|  |  |
| --- | --- |
|  | City of Winner |

# Medical Cannabis Dispensary Application

|  |  |
| --- | --- |
| Initial Application | Renewal Application for year \_\_\_\_\_ |

## A Business Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
| Legal Description |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Is this space located in City of Winner city limits? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Does the licensee own or lease the premise? | OWN | LEASE |

|  |  |  |
| --- | --- | --- |
| If leasing, did you obtain certification from the property owner authorizing you to engage in business as a Medical Cannabis dispensary?   * Copy of certification must be included | YES | NO |

|  |  |  |
| --- | --- | --- |
| I certify that only one application for this business has been submitted for this location. | YES | NO |

## B Zoning

|  |  |  |
| --- | --- | --- |
| Is the business located within 1,000 feet of a public/private school? (Per SDCL 34-20G)? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Is the business located in the C2 or C2DT districts? (per §154)? | YES | NO |

|  |  |
| --- | --- |
| City of Winner Code Enforcement Officer authorization: |  |

## C Officers

Name of Principal Officer/Board Members (use more paper if needed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | Date of Birth: |  | Copy of Valid ID Attached? | YES | NO |
| Full Name: |  | Date of Birth: |  | Copy of Valid ID Attached? | YES | NO |
| Full Name: |  | Date of Birth: |  | Copy of Valid ID Attached? | YES | NO |
| Full Name: |  | Date of Birth: |  | Copy of Valid ID Attached? | YES | NO |
| Full Name: |  | Date of Birth: |  | Copy of Valid ID Attached? | YES | NO |
| Full Name: |  | Date of Birth: |  | Copy of Valid ID Attached? | YES | NO |
|  |  |  |  |  |  |  |
| Can you confirm that at least one Officer/board member is a resident of South Dakota | |  | | | YES | NO |
| 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) | |  | | | YES | NO |
| Can you confirm background checks, completed within 30 days prior to submission of application, are included? | |  | | | YES | NO |
| Can you confirm that all of your employees are 21 years of age or older? | |  | | | YES | NO |

## D Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Contact Name |  | Phone: |  |
| Address: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Secondary Contact Name |  | Phone: |  |
| Address: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Phone: |  |
| Address: |  |  |  |

## E Disclaimer and Signature

Certificate: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and correct to the best of the applicant’s knowledge; that this applications complies with all of the legal requirements set forth in SDCL 34-20G and §154-155; and agrees that the City of Winner is authorized to inspect the premises, books, and records during regular business hours for the purpose of enforcing the provisions of the City of Winner Municipal Codes.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| Printed Name |  |

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

Notary Public

(NOTARY SEAL)

Commission Expires

**For office use only:**

Application received (date and time): (CITY SEAL)

Approved Denied Date/Time

Finance Officer Signature: