

APPLICATION FOR LICENSE
CITY OF YANKTON, COUNTY OF YANKTON,
STATE OF SOUTH DAKOTA

Application for license to engage in the business of **Medical Cannabis Dispensary** located at Yankton, South Dakota, for the calendar year of _____.

NEW APPLICATION: **Non-Refundable Fee: \$1,500.00**

(**Note:** First Annual Fee of \$3,000.00 is Also Due Upon State Registration – No Partial Year Pro-ration)

RENEWAL: **Annual Fee: \$3,000.00**

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.

Trade Name (or DBA) of Business: _____

Please submit proof of fictitious business name (DBA) registration with South Dakota Secretary of State.

Address of Dispensary Business: _____
Street City State Zip Code

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 plan reflecting all construction and lot boundaries, and an elevation drawing or rendering of the exterior.

Zoning: The proposed business is located within (check one):

B-2 Highway Business District B-3 Central Business District Industrial District

Is this business located within any building containing a dwelling unit, a pediatrician's office, hotel, motel, boarding house, or lodging facility? Yes No

Is this business located within 500 feet from the nearest property line of any school, church, licensed childcare facility, correctional facility, mental health facility, or substance abuse facility? Yes No

Is this business located within 400 feet from the nearest property line of another dispensary?
 Yes No Unknown

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact Yankton's Community Development Office if Unknown) Yes No

If yes, please explain: _____

Note: issuance of a medical cannabis dispensary 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 Yankton Ordinance Secs. 13-140 and 13-151

Attach a complete description of security and safety measures demonstrating compliance with City of Yankton Ordinance Secs. 13-145

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 is needed)

*Attach a sales tax clearance letter from the State of South Dakota Department of Revenue
(Required Annually)*

Sales Tax ID# _____

Attach a list of products and suppliers (To Be Supplemented Annually)

Part IV: PERSONNEL INFORMATION

Business Primary Contact Name: _____ Title: _____

Mailing address: _____
Street City State Zip Code

Phone: _____ E-mail: _____

List of Owners: (Attach separate page for more)

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 for more)

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 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: _____

I, _____ (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 Yankton (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 Yankton Code of Ordinances Chapter 13 regarding Medical Cannabis Dispensary 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 Yankton and others contained in Ordinance Sec. 13-153 (initial here) _____;
8. I understand that any Medical Cannabis business license issued by the City of Yankton 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
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Instructions: File this application form along with the required attachments and application license fee to the City Finance Officer, PO Box 176, Yankton, SD 57078. Call 668-5243 for questions.

Application Fees: The applicable fee (Initial Application Fee of \$1,500 or Annual Fee of \$3,000) is due at the time of submitting this application. The first Annual fee of \$3,000 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	

Notice: 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 Yankton 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you under the age of twenty-one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
STOP! If YES to any of 1 thru 3, you are prohibited from being an owner or employee of a cannabis establishment in Yankton.	
4. Have you been convicted of a violent, weapon-related, or drug-related misdemeanor at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you been convicted of any form of theft or crime of dishonesty at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you have any pending criminal charges other than traffic/moving violations?	<input type="checkbox"/> YES <input type="checkbox"/> 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.

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

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

Signature: _____ Title: _____ 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 submission of this application for my property to be used as a **Medical Cannabis Retail Facility**.

I understand that the lessee must operate the business on the property described above under provisions of City of Yankton's Municipal Code of Ordinances Chapter 13: Licenses and Business Regulations, Article III, Division 7. Medical Cannabis Dispensaries, Sections 13-132 through 13-153. 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

Lease Expiration Date

❖ **ATTACH PHOTOCOPY OF WRITTEN LEASE AGREEMENT**