



Medical Cannabis Establishment Application Checklist

In preparing to apply for a medical cannabis establishment registration certificate with the Department of Health, applicants may utilize this checklist to ensure they are prepared to answer all questions and gather all required documents. The applicant will have the option to save the progress of their application, allowing applicants to complete their application in multiple sittings. The attachments identified in the sections below will be uploaded *at the end* of the application as the last step prior to submission.

General Application Information

- 1.** Applicant Contact Information
- 2.** Establishment Information * *Applicants may only apply for multiple establishment types on the same form IF the establishments are under common ownership and are to be co-located. Co-location is defined as having common entrances and exits with another establishment. Applications for any additional establishments must be on a separate form for each physical address. Applications for each license type will be evaluated independently.*
 - a. SD sales tax ID - The Department will allow applications subject to the November 1, 2021, deadline to submit applications without the sales tax ID, so long as that sales tax ID is supplemented within 14 days of submission.
 - b. Applicant must provide the physical address for each proposed medical cannabis establishment.
 - c. Applicant must be prepared to provide information from their operating procedures including: the number of plants to be cultivated, building specifications, and the type of chemicals (e.g., solvents, fertilizers, pesticides) that will be used. These questions will be prompted based on the establishment type selected. The answers must be provided in the application portal in addition to the operating procedures.
 - d. **ATTACHMENT:** If applicable, proof of property owner's consent to the use of the property for cultivation, manufacturing, and/or dispensing cannabis.
 - e. **ATTACHMENT:** Photocopies of operating procedures consistent with ARSD 44:90:03:05, ARSD 44:90:03:06 for cultivation facilities, ARSD 44:90:03:07 for testing facilities, ARSD 44:90:03:08 for manufacturing facilities, and ARSD

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44:90:03:09 for dispensing facilities. *Failure to address all specifications listed in these sections is grounds for application denial.*

- **3.** Local Government Compliance Certificate
 - a. The application should include the department's Local Government Compliance Certification form (FORM E). For applicants with the November 1st application deadline, the Local Government Compliance Certification form (FORM E) should be submitted upon completion by the local government. This can be submitted after the November 1st application deadline.

Principal Officers and Board Members

- **1.** Applicant must provide the following information for *ALL* principal officers and board members of the proposed medical cannabis establishment.
 - a. Full name
 - b. Date of birth
 - c. Home address
 - d. **ATTACHMENT:** 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 **Copies of IDs may be uploaded individually or as one file.*
 - e. **ATTACHMENT:** Photocopies of organizing documents, operating agreements, management agreements, bylaws, or other legal documents relating to the applicant's business structure.

Certifications

- **1.** As a condition of the registration certificate, the applicant representing the proposed medical establishment must certify the following:
 - a. The information provided is complete and correct and that any change to the information provided must be submitted to the department within 10 days of said change.
 - b. Any misrepresentation to the department is grounds for denial, suspension, or revocation of certification.
 - c. No principal officers or board members of the proposed medical cannabis establishment have 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.

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- d. The principal officers and board members of the proposed medical establishment are 21 years of age or older.
- e. At least one principal officer is a resident of South Dakota.
- f. 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.
- g. 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.
- h. All agents of the proposed medical establishment will have an agent identification badge issued by the establishment.
- i. Failure to comply with the operating plan, as approved by the department, may be grounds for certification suspension, revocation, or other action.
- j. The person signing the application is legally authorized to act on behalf of the applicant.
- k. Submission of the application constitutes permission to inspect premises, vehicles, and records (paper or electronic).
- l. The establishments applied for on this form will use the state managed seed to sale tracking system.

Fees

- 1.** Nonrefundable \$5,000 application fee for each medical establishment registration certificate. *Individual certificates are required for cultivation, product manufacturing, and dispensary operations.*

NOTE: The application is not considered complete and will not be processed until payment is received. Processing of applications may take up to 90 days.