



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