

IMPORTANT INSTRUCTIONS CANNABIS ESTABLISHMENT LICENSE APPLICATION FORM

Fill out all fields of this form and submit ALL required supplementary documents. Missing or incomplete information will cause the application to be denied.

You are responsible for verifying all information is correct throughout the application. Incorrect information will cause the application to be denied.

Applications must be turned in to the City of Spearfish Finance Office at City Hall, 625 N. Fifth Street, Spearfish SD 57783.

Only hard copies with the applicant's original signature will be accepted. Do not scan, email or fax a completed application form.

Payment must be remitted at time of application.



APPLICATION FOR CANNABIS ESTABLISHMENT LICENSE
CITY OF SPEARFISH, COUNTY OF LAWRENCE,
STATE OF SOUTH DAKOTA

Application for license to engage in the business of:

Cannabis Cultivation

Cannabis Manufacturing

Cannabis Testing

Cannabis Dispensary

If applying for more than one license, a separate application is required for each type of license.

If issued, the license is valid for the calendar year in which it is approved.

Application fees and licensing fees are not prorated for partial year usage of the license.

Check the following as applicable and attach a check payable to the City of Spearfish:

- NEW APPLICATION: Non-Refundable Fee: **\$1,500.00** (the application fee will be applied to the license fee of \$5,000)
- RENEWAL APPLICATION: **\$5,000**
- CHANGE OF INFORMATION: **\$1,000**

PLEASE LEGIBLY PRINT ALL INFORMATION ON THIS FORM, EXCEPT WHERE SIGNATURE IS REQUIRED.

Part I: APPLICANT/LICENSEE INFORMATION

Name

Address

City, State

Zip code

Telephone number

Email address

Trade Name (or DBA) of Business if different from above:

Check the applicable business type:

Individual/sole proprietor Corporation Partnership Limited Liability Company (LLC) Other _____(describe)

If not applying as an individual, attach a current copy of the Annual Report as filed with the Secretary of State of South Dakota.

South Dakota sales tax license number: _____(attach copy of license)

State of South Dakota Cannabis Registration Number: _____ (attach copy of certificate. If approval is pending, simply state "pending".

Part II: PREMISES INFORMATION

Address of cannabis establishment

Business Phone: _____

Property where the cannabis establishment license is to be issued is:

owned by licensee

leased by licensee

If leased, your signature on this application indicates that you are authorized by the property owner to operate a cannabis establishment at the premises address provided in this application.

Is the property line of this establishment located within 1,000 feet from the nearest property line of any school or residence? Yes No

Will there be new construction of a building or the alteration of an existing structure for the cannabis establishment? Yes No

If yes, please explain:

Attach a copy of proposed site plan and floor plans as applicable, drawn to scale, and showing proposed usage of all parts of the property and building.

NOTE: Issuance of a cannabis establishment license does not eliminate the need for any other applicable plan review, building permit, or building certificate of occupancy.

Part III: PERSONNEL INFORMATION

Primary Contact

____ Same as listed in Part I above

Name: _____ Title: _____

Phone: _____ E-mail: _____

List of Owners, Members, Managers, Shareholders, Principal Officers, Board Members:
(Attach separate page for more)

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

State of Residency _____ Percentage of business owned _____

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

State of Residency _____ Percentage of business owned _____

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

State of Residency _____ Percentage of business owned _____

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

State of Residency _____ Percentage of business owned _____

List of Employees: (Attach separate page for more)

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

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Address: _____
Street City State Zip Code

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Every owner, LLC member or manager, shareholder, principal officer, board member, and employee must complete a Background Investigation form (attached at the end of this application form) 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 IV: AFFIRMATION AND CONSENT

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 and 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 or subsequent suspension or revocation of an issued license by the City of Spearfish (initial here) _____;
2. I consent to any background investigation necessary to determine my present and continuing eligibility and that consent continues for as long as I hold a Cannabis Establishment License (initial here) _____;
3. I understand and acknowledge that the City of Spearfish 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 Cannabis Establishment must always maintain legal possession of the licensed premises (initial here) _____;
6. I understand that the entire 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 Spearfish Code of Ordinances Chapter 10, Article XIV regarding Cannabis Establishment licensing rules and regulations, Appendix A Zoning, Section IV District Regulations Sections 1-9 and Section 15 regarding the zoning requirements of 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 Spearfish (initial here) _____;
8. I understand that any Cannabis Establishment license issued by the City of Spearfish is provisional, conditional, and must be annually renewed by application submitted no less than thirty (30) 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 Cannabis Establishment applicant or authorized agent, officer, owner, or manager of the applicant or license holder. 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.

Signature

Title

Date

INSTRUCTIONS

File this application form along with the required attachments and application license fee to the City Finance Officer, 625 N. Fifth Street, Spearfish, SD 57783.
Call 605-642-1325 for questions.

Application Checklist:

- _____ Application form is complete and signed
- _____ Application fee or renewal fee, as applicable
- _____ Copy of Annual Report filed with Secretary of State (if not applying as an individual)
- _____ Copy of South Dakota sales tax license
- _____ Copy of South Dakota cannabis registration certificate
- _____ Site plan and/or floor plan drawings
- _____ Background Investigation Forms for all required personnel
- _____ Medical Cannabis Background Attestation Form

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. Submit page 1 and 2. | |
| Name of Individual (please print): | |
| Trade Name of Establishment: (from part 1 of application form) | |
| Address of Establishment: (from part 1 of application form) | |

| | |
|--|--|
| Notice: This Background Investigation Form is an official document. If you provide false information on this Form and/or do not disclose all information the application asks, your license is subject to denial or revocation. The City of Spearfish Police Department will conduct a complete background investigation and will check all sources of information. | |
| 1. Have you ever been convicted of a violent crime that was classified as a felony in the jurisdiction in which you were convicted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you held a cannabis establishment license or cannabis registration certificate that was: revoked by the City of Spearfish in the last 24 months? (city-issued license) revoked by the State of South Dakota in the last 24 months? (state-issued registration certificate) | <input type="checkbox"/> YES <input type="checkbox"/> NO <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 through 3, you are prohibited from being an owner or employee of a cannabis establishment in Spearfish. | |
| 4. Do you have any pending criminal charges other than traffic or moving violations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. If YES to 4, please attach a separate sheet describing in detail the facts and circumstances of each charge or conviction. | |

| | | |
|--|-----------------------|-------------------------|
| Personal Information: <i>Unless otherwise provided by law, the personal information required is solely for identification purposes and will be treated as confidential.</i> | | |
| Full Legal Name (first, middle, last): | Primary Phone Number: | Alternate Phone Number: |
| List any other names you have used: | | |
| Current residential address: | | |
| Mailing address if different from above: | | |
| Any other states in which you have resided: | | |
| Email address: | | |
| Do you have a current driver license? Attach copy. <input type="checkbox"/> No <input type="checkbox"/> Yes license # _____ State of driver license _____ | Date of Birth: | Social Security Number: |

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

Signature: _____ Title: _____

Date: _____

Medical Cannabis Background Attestation Form

A. I attest a criminal background check has been conducted for each principal officer and board member pursuant to ARSD 44:90:03:14 and no principal officer or board member has been convicted of a disqualifying felony as defined in SDCL 34-20G;

B. I attest a criminal background check has been conducted for each agent and none have been convicted of a disqualifying felony offense or a violation of SDCL 34-20G-74;

C. I attest a criminal background check has been or will be conducted for each person seeking to become a volunteer or employee before the person begins working at the medical cannabis establishment as required by SDCL 34-20G-61.

My signature below means that I have read and attest to the above statements.

Establishment Name: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____