



# MEDICAL CANNABIS DISPENSARY APPLICATION FOR LICENSE

CITY OF PHILIP, SD  
140 S. Howard Avenue, 4<sup>th</sup> Floor - PO Box 408  
Philip, SD 57567

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

NEW APPLICATION: **Fee \$5,000.00**

ANNUAL RENEWAL: **Fee \$5,000.00**

(The applicable fee is due at the time of submitting this application. Approval of this application is provisional and contingent upon applicant securing a registration certificate from the SD Dept. of Health. Applicant must submit a copy of their state registration certificate before a local license will be issued by the City of Philip. Eighty-percent (80%) of the fee is refundable if applicant fails to obtain a registration certificate from the SD Dept. of Health.)

## Part I: APPLICANT/LICENSEE INFORMATION

**Name of Applicant/Licensee:** \_\_\_\_\_

Individual     Corporation     Partnership     Limited Liability Company (LLC)     Other \_\_\_\_\_

**Trade Name (or DBA) of Business:** \_\_\_\_\_

**SD Sales Tax License No.** \_\_\_\_\_      **Federal Tax ID No.** \_\_\_\_\_

**Physical Address of Dispensary:** \_\_\_\_\_  
Street                                  City                                  State                                  Zip Code

**Legal Description of Dispensary:** \_\_\_\_\_

## Part II: PREMISES INFORMATION

**Business Phone:** \_\_\_\_\_

If this is a renewal application and all premises information remains the same as the initial application, check here:

*\*If checked, skip questions below to Part III*

**Is the premises owned or rented?**     Owned       Rented

*If rented, applicant must attach "Authorization to use Property for a Cannabis Dispensary" on page 5.*

**Is the proposed dispensary located:**

a. Within 200 feet of any city building and park, school, church, or residential property?

Yes     No

b. On a premises sharing or permitting access directly from another cannabis dispensary, alcohol or tobacco retailer?     Yes     No

c. In compliance with SDCL 34-20G and the administrative rules promulgated thereunder?

Yes     No

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact City Office if Unknown.)  Yes  No

If yes, please explain: \_\_\_\_\_

**Part III: OPERATIONS INFORMATION**

Will all agents of the proposed dispensary have an agent identification badge issued by the establishment?  
 Yes  No

A criminal background check has been conducted on each agent of the dispensary and none have been convicted of a disqualifying felony offense or a violation of SDCL 34-20G-74?  Yes  No

Will the establishment use the state managed seed to sale tracking system?  Yes  No

ATTACHMENT. Photocopies of the business' sales tax license, hours of operation, operating procedures consistent with ARSD 44:90:03:05 and the additional requirements for dispensary facilities outlined in ARSD 44:90:03:09.

**Payment status of taxes, fees, fines or other penalties or assessments:** Are the following items paid to date for this applicant, and all owner(s), officer(s), and board member(s):

- a. Real Property Tax:  Yes  No
- b. Sales Tax:  Yes  No
- c. All other fees, fines or assessments:  Yes  No

Where and with whom are all business records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and account receivables, etc.?

\_\_\_\_\_

**Part IV: PRINCIPAL OFFICERS AND BOARD MEMBERS**

**Business Primary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street or PO Box City State Zip Code

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Officers (including owners and board members):** (Attach separate page for more.)

Name	Title	Resident Address	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any officers ever served as an owner, officer or board member for any other cannabis establishment that had its license and/or registration certificate revoked?  Yes  No

Are all officers this establishment, corporation, partnership, LP, LLC, of good moral character having not been convicted of a felony in the previous ten (10) years in any jurisdiction?  
 Yes  No

ATTACHMENT. Photocopies of a valid form of identification issued in South Dakota, or its equivalent issued in another U.S. jurisdiction, for ALL principal officers and board members.

ATTACHMENT. A background check is required for each officer pursuant to ARSD 44:90:03:14. Please attach a copy of the completed background checks as also required by the State.

ATTACHMENT. Photocopies of organizing documents, operating agreements, management agreements, bylaws, or other legal documents relating to the applicant's business structure.

**Part V: AFFIRMATION AND CONSENT**

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, officer, owner, board member, or manager for \_\_\_\_\_ (Licensee or Business Name), 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 any misrepresentation or failure to reveal information requested may be deemed sufficient cause for the denial of this license application by the City of Philip (initial here) \_\_\_\_\_;
2. I understand and acknowledge that any change to the information provided on the application must be submitted to the City of Philip within 10 days of said change (initial here) \_\_\_\_\_;
3. I hereby state that no principal officer or board member is under the age of 21 (initial here) \_\_\_\_\_;
4. I hereby state that at least once principal officer or board member is a resident of South Dakota (initial here) \_\_\_\_\_;
5. I hereby state that no principal officer or board member has been convicted of a disqualifying felony offense in the previous ten (10) years or a violation of SDCL 34-20G in any jurisdiction (initial here) \_\_\_\_\_;
6. I understand and acknowledge that the City 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) \_\_\_\_\_;
7. I understand this license shall not be transferable to any other person, business entity, or location and is not a property right (initial here) \_\_\_\_\_;
8. I understand that the licensed Cannabis Dispensary business must maintain legal possession of the licensed premises at all times (initial here) \_\_\_\_\_;
9. I understand that the entire location premises and records (paper or electronic) are subject to inspections by relevant authorities at all operational hours and other times of apparent activity (initial here) \_\_\_\_\_;
10. I hereby state that I have read SDCL Chap. 34-20G, all applicable State rules and regulations, and City of Philip Ordinances, specifically section 10-500 regarding 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 Philip and others. (initial here) \_\_\_\_\_;

11. I understand that any Cannabis business license issued by the City of Philip 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 Cannabis Dispensary applicant, licensee owner, or manager. I further understand that any misrepresentation or 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 Office, PO Box 408, Philip, SD 57567. Call (605) 859-2175 or Email [cityadmin@philipsd.us](mailto:cityadmin@philipsd.us) with any questions. The application will not be processed until all information is received. Processing of application may take up to 90 days.

**Part 6: LOCAL GOVERNING BODY ACTION**

Date application received in city office: \_\_\_\_\_

Amount of fee collected with application: \$ \_\_\_\_\_

**Public Hearing:** Notice of public hearing on license application was published on \_\_\_\_\_. Public hearing on the application was held on \_\_\_\_\_, not less than seven (7) days after official publication.

**Governing Board Action Taken. Date:** \_\_\_\_\_

Approval. The governing body by majority vote recommends the approval and granting of this license and certifies that application and establishment have been reviewed and conform to the requirements of local ordinances. Approved application shall be provided to applicant along with the Local Government Compliance Certification form (SD DOT FORM E).

Denial. The governing body by majority vote denies granting this license and certifies that the application and establishment fails to comply with the requirements outlined in City Ordinance Section 10-500.

(SEAL)

\_\_\_\_\_  
Mayor's Signature Printed Name Date Approved

Expiration Date \_\_\_\_\_ (License issued for calendar year as outlined in City Ordinance 10-507)

## AUTHORIZATION TO USE PROPERTY FOR A CANNABIS BUSINESS

BUSINESS NAME:	
APPLICANT NAME:	
STREET ADDRESS OF CANNABIS BUSINESS:	
LEGAL 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 Dispensary**.

I understand that the lessee must operate the business on the property described above under provisions of City of Philip’s Municipal Code of Ordinances. I further understand that my property must meet certain 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