



SOUTH DAKOTA MEDICAL CANNABIS PROGRAM

600 EAST CAPITOL AVENUE
PIERRE, SD 57501-2536

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Certification of Background Check

I, _____, hereby affirm that I have not been convicted of any disqualifying felony offense, whether in South Dakota or another jurisdiction. Any background check on my criminal record shall reflect no disqualifying felonies.

My role within the entity is: (check one of the following)

- Principal Officer
- Board Member

Signature

Date

Pursuant to ARSD 44:90:03:14(2), I, _____, affirm that a background check for _____ was completed on the date of _____ and no disqualifying felonies have been found.

By signing below, I hereby verify that I have authority to bind the applicant, _____, to all the representations in the application.

Authorized Signature

Date