



## **SOUTH DAKOTA MEDICAL CANNABIS PROGRAM**

600 EAST CAPITOL AVENUE  
PIERRE, SD 57501-2536

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### **Financial Conflict of Interest Disclosure**

I, \_\_\_\_\_, owner of \_\_\_\_\_

hereby declare that I have no financial conflict with, interest in, investment in, landlord-tenant relationship with, or loan to a cannabis cultivation facility, cannabis product manufacturing facility, or cannabis dispensary.

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

\_\_\_\_\_  
*Owner's Signature*

\_\_\_\_\_  
*Date*