On the home page – make sure you are on the "Create Application" Tab

If you have not yet registered for an account and need assistance, please review our guidance for account registration.

After entering your User Name or E-Mail and Password, click "Login"

Read through the disclaimer and check the box to accept the terms and "Continue Application" to the next page

STEP 1 – Contact Information

The following screen will appear. Please read the information below before proceeding.

To proceed, click "Add New" to enter your contact information.

Note: The email information entered in the contact section will be used for all the notification purposes including the result of the scoring and lottery.

The following screen will appear.

Enter all information where there is an * (asterisk) as the system will require an answer before allowing you to continue the application.

Click on "Add Address" and the following screen will appear

Complete all sections that contain an * (asterisk) as they are required fields in the system.

No Start and End Date are "Required" for any address entered but are available if necessary

Contact Address Information

* Address Type:
--Select--   ☐ Primary

* Address Line 1:

Address Line 2:

Address Line 3:

* City: DRAPER   * State --Select--   * ZIP Code:

Start Date: MM/DD/YY   End Date: MM/DD/YY

[Save and Close] [Save and Add Another] [Clear] Discard Changes

If more than one contact address is needed click on "Save and Add Another." You can add as many addresses as needed.

Once all necessary addresses are entered in the Contact Address Information Screen click "Save and Close"

The following screen will appear, showing you have successfully added a contact address.

If the information is correct click "Continue" to move to the next step in the application process.

Click the Add New button. To edit a contact once added, click the Edit link.

✔ Contact added successfully.

Faye Raye
FayeR@gmail.com
Edit Remove

▼ Contact Addresses

[Add Address]

To add a new contact address, click the Add Contact Address link. To edit a contact address, click the Edit link. To remove one of your addresses from this application, click on the Remove link.

Showing 1-1 of 1

Address Type	Recipient	Address	Action
Home		1234 Jolly Lane	Actions ▼

[Continue Application »]   [Save and resume later]

At this stage (and any later stage) if you do not have time to complete the application process you can click "Save and Resume Later" this will allow you to save the work you have already completed and come back in at a later time to finish it.

STEP 3 – Establishment Information

If you want to continue the application process click "Continue Application"

The next screen will appear – Everything with an * (asterisk) is required information in the system. You will need to complete the fields before moving to the next step.

On this screen the "Type of Establishment" will require that you choose the establishment type(s) for the single business address associated with the application.

Once you determine your establishment type(s) additional information may open on the screen and may be required for you to complete prior to moving forward with the application.

Applicants who choose to apply for more than one establishment type at one address will have to indicate if the establishment types will be co-located at the single address.

STEP 4 – Certifications and Board Member Information

Check your local ordinances or regulations and ARSD 44:90 for additional compliance requirements for co-located establishments.

To proceed click "Continue Application"

The next screen will appear. It will be covered in two parts.

The top portion of this screen will require that you answer the question shown below. For this section you will simply click the "yes" or "no" button.

Financial

FINANCIAL INTEREST

* Is any person holding a financial interest in this application a
South Dakota Physician licensed to prescribe drugs to humans?:   ○ Yes ○ No

If "Yes" is selected the following information is required in the system.

* Is any person holding a financial interest in this application a
South Dakota Physician licensed to prescribe drugs to humans?:   ● Yes ○ No

Physician Full Name: *

National Provider Identifier: *

All fields have an * (asterisk) and are required to have an answer in the system.

Read the certifications and place a "check" in the box to all that apply. Click "continue the application" if you wish to proceed with the remainder of the application.

Certifications

CERTIFICATIONS

* The information provided in this form is complete and correct and that a change to any information provided in this form must be submitted to the department within 10 days of the change.: ☑

* Any misrepresentation to the department is grounds for denial, suspension, or revocation of certification.: ☑

* No principal officer or board member of the proposed medical establishment has served as a principal officer or board member for a medical cannabis establishment that has had its registration certificate revoked in South Dakota or any other U.S. State or Territory.: ☑

* A criminal background check has been conducted for each principal officer and board member pursuant to ARSD 44:90:03:14 and no principal officer or board member has been convicted of a disqualifying felony as defined in SDCL 34-20G.: ☑

* The principal officers and board members of the proposed medical establishment are 21 years of age or older.: ☑

* At least one principal officer is a resident of South Dakota.: ☑

* A criminal background check has been conducted for each agent and none have been convicted of a disqualifying felony offense or a violation of SDCL 34-20G-74.: ☑

* All agents of the proposed medical establishment must have an agent identification badge issued by the establishment.: ☑

* Failure to comply with the operating plan, as approved by the department, may be grounds for certification suspension, revocation, or other action.: ☑

* The person signing the application is legally authorized to act on behalf of the applicant.: ☑

* Submission of the application constitutes permission to inspect premises, vehicles, and records (paper or electronic).: ☑

* The establishments applied for on this form will use the state managed seed to sale tracking system.: ☑

After you click "continue application" the following screen will appear.

Principal Officer/Board Member

Principal Officer/Board Member

Please provide the following information for ALL principal officers and board members of the proposed medical establishment.

Showing 0-0 of 0

	First Name	Middle Name	Last Name	Date of Birth	Street Address	Apt/Suite/Unit #	City	State	Zip Code
No records found.									

Add a Row ▼   **Edit Selected**   **Delete Selected**

Continue Application »   **Save and resume later**

To enter the information for a Principal Officer or Board Member, click "Add a Row" and the following screen will come up. Enter the required information, if applicable.

After completing required fields click "Submit"

Principal Officer/Board Member

Principal Officer/Board Member
Please provide the following information for ALL principal officers and board members of the proposed medical establishment.

Showing 1-1 of 1

	First Name	Middle Name	Last Name	Date of Birth	Street Address	Apt/Suite/Unit #	City	State	Zip Code	
☐	Jay		Raye	11/15/1987	1224		South Point	Tucson	AZ	85641	Actions ▼

Add a Row ▼   **Edit Selected**   **Delete Selected**

Continue Application »   **Save and resume later**

Enter all "Principal Officer/Board Members" - click "Add a Row" until all members are entered into the system.

After all members are entered click "Continue Application"

STEP 5 – Documentation

The following screen will appear. There are 6 required types of documentation listed in red below.

Aside from documentation types 3 and 6, all documentation must be uploaded to proceed with the online application. For your application to be considered "complete" document type 3 will still require submission, and documentation type 6 will be required if applicable to your local jurisdiction.

Step 4 : Step 5 > Documentation
Upload the Following Attachments:

1 - Proof of Property Owner Consent to use of the property for cultivation, manufacturing, and/or dispensing cannabis

2 - Operating Procedure

3 - Local Government Compliance Certification Form (Form E) signed by the local jurisdiction official with a copy of ordinance provided by the local jurisdiction

4 - Photocopies of a valid form of identification issued in South Dakota, or its equivalent issued in another U.S. Jurisdiction. For all Principal Officers and Board Members

5 - Photocopies of organizing documents, Operating Agreements, management agreements, bylaws, or other legal documents relating to the Applicant's Business Structure

6 - Copies of all required registrations, licenses, or permits (if applicable)

indicates a required field.

Once you have the documents scanned into your computer or downloaded to your computer move to the "Attachment" section.

Attachment

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Action
No records found.		

Add

Continue Application »   **Save and resume later**

To upload documentation, click "Add"

The screen below will appear - click the "Add" button to begin uploading documents

File Upload   ×

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;r
are disallowed file types to upload.

Continue   **Add**   Remove All   Cancel

This will take you to your computer files to upload the types of documentation required

Click on the file(s) that you wish to upload (Example Only)

Autosave	☁	10/08/2021 1:59 PM	File folder	
How to Register.docx	⊘	10/19/2021 12:00 PM	Microsoft Word D...	387 KB

ne:	How to Register.docx	⌄	All Files (*.*)
			Open

Click "Add" to continue selecting documents for upload. You may replicate this step for all documentation that needs uploaded for the application.

Once you have all documents uploaded (as shown in an example below) click "Continue"

File Upload ✕

The maximum file size allowed is **100 MB**.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;r
are disallowed file types to upload.
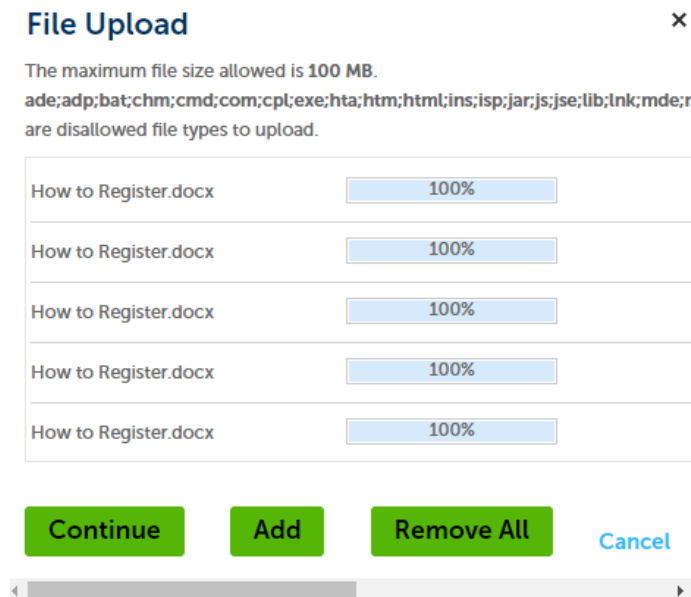
How to Register.docx	100%
How to Register.docx	100%
How to Register.docx	100%
How to Register.docx	100%
How to Register.docx	100%

Continue	Add	Remove All	Cancel

The following screen will appear

Attachment

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh
are disallowed file types to upload.

Name	Type	Action
No records found.		

* Type:
--Select-- ⌄   Remove

File:
How to Register.docx
100%

* Type:
--Select-- ⌄   Remove

File:
How to Register.docx
100%

* Type:
--Select-- ⌄   Remove

File:
How to Register.docx
100%

* Type:
--Select-- ⌄   Remove

File:
How to Register.docx
100%

* Type:
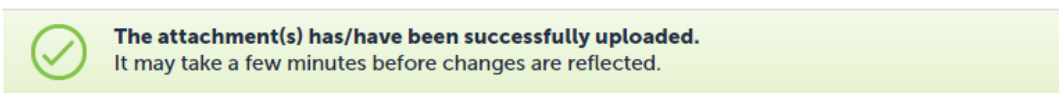--Select-- ⌄   Remove

File:
How to Register.docx
100%

The required documentation shows up as shown above. You will need to go to the "Type" of each document to assign a label to it. The "Type" choices match the list of documentation in red from the top of page 7.

The documents do not need to be in any sort of order and can be uploaded in batches as needed.

After selecting the "Type" of documents you have uploaded scroll to the bottom of the page where the "Save" button is. Click "Save"

Once you click "save" the following message will appear.

✓ **The attachment(s) has/have been successfully uploaded.**
It may take a few minutes before changes are reflected.

The attachment section will appear as pictured in the example below.

Attachment

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh
are disallowed file types to upload.

Name	Type	Action
How to Register.docx	1 - Property Owner Consent	Actions ▼
How to Register.docx	2 - Operating Procedures	Actions ▼
How to Register.docx	3 - Certification from Municipality/County	Actions ▼
How to Register.docx	4 - Valid Form of Identification	Actions ▼
How to Register.docx	4 - Valid Form of Identification	Actions ▼

< Prev   **1**   **2**   Next >

Add

Continue Application »   **Save and resume later**

Click "Continue Application"

Review and Application Submission

The screen will then take you to the "Review" section which shows the information you have entered for the application to ensure that the information is correct.

At the bottom of the screen there is a section you have to "Certify" as shown below by checking the box.

I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.

☑ By checking this box, I agree to the above certification.   Date: 10/25/2021

Continue Application »   **Save and resume later**

Click "Continue Application"

You will receive the "Application has been created" message. Your application is not complete until the Department of Health receives payment for the application.

You will receive an email with the information on where to send payment.