



# FORM E

## South Dakota Medical Cannabis Program LOCAL GOVERNMENT COMPLIANCE CERTIFICATION

The purpose of this form is to collect the necessary information from applicants who seek a medical cannabis establishment registration certificate pursuant to ARSD 44:90:03:10 and ARSD 44:90:03:11

### SECTION I. Establishment Information

Please provide the following information for the prospective medical cannabis establishment. For each establishment you are certifying within your jurisdiction, please provide a separate local government compliance certification form.

Legal Business Name		Type of Establishment(s) <input type="checkbox"/> Cultivation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Dispensary <input type="checkbox"/> Testing	
Establishment Physical Address		Apartment or Suite #	
City	County	State	ZIP Code

### SECTION II. Ordinance Compliance

- Are there Ordinances limiting the number of medical cannabis establishments within the jurisdiction?  
Yes  (Go to question 2)  
No  (Go to question 4)
- How many of each establishment type are allowed by ordinance in the jurisdiction?
  - Cultivation \_\_\_\_\_
  - Manufacturing \_\_\_\_\_
  - Testing \_\_\_\_\_
  - Dispensary \_\_\_\_\_
- When was the effective date for this ordinance?  
Effective Date \_\_\_\_\_
- Are there Zoning ordinances in effect relating to medical cannabis establishments?  
Yes  (Go to question 5)  
No  (Go to question 6)
- Is the proposed location in compliance with zoning ordinances pertaining to medical cannabis? Yes  No
- Does the jurisdiction require the applicant to obtain any local permits, licenses, or registrations pertaining to medical cannabis?  
Yes  (Go to question 7)  
No  (Sign and certify this form)
- Has the applicant obtained the required local permits, licenses, or registrations pertaining to medical cannabis? Yes  No

**SECTION III. Attachments**

Please attach all ordinances related to medical cannabis with this form. If submitting multiple local government compliance certification forms, only attach local ordinances once.

**SECTION IV. Certification**

I certify that the above-mentioned medical cannabis establishment meets all applicable jurisdiction requirements.

Full Name (Printed)	Title	Jurisdiction
Full Name (Signature)		Date