



Medical Cannabis Initial Application Checklist

Application and fees must be delivered in person to:

City Hall
Licensing Office
224 West Ninth Street
Sioux Falls, SD 57104

Initial on the lines below verifying the information is included in your sealed application packet. Medical Cannabis Dispensary applicants must provide two separate checks with the initial application: one check for \$25,000 for the Application Fee and one check for \$50,000 for the License Fee. Medical Cannabis Testing Facility applicants must provide two separate checks with the initial application: one check for \$1,500 for the Application Fee and one check for \$5,000 for the License Fee. Checks should state the legal business name in the memo line and be attached to the outside of the envelope.

- Application Fee payable to City of Sioux Falls in the form of check # _____
- License Fee payable to City of Sioux Falls in the form of check # _____

- _____ Certification from Property Owner (Please also attach a copy on outside of the sealed envelope)
- _____ Copies of Valid IDs for Principal Officers/Board Members
- _____ Confirmation of Completed Background Checks
- _____ Operating Documents
- _____ Security Management Plan
- _____ Odor Control Plan
- _____ Application Checklist

My signature below indicates my understanding that all documents referenced above must be submitted in paper form and enclosed in a sealed envelope.

Applicant Signature: _____

Printed Name: _____



Medical Cannabis Dispensary **Medical Cannabis Testing Facility**

Initial Application Renewal Application for year _____

A.	Business Name and Address:	Business Phone #:	Business Email:
	Legal description of the property:		
	Is place of business located in Sioux Falls city limits?		
Does the applicant own or lease the property?			<input type="checkbox"/> Own <input type="checkbox"/> Lease
Did you obtain certification from the property owner authorizing you to engage in business as a Medical Cannabis establishment? • Certification must be included			<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that only one application for this business has been submitted for this location.			<input type="checkbox"/> Yes <input type="checkbox"/> No

B.	Is business located within 1,000 feet of public/private school (per SDCL 34-20G)? (Other restrictions apply. See Sioux Falls Ordinance Chapters 121 and 160.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	---	--

C.	Name of Principal Officers/Board Members	Date of Birth	Copy of Valid ID Attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

D.	Can you confirm that at least one officer/board member is a resident of South Dakota?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	---	--

E.	Have you or any of your officers, board members, agents, volunteers, or employees been convicted of a disqualifying felony offense (defined in SDCL 34-20G and Sioux Falls Ordinance 121.001)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	--	--

F.	Can you confirm background checks, completed within 30 days prior to submission of application, are included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	---	--

G.	Can you confirm that all of your employees are 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------	--	--

H.	Business's Primary Contact Name:	Primary's Phone #:	Primary's Email:
	On-Site Manager Name:	Manager's Phone #:	Manager's Email:

I.	Operating Documents enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Security Management Plan enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Odor Control Plan enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

J. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that to the best of their knowledge all statements provided herein are true and correct to the best of the applicant's knowledge; that this application complies with all of the legal requirements set forth in SDCL 34-20G and Sioux Falls Ordinance Chapters 121 and 160; and agrees that the City of Sioux Falls is authorized to inspect the premises, books, and records during regular business hours for the purpose of enforcing the provisions of Sioux Falls Ordinance Chapters 121 and 160.

Date: _____ Printed Name: _____ Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires: _____