

**BUTTE COUNTY MEDICAL CANNABIS ESTABLISHMENT
INITIAL PERMIT APPLICATION**

PERMIT INFORMATION: **Date & Time Received:** _____

Type Of Medical Cannabis Establishment:

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

Application Fee Received:

- _____ \$5,000.00 Non-Refundable Initial Application Fee
 - _____ Proof Of Available Funds For \$10,000 Balance Of Application Fee
-

APPLICANT'S INFORMATION:

Name: _____

Title: _____

Address: _____

Phone Number(s): _____

BUSINESS INFORMATION:

Legal Name Of Business: _____

Business Address: _____

Business Phone Number(s): _____

Registered Agent: _____
Agent's Address: _____

Names and Dates Of Birth For Each Principle Officer and Board Member of Proposed Medical Cannabis Establishment:

_____	Date of Birth:	_____
_____	Date of Birth:	_____
_____	Date of Birth:	_____
_____	Date of Birth:	_____
_____	Date of Birth:	_____
_____	Date of Birth:	_____
_____	Date of Birth:	_____
_____	Date of Birth:	_____
_____	Date of Birth:	_____

Business State Sales Tax Number: _____

Proposed Permitted Facility Location:

Address: _____

Legal Description: _____
Own Or Lease: _____

REQUIRED CERTIFICATIONS:

I/We certify that at least one officer or board member of the prospective medical cannabis establishment that is the subject of this application is a resident of Butte County, South Dakota.

INITIALS: _____

I/We certify that the prospective medical cannabis establishment that is the subject of this application is not within one thousand (1,000) feet of a public or private school, including in-home day care facilities.

INITIALS: _____

I/We certify that none of the employees of the prospective medical cannabis establishment that is the subject of this application has been convicted of a disqualifying felony offense, as defined by SDCL 34-20G or Butte County Amended Ordinance 21-4, Section 1, paragraph 11.

INITIALS: _____

I/We certify that none of the principle officers or board members of the prospective medical cannabis establishment that is the subject of this application have served as a principle officer or board members for a medical cannabis establishment that has had its permit or license revoked.

INITIALS: _____

I/We certify that the employees of the prospective medical cannabis establishment that is the subject of this application are 21 years of age or older.

INITIALS: _____

I/We certify that the operating procedures comply with the requirements of ARSD 44:90 for the type of medical cannabis establishment that is the subject of this application.

INITIALS: _____

I/We certify that we have complied with the requirements of SDCL 34-20G and Butte County Amended Ordinance 21-4, in submitting this application for a prospective medical cannabis establishment, and that all of the statements provided in this application and any attachments are true and accurate under penalty of perjury.

INITIALS: _____

DATE: _____

SIGNATURE: _____

TITLE: _____

Required Attachments:

1. Current Background Check for each officer, board member, agent, volunteer, or employee of the prospective medical cannabis establishment.
2. Copy of the operating documents for the prospective medical cannabis establishment that detail oversight of the establishment and procedures to ensure accurate recordkeeping
3. Description of security measures designed to deter and prevent theft of cannabis and unauthorized entry into any area containing cannabis