personal Information:** Unless otherwise provided by law, the personal information required is solely for identification purposes and will be treated as confidential.

Full Legal Name (last, first middle)	Primary Phone Number	Alternative Phone Number
List any other names you have used	Social Security Number	
Current Residence Address	Mailing address (if different)	Date of Birth
Email address	Do you Have a current Driver's License? Attach a Copy <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ State _____	

I hereby authorize a comprehensive background check and release the City of Box Elder, its employees, contractors, volunteers, and elected officials from any liability or damage, which may result from furnishing the information requested.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 11/5/2021



AUTHORIZATION TO USE PROPERTY FOR A CANNABIS ESTABLISHMENT

BUSINESS NAME:
APPLICANT:
STREET ADDRESS OF CANNABIS ESTABLISHMENT:

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a Medical Cannabis Establishment.

I understand that the lessee must operate the business on the property described above under provisions of the City of Box Elder's Municipal Code of Ordinances. I further understand that my property must meet certain zoning requirements and comply with applicable federal, state, and local laws and building codes.

In exchange for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, I hereby release the city, its officers, elected officials, employees, attorneys and agents from all liability for any and all claims and demands, or causes of action of any kind whatsoever, present or future, in any way relating to or arising from the lessee/licensee's business operation upon said property.

Property Owner Signature

Date

Printed Name of Property Owner/Agent

Phone Number

Property Owner's Address

ATTACH PHOTOCOPY OF WRITTEN LEASE AGREEMENT

Lease Expiration Date

**CITY OF BOX ELDER**  
**Medical Cannabis Establishment Location Map**

