



SOUTH DAKOTA MEDICAL CANNABIS PROGRAM

600 EAST CAPITOL AVENUE
PIERRE, SD 57501-2536

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Certification of Background Checks for Establishment Agents

Pursuant to ARSD 44:90:03:01(8), I, _____, affirm that a background check for all establishment agents employed by _____ were completed prior to their start date of employment 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