

MEADE COUNTY  
MEDICAL CANNABIS LICENSE APPLICATION

Date Received \_\_\_\_\_

License No. \_\_\_\_\_

**A. Owner's Name and Address**

Name		Phone Number	
Address	City	State	Zip

**B. Business Name and Address**

Name		Phone Number	
Address	City	State	Zip
Licensed Premises in a Municipality?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own or lease this property?		<input type="checkbox"/> Own <input type="checkbox"/> Lease	
Are real property taxes delinquent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**C. Class of License being Applied For**

(Submit separate application for each class of license)

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

Was the licensed premises open for at least 60 days in the previous year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any principal officer or board member ever been convicted of a violent crime felony ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. Legal Description of Licensed Premises**

Legal Description
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E. State Sales Tax Number \_\_\_\_\_

F.  New License    Transfer (\$150)    Renewal

**G. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and accurate, that the said applicant complies with all of the statutory and regulatory requirements for the class of license being applied for in SDCL 34-20G and Meade County Ordinance 53.

Date	Printed Name	Signature
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**H. APPROVAL OF LOCAL GOVERNING BODY** Notice of hearing was published on \_\_\_\_\_. Public hearing on the application was held \_\_\_\_\_, not less than one week after publication. The governing body by majority vote approved the issuance of a local license and certifies that the requirements as to location and suitability of premises and applicant have been reviewed and conform to Meade County Ordinance 53 and applicable South Dakota law.

**FOR LOCAL GOVERNMENT USE**

(Seal)	Date
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**TRANSFERRED (STATE USE)**

From	
Sales Tax Approval	Date
State Liquor Authority <input type="checkbox"/> Approval <input type="checkbox"/> Review	

If disapproved, endorse reason on this application and return to applicant.

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**For Corporate/Partnership/LP/LLC applicants.**

Name of Corporation/Partnership/LP/LLC		
Address of Office and Principal place of business of Corporation/Partnership/LP/LLC		
City	State	Zip
Has any principal officer or board member served as principal officer or board member for a medical cannabis establishment that has had its registration certificate revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Name, title of office and address of each principal officer of the corporation/partnership/LP/LLC**

Name	Office	Address

**Name, occupation and address of each board member of the corporation/partnership.LP/LLC**

Name	Occupation	Address

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

We the undersigned officers and directors of the applicant company acknowledge that the within supplemental application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other medical cannabis license than that expressly set forth above.

Date	Printed Name	Signature
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