



**SOUTH DAKOTA
MEDICAL CANNABIS PROGRAM**

600 EAST CAPITOL AVENUE
PIERRE, SD 57501-2536

PHONE: 605.773.3361 | **EMAIL:** mceestablishments@state.sd.us | **WEB:** medcannabis.sd.gov

No Prior Certificate Revocation Form

I, _____, hereby certify that none of the principal officers or board members for the establishment

_____ have served as a principal officer or board member for a medical cannabis establishment that has had its registration certificate revoked.

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

Signature

Date