

Date Received: _____
Date Issued: _____

LAWRENCE COUNTY
Medical Cannabis License

State License No: _____
CUP No: _____

A. OWNER'S NAME AND ADDRESS

Name _____
Address _____
Phone Number: _____
Date of Birth: ____ / ____ / ____
(if applicant is an individual)

B. BUSINESS NAME AND ADDRESS

Name _____
Physical Address _____
Mailing Address _____
Phone Number _____
State Sales Tax Number _____

C. INDICATE CLASS OF LICENSE BEING APPLIED FOR

(Submit separate application per class of license)

- Cannabis Cultivation Facility
- Cannabis Dispensary
- Cannabis Product Manufacturing Facility
- Cannabis Testing Facility

Do you own or lease the property?	<input type="checkbox"/> Own <input type="checkbox"/> Lease
Are the property taxes paid to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is this license in active use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any officers, directors, partners, or stockholders hold any other cannabis or alcohol licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill license info on back of this form.
Have you ever been convicted of a violent felony in the last ten (10) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. LEGAL DESCRIPTION OF LICENSED PREMISE

E. New License Re-issuance

F. CERTIFICATE: The undersigned applicant certifies under penalty of perjury that all statements provided herein are correct; that the said applicant complies with all the statutory requirements for the class of license being applied in SDCL 34-20G, and agrees this application shall constitute a contract between applicant and Lawrence County entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 34-20G SDCL, as amended.

_____	_____	_____
Date	Print Name	Signature

G. APPROVAL OF COUNTY COMMISSION

Notice of hearing was published on _____, Public hearing on the application was held _____, not less than SEVEN (7) days after official publication. The Lawrence County Commission by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Amount of fee collected with application:
\$ _____

_____	_____
Signature of Chairman	Date

OTHER CANNABIS OR ALCOHOL LICENSES HELD:

Name	Type of License	License #	Financial Interest Held	Address of Business Location

FOR CORPORATE/PARTNERSHIP/LP/LLC APPLICANTS

Name of corporation/partnership/LP/LLC
Address of office and principal place of business

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a violent felony offense in the previous ten (10) years? () Yes () No

Name of any officers, directors, partners, stockholders or managers:

Name	Office Held	Birthdate	Address	Occupation

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

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With signature the applicant agrees to the following:

That the applicant company will comply with all provisions of ARSD chapter No. 24:80 of the Department of Education, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to comply therewith, whether by the undersigned corporation, partnership/LP/LLC or by any stockholder thereof, or by anyone interested in said company, shall constitute cause for revocation or suspension of any license issued pursuant to and in reliance on this application, or for refusal to renew such license upon expiration thereof.

We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other cannabis license that expressly set forth above. If company stock is to be transferred we ask for approval of such voluntary stock transfer.

Signature of Authorized Officer, Director/Partner	Date
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