



**SOUTH DAKOTA  
MEDICAL CANNABIS PROGRAM**  
600 EAST CAPITOL AVENUE  
PIERRE, SD 57501-2536

**PHONE:** 605.773.3361 | **EMAIL:** [mceestablishments@state.sd.us](mailto:mceestablishments@state.sd.us) | **WEB:** [medcannabis.sd.gov](http://medcannabis.sd.gov)

## Operational Extension Request

Pursuant to **ARSD 44:90:03:16. Department awarding of certification – Tiebreaking procedures – Notice**, an establishment, chosen through the lottery system, that is unable to become operational within one year of becoming certified, may request the Department to allow an extension of time for it to become operational.

If an establishment elects to submit a request for an extension to the South Dakota Medical Cannabis Program (SDMCP), such request must be submitted at least two weeks prior to the expiration of the certificate, along with written documentation of the efforts made by the establishment to meet the deadline.

The written documentation must include the action taken by the establishment to secure equipment and services necessary to become operational, and the reason why the establishment is unable to meet the deadline. The written documentation should include, but is not limited to:

- Timelines that include dates that services and supplies were procured.
- A letter from contractor(s), on letterhead, to support any construction delays.
- Copies of any receipts for items purchased.

If, after reviewing all submitted documents it has been determined that, despite the establishment's documented timely efforts to secure all equipment and services necessary to become operational, the establishment is unable to become operational by the certificate expiration, an extension may be granted, at the discretion of the Department. The establishment will receive notice of the final decision from the SDMCP.

The Department may grant one extension of time by which the establishment must become operational. The extension cannot exceed one additional year from the date of the expiration of the certificate. No further extensions may be granted. Establishments must comply with the requirements for renewal in 44:90:03:02, regardless of whether the request for extension is granted.

Please submit extension requests, with documentation, to the SDMCP at [mceestablishments@state.sd.us](mailto:mceestablishments@state.sd.us).

Emily J. Kerr  
Program Administrator | Medical Cannabis Program

## Operational Extension Request

The following information should be submitted by the establishment, along with any additional documentation, to the SDMCP at [mcestablishments@state.sd.us](mailto:mcestablishments@state.sd.us).

- List the establishment's legal name:
- List the establishment's DBA name:
- List certificate # for establishment:
- List certificate expiration date:
- Is this request at least two weeks prior to the certificate expiration date?
- List main contact in case additional information is needed regarding this extension:
- List the current phone number for the main contact:
- List current email for the main contact:
- Provide additional information regarding why you are requesting the Operational Extension