

# CITY OF ABERDEEN

## PLANNING & ZONING DEPARTMENT

123 S. Lincoln St.  
Aberdeen, South Dakota 57401  
(605) 626-7017

### APPLICATION FOR CANNABIS ESTABLISHMENT PERMIT

Permit is valid for 12 months from the date of issuance  
unless sooner revoked, canceled, or otherwise terminated.

**NON-REFUNDABLE PROCESSING FEE: \$500.00**

**INITIAL PERMIT FEE: Dispensary - \$10,000.00; All Other Establishments - \$5,000.00**

**ANNUAL PERMIT RENEWAL FEE: \$5,000.00**

New Application       Renewal      Permit Number if renewing: \_\_\_\_\_

The purpose of this form is to collect the necessary information from applicants who seek a cannabis establishment permit pursuant to the Aberdeen City Code.

#### SECTION I. Primary Contact Information for Application

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)
Address			Apartment or Suite #
City	State	ZIP Code	
Telephone Number (xxx-xxx-xxxx)		Email Address	

#### SECTION II. Establishment Information

Please provide the following information for the prospective cannabis establishment. Applicants may only apply for one establishment type on this form. Applications for any additional establishments must be on a separate form for each physical address. Applications for each permit will be evaluated independently.

Legal Business Name	Type of Establishment(s) <input type="checkbox"/> Cultivation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Dispensary <input type="checkbox"/> Testing		
Doing Business As (DBA)	South Dakota Sale Tax License ID		
Establishment Physical Address		Apartment or Suite #	
City	County	State	ZIP Code

**SECTION III. Financial Interest**

Is any person holding a financial interest in this application a South Dakota Physician licensed to prescribe drugs to humans? <i>If answering "NO", please skip to Section IV.</i> ( ) Yes    ( ) No	Please provide the full name of physician holding financial interest in this application.	Please provide the National Provider Identifier number of the physician holding financial interest in this application.
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**SECTION IV. Principal Officers and Board Members Information**

Please provide the following information for **ALL** principal officers and board members of the proposed medical establishment. If there are more than 6 individuals to identify, please attach additional pages. If less, please leave the additional spaces blank.

First Name	Middle Name	Last Name	Date of Birth
Address		Apartment or Suite #	
City	State	Zip Code	

First Name	Middle Name	Last Name	Date of Birth
Address		Apartment or Suite #	
City	State	Zip Code	

First Name	Middle Name	Last Name	Date of Birth
Address		Apartment or Suite #	
City	State	Zip Code	

First Name	Middle Name	Last Name	Date of Birth
Address		Apartment or Suite #	
City	State	Zip Code	

First Name	Middle Name	Last Name	Date of Birth
Address		Apartment or Suite #	
City	State	Zip Code	

First Name	Middle Name	Last Name	Date of Birth
Address		Apartment or Suite #	
City	State	Zip Code	

**SECTION V. Attachments**

Failure to provide the following attachments will result in an incomplete application.

- Copies of **ALL** completed forms, records, documents, and other items (“papers”) submitted by applicant or on applicant’s behalf to State of South Dakota agencies and programs to obtain a registration certificate for the cannabis establishment sought by applicant. This is an ongoing requirement and includes copies of all papers submitted after the date of submission of this application to the Department.
- Copies of operating procedures and site plans for the cannabis establishment sought by applicant consistent with the Aberdeen City Code (“Code”) and Administrative Rules of South Dakota (“ARSD”): ARSD § 44:90:03:05 for all establishments; Code, Sec. 60-360 and ARSD § 44:90:03:09 for dispensary facilities; Code, Sec. 60-371 and ARSD § 44:90:03:06 for cultivation facilities; Code, Sec. 60-381 and ARSD § 44:90:03:08 for product manufacturing facilities; and Code, Sec. 60-391 and ARSD § 44:90:03:07 for testing facilities. Failure to address all specifications listed in the applicable sections of the Code and ARSD is grounds for application denial.
- Proof of property owner’s consent to use of the property for cultivation, manufacturing, testing, and/or dispensing cannabis.
- 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.
- Photocopies of organizing documents, operating agreements, management agreements, bylaws, or other legal documents relating to the applicant’s business structure.
- If an initial permit is sought, verification from the State of South Dakota of the submission to it of a completed application for a cannabis establishment satisfying all conditions for a registration certificate except the condition requiring a copy of the permit from the City.

**SECTION VI. Applicant Certifications And Attestations**

The undersigned applicant representing the proposed cannabis establishment must certify and attest to the following by checking each box:

- The information provided in this form is complete and correct and a change to any information provided in this form must be submitted to the Planning & Zoning Department within 10 days of the change.

- Any misrepresentation to the Planning & Zoning Department is grounds for denial, suspension, or revocation of a permit issued hereunder.
- No principal officer or board member of the proposed cannabis establishment has served as a principal officer or board member for a cannabis establishment that has had its registration certificate revoked in South Dakota or any other U.S. State or Territory.
- The principal officers and board members of the proposed medical establishment are 21 years of age or older.
- At least one principal officer is a resident of South Dakota.
- A criminal background check has been conducted for each principal officer and board member consistent with ARSD § 44:90:03:14 and no principal officer or board member has been convicted of a disqualifying felony as defined in SDCL Ch. 34-20G.
- A criminal background check has been conducted for each agent and none has been convicted of a disqualifying felony offense or a violation of SDCL § 34-20G-74.
- All agents of the proposed cannabis establishment must have an agent identification badge issued by the establishment.
- Failure to comply with the operating plan, as approved by the Planning & Zoning Department or the State of South Dakota, may be grounds for permit suspension, revocation, or other action.
- The person signing the application is legally authorized to act on behalf of the applicant.
- Submission of the application constitutes permission to inspect premises, vehicles, and records (paper or electronic).
- The establishments applied for on this form will use the State of South Dakota managed seed to sale tracking system.
- I understand and agree that all data in this application and supporting data submitted for this application may be disclosed for official purposes to City of Aberdeen administrative staff, to members of the Aberdeen City Council, and to officials of the South Dakota Medical Cannabis Program.
- I understand and agree that the Aberdeen City Council's consideration of this application and any decision thereon in open meetings may include public disclosure of data in this application and supporting data but that reasonable efforts will be made to limit public disclosure of data exempt from disclosure under the Public Records Act at SDCL Ch. 1-27.
- I understand that the processing fee of \$500.00 is nonrefundable.
- I understand that if my application is not approved or is withdrawn, the permit fee will be refunded by the Finance Officer within 30 days of the date of such non-approval or withdrawal.
- I have read and attest to all certifications above.

Full Name (Printed)	
Full Name (Signature)	Date

**TO BE COMPLETED BY CITY OF ABERDEEN**

A fee of \$500.00 for the processing fee and a separate fee of \$\_\_\_\_\_ for the  
(circle one) initial / renewal cannabis establishment permit fee has been paid to the City of  
Aberdeen as recorded on:

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Finance Officer, Jordan McQuillen Date: \_\_\_\_\_