



CITY USE
Date Received: _____

Remit to:
City Finance Office
25 Center Street
Vermillion, SD 57069
605-677-7056

License Application for Medical Cannabis Establishments

Application for a license to establish a **Medical Cannabis Establishment** located in the City of Vermillion, South Dakota, for the calendar year of: _____

INSTRUCTIONS: Please complete and file this application form along with the required attachments and application license fee to the City Finance Office. This is the Medical Cannabis Establishment License application as of October 13, 2021. Please note the application may change and additional information may be requested/required.

Part One: Application Type

Indicate below the license type(s) being requested. Each action and license type will be considered **individually**.

LICENSE TYPE (Check Applicable Box)	INITIAL	RENEWAL
Medical Cannabis Cultivation Facility License		
Medical Cannabis Dispensary License		
Medical Cannabis Manufacturing Facility License		
Medical Cannabis Testing Facility License		

**** ALL licenses expire on December 31st of the year they are issued****

Application Fees: The applicable fee is an Initial Application Fee of **\$1.00** per capita using the latest decennial census available (currently **11,695** per the **2020 census**). The Initial Application fee includes one (1) Initial Medical Cannabis Establishment License for the balance of the calendar year in which the Initial Application fee is paid (ends on December 31st). All other additional Medical Cannabis Establishment License fees for the same applicant are \$5,000 per license. Each additional individual establishment will require its own application if the address, ownership, name of business, or other major items are different.

Part Two: Applicant Information

Legal Name of the Medical Cannabis Establishment: _____

Entity Type (Check Box): **Individual** _____ **Corporation** _____ **Partnership** _____ **LLC** _____ **Other** _____

Doing Business As (if different from above): _____

Establishment Address: _____

Mailing Address (if different from above): _____

Name & Phone Number of Local Contact: _____

Email: _____

South Dakota Tax ID #

Company Federal ID #

A Sales Tax Clearance Letter from the State of South Dakota Department of Revenue is required with all applications or renewal applications.

Merchandise to be sold (if applicable): _____
(Attach a full list of merchandise/items being sold or offered for sale and their anticipated suppliers.)

Types of payment to be accepted (check all that apply):
 Cash _____ Check _____ Credit/Debit Card _____ Other _____

Zoning of Establishment Location: _____

Is the licensed premise within 1000 feet of a property line of any public or private school? **(Yes) (No)**

LIST NAME OF NEAREST SCHOOL: _____

Applicants must submit a list of employees, entity members, managers, shareholders, directors, officers, partners, associates, and any anticipated employees complete with their **Full Legal Name, Date of Birth, Title, and Current Address.**

Applicants **MUST** attach to the application a copy of a Driver License or State Issued ID for all persons of the proposed Medical Cannabis Establishment. Failing to do so will **VOID** this application.

FULL LEGAL NAME	DATE OF BIRTH	TITLE	CURRENT ADDRESS	(IF APPLICABLE) % OWNED

AT LEAST ONE PRINCIPAL OFFICER MUST BE A RESIDENT OF SOUTH DAKOTA. THE PRINCIPAL OFFICER WHO IS A RESIDENT OF SOUTH DAKOTA IS: _____, AND THEY RESIDE AT THE FOLLOWING ADDRESS: _____.

Are all owners, shareholders, and employees age 21 or older? **(Yes) (No)**

Have you obtained **ALL** background checks for those associated with the establishment? **(Yes) (No)**

Applicants shall make arrangements with the City of Vermillion’s Finance Office and the Vermillion Police Department to receive enough materials for EACH employee or associate’s background checks. Applicants are also responsible for all costs associated with the background check process.

Part Three: Applicant Practices

1. Will the Medical Cannabis Establishment employ any person who is under twenty-one years of age?	Yes	No	N/A
2. Will the Medical Cannabis Establishment employ any person who was convicted of a felony offense?	Yes	No	N/A
3. Does the Medical Cannabis Establishment have appropriate security measures designed to deter and prevent the theft of cannabis and unauthorized entrance into any area containing cannabis?	Yes	No	N/A
4. For medical cannabis cultivation, testing, and manufacturing establishments, will all cultivation, harvesting, manufacturing, and packaging of cannabis take place in a secure facility at the physical address of the Medical Cannabis Establishment?	Yes	No	N/A
5. Will the Medical Cannabis Establishment allow inspection of the Medical Cannabis Establishment by the City or Department of Health during business hours?	Yes	No	N/A
6. For Medical Cannabis Dispensaries, will the prospective Medical Cannabis Dispensary make a diligent effort to verify that the registry identification card or registration presented to the dispensary is valid?	Yes	No	N/A
7. For Medical Cannabis Dispensaries, will the prospective Medical Cannabis Dispensary make a diligent effort to only dispense an amount of cannabis to a person that would not cause them to possess more than the allowable amount?	Yes	No	N/A
8. Will the prospective Medical Cannabis Establishment conform to the prevailing building and fire codes adopted by the City of Vermillion?	Yes	No	N/A
9. Will all exterior entrances and exits and all parking areas of the prospective Medical Cannabis Establishment be lighted at all times after dark?	Yes	No	N/A
10. Will the Medical Cannabis Establishment have a functional commercial alarm system triggered by the press of a button, by the breaking of glass, and by forcing open a locked door?	Yes	No	N/A
11. For Medical Cannabis Dispensaries, will the facility be ventilated so that the odor of cannabis or cannabis products cannot be detected by a person with a normal sense of smell outside the Medical Cannabis Dispensary or on any adjoining property?	Yes	No	N/A
12. Will all exterior signage associated with a Medical Cannabis Dispensary comply with the zoning ordinances of the City and the Administrative Rules of the State of South Dakota?	Yes	No	N/A

Part Four: Consent & Signatures

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 & 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 and future Medical Cannabis Establishment license by the City of Vermillion (**initial here**)_____;
2. I certify that I have conducted and reviewed a background check into the criminal history of each principal officer, shareholder, board member, agent, volunteer, or employee involved in the operation at the time of submitting this application, and that none have been convicted of a felony that would disqualify them for state certification (**initial here**)_____;
3. I acknowledge that I have fully read and understand the City's zoning ordinance, City's licensing ordinance, and this application document, and agree to be bound by the same (**initial here**)_____;
4. I certify that none of the principal officers or board members of the applying entity has served as a principal officer or board member of a Medical Cannabis Establishment that has had its governmental license or certification revoked in any jurisdiction (**initial here**)_____;
5. I understand and acknowledge that the City of Vermillion 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**)_____;
6. I understand this license shall not be transferable to any other person, business entity, or location and is not a property right (**initial here**)_____;
7. I understand that the licensed Medical Cannabis Establishment business must maintain legal possession of the licensed premises at all times (**initial here**)_____;
8. I understand that the entire location premises shall be subject to inspections by relevant authorities at all operational hours and other times of apparent activity (**initial here**) _____;
9. I acknowledge that holding a Medical Cannabis Establishment License under Vermillion City Code does not create any right, interest, or entitlement or any nature toward operating a Recreational Cannabis Establishment should South Dakota state law allow for such activity in the future. (**initial here**)_____;
10. I hereby state that I have read SDCL Chap. 34-20G, all applicable State rules and regulations, and City of Vermillion Code of Ordinances regarding Medical Cannabis Establishment 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 Vermillion and others contained in Ordinance 1435 (**initial here**) _____;
11. I understand that any Medical Cannabis Establishment License issued by the City of Vermillion is provisional, conditional, and must be annually renewed by application submitted no fewer than forty five (45) days prior to the expiration date, unless earlier revoked or surrendered (**initial here**) _____;
12. I acknowledge and agree to the liability and indemnification provisions of Vermillion City Code Section 123.20 (**initial here**)_____;
13. I have completed all the above information and understand my responsibilities as a Medical Cannabis applicant, associate, shareholder, licensee, authorized agent, officer, owner, manager, board member, volunteer, or employee. 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 (**initial here**)_____.

Applicant Signature

Title

Date

**FOR PROPERTY OWNER OF LEASED PREMISES
AUTHORIZATION TO USE PROPERTY FOR A MEDICAL CANNABIS ESTABLISHMENT**

BUSINESS NAME OF PROPERTY OWNER:	
APPLICANT:	
STREET ADDRESS OF ESTABLISHMENT:	
<p>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 Establishment.</p> <p>I understand that the lessee must operate the business on the property described above under provisions of City of Vermillion's Municipal Code of Ordinances regarding Medical Cannabis Establishments. I further understand that my property must meet certain zoning requirements and comply with applicable federal, state, and local laws and building codes.</p> <p>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.</p>	
<p>_____ / _____ Property Owner Signature / Date</p>	<p>_____ Printed Name of Property Owner / Agent</p>
Property Owner's Address:	
Property Owner's Phone Number:	

REQUIRED ATTACHMENTS & DOCUMENTS CHECKLIST

	1. Payment for Initial Application fee (covers one (1) Initial License for a Medical Cannabis Establishment for the balance of the calendar year) of \$11,695. (If applicable) Payment of \$5,000 additionally per EACH additional Medical Cannabis Establishment applied for
	2. Completed all required state forms found at https://medcannabis.sd.gov/
	3. List of the name, current address, and date of birth of any person or entity members, managers, shareholders, directors, officers, partners or anticipated employees of the proposed Medical Cannabis Establishment. (Also attached copies of <u>EACH</u> person's driver's license)
	4. Background Check verification of ALL Employees/Applicant(s) (No Disqualifying Felonies)
	5. South Dakota Proof of Residency by one owner, LLC Member, or major shareholder
	6. Copy of the Deed or Lease reflecting the applicant's ownership rights to the proposed licensed premise
	7. A "to scale" sketch of the floor plan of the proposed licensed premises alongside a site plan illustrating all structures and lot boundaries while reflecting compliance with the South Dakota Department of Health regulations pursuant to SDCL Chapter 34-20G
	8. South Dakota Sales Tax Clearance Letter from the Department of Revenue
	9. Vehicles for transporting cannabis/cannabis products do not have any identification or signage that would indicate it contains cannabis
	10. (Optional) Made an appointment for a meeting with the City of Vermillion's staff (Finance, Administration, Police) to ensure the application is properly completed

THE VERMILLION CITY COUNCIL IS RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL APPLICATIONS FOR LICENSING AND ANNUAL RENEWAL OF LICENSING. CITY COUNCIL MEETINGS ARE THE FIRST AND THIRD MONDAYS OF THE MONTH AT 7:00 PM AT THE VERMILLION CITY HALL (CITY COUNCIL CHAMBERS). IF SUBMITTED FEWER THAN 7 DAYS BEFORE THE NEXT COUNCIL MEETING, THE REVIEW WILL OCCUR AT THE FOLLOWING MEETING.