

# APPLICATION FOR MEDICAL CANNABIS DISPENSARY LICENSE

City of Britton, South Dakota  
1203 3rd Street, P O Box 126  
Britton, SD 57430

Application for license to engage in the business of a **Medical Cannabis Dispensary** located at Britton, South Dakota, for a twelve (12) month period beginning \_\_\_\_\_.

NEW APPLICATION: Fee: **\$5,000.00**

ANNUAL RENEWAL: Fee: **\$5,000.00**

(The applicable fee is due at the time of submitting this application. Approval of this application is provisional and contingent upon applicant securing a registration certificate from the South Dakota Department of Health. **Applicant must submit a copy of their state registration certificate before a local license will be issued by the City of Britton.** Fifty-percent (50%) of the fee is refundable if applicant fails to obtain a registration certificate from the South Dakota Department of Health.)

## Part 1: APPLICANT/LICENSEE INFORMATION

Full Legal Name of Applicant/Licensee: \_\_\_\_\_

Individual  Corporation  Partnership  Limited Liability Company (LLC)  Other \_\_\_\_\_

Trade Name (or DBA) of Business: \_\_\_\_\_

SD Sales Tax License no. \_\_\_\_\_ Federal Tax ID no. \_\_\_\_\_

Physical Address of Dispensary: \_\_\_\_\_  
Street City State Zip Code

## Part 2: PREMISES INFORMATION

Business Phone: \_\_\_\_\_ Is the premises owned or rented? \_\_\_\_\_

*If rented, applicant must attach "Authorization to use Property for a Cannabis Dispensary" on page 5.*

If this is a renewal application and all premises information remains the same as the initial application, check here:  *\*If checked, skip questions below to Part III*

**Zoning:** Is the proposed dispensary located:

- a. Within the C - Commercial or HC – Highway Commercial Zoning Districts?  Yes  No
- b. Within any building containing a residence or a mixed-use building with commercial and residential uses?  Yes  No
- c. On a premises sharing or permitting access directly from another cannabis dispensary, alcohol or tobacco retailer or other cannabis establishment?  Yes  No
- d. Less than 1,000 feet from the nearest property line of any school?  Yes  No
- e. Less than 100 feet from the nearest property line of any church, private residence, public park, library, or daycare facility existing before the date of this application?  Yes  No
  - o If Yes, please attach documentation waiving the setback requirement from the title holder of the land benefitting from the separation.

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact Britton City Finance Office if Unknown.)  Yes  No

If yes, please explain: \_\_\_\_\_

**Note:** Issuance of a cannabis dispensary license does not eliminate the need for any other applicable license (i.e. building permits, etc.).

**Part 3: OPERATIONS INFORMATION**

Attach copies of all information required by Britton Municipal Code Ordinance No. 592, Section 17.52.060(7) including, but not limited to: Site Plan; Ingress and Egress Plan; Parking Plan; Lighting Plan (including Security Lighting); Screening/Security Plan; Refuse Plan; Days and Hours of Operation.

If this is a renewal application and all operations information listed above remains the same as the initial application, check here:  (If checked, no new information is needed.)

**Payment status of taxes, fees, fines or other penalties or assessments:** Are the following items paid to date for this applicant, and all owner(s), officer(s), and board member(s):

- a. Real Property Tax:  Yes  No
- b. Sales Tax:  Yes  No
- c. All other fees, fines or assessments:  Yes  No

**Part 4: PERSONNEL INFORMATION**

**Business Primary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Owners, Officers, and Board Members:** (Attach separate page for more.)

Name	Title	Resident Address	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any officers or board members listed above ever served as officer or board member for any other cannabis establishment that had its license and/or registration certificate revoked?  Yes  No

**Part 5: AFFIRMATION AND CONSENT**

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, officer, owner, or manager for \_\_\_\_\_ (Licensee or Business Name), 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/or denial, suspension, or revocation of licensure by the City of Britton (initial here) \_\_\_\_\_;
2. I hereby state that at least one principal officer of the applicant is a resident of South Dakota (initial here) \_\_\_\_\_;
3. I hereby state that no principal officer, owner, or board member of the applicant is under 21 years of age (initial here) \_\_\_\_\_;
4. I hereby state that no principal officer, owner, or board member of the applicant has been convicted of a violent felony offense in the previous ten (10) years in any jurisdiction (initial here) \_\_\_\_\_;
5. I understand and acknowledge that the City Finance Office 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 Cannabis Dispensary 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 hereby state that I have read SDCL Chap. 34-20G, all applicable State rules and regulations, and Britton Municipal Code, specifically Ordinance Nos. 591 and 592 regarding Cannabis Dispensary 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 Britton and others. (initial here) \_\_\_\_\_;
10. I understand that any Cannabis Dispensary license issued by the City of Britton is provisional, conditional, and must be annually renewed by application submitted no less than thirty (30) days prior to the expiration date, unless earlier revoked or surrendered (initial here) \_\_\_\_\_;

I have completed all the above information and understand my responsibilities as a Cannabis Dispensary applicant, licensee owner, or manager. 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. I hereby state that I am legally authorized to act on behalf of the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Instructions:** File this application form along with the required attachments and application license fee to the City Finance Officer, PO Box 126, Britton, SD 57430. Call (605) 448-5721 with any questions.

**Part 6: LOCAL GOVERNING BODY ACTION**

The governing body 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 ordinances.

(SEAL) \_\_\_\_\_  
Signature Title Printed Name Date Approved

### AUTHORIZATION TO USE PROPERTY FOR A CANNABIS BUSINESS

BUSINESS NAME:

APPLICANT:

STREET ADDRESS OF CANNABIS BUSINESS:

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 Dispensary**.

I understand that the lessee must operate the business on the property described above under provisions of the Britton Municipal Code. I further understand that my property must meet certain zoning requirements and comply with applicable federal, state, and local laws and building codes.

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.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Property Owner/Agent

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Property Owner's Address

\_\_\_\_\_  
Lease Expiration Date