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|  | **City of Harrisburg**  301 E Willow St. PO Box 26  Harrisburg, SD57032  Phone: 743-5872 Fax: 743-2831 | **MEDICAL CANNABIS ESTABLISHMENT LICENSE**  **APPLICATION** |

Application for license to engage in the business of **Medical Cannabis Dispensary** located in Harrisburg, South Dakota, for a twelve (12) month period beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* NEW APPLICATION: **Fee: $5,000.00**  □ ANNUAL RENEWAL: **Fee: $5,000.00**

(The applicable fee is due at the time of submitting this application. Approval of this application is provisional and contingent upon applicant securing a registration certificate from the SD Dept. of Health. Applicant must submit a copy of their state registration certificate before a local license will be issued by the City of Harrisburg. Fifty-percent (50%) of the fee is refundable if applicant fails to obtain a registration certificate from the SD Dept. of Health.)

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| **Part 1: APPLICANT/LICENSEE INFORMATION** |

**Name of Applicant/Licensee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Individual □ Corporation □ Partnership □ Limited Liability Company (LLC) □ Other \_\_\_\_\_\_\_\_\_

**Trade Name (or DBA) of Business**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SD Sales Tax License no.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Federal Tax ID no.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address of Dispensary**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

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| **Part 2: PREMISES INFORMATION** |

**Business Phone**: \_ **Is the premises owned or rented?** \_\_\_\_\_\_\_\_\_\_\_

*If rented, applicant must attach “Authorization to use Property for a Cannabis Dispensary” on page* 4.

If this is a renewal application and all premises information remains the same as the initial application, check here: □ *\*If checked, skip questions below to Part III*

**Zoning:** Is the proposed dispensary located:

1. Within the GB General Business Zoning District? □ Yes □ No
2. Within any building containing a residence or a mixed use with commercial and residential uses? □ Yes □ No
3. On a premises sharing or permitting access directly from another cannabis dispensary, alcohol or tobacco retailer or other cannabis establishment? □ Yes □ No
4. Less than 1,000 feet from the nearest property line of any school? □ Yes □ No
5. On property which abuts a residential district? □ Yes □ No (If Yes, a 6 ft-8 ft tall privacy fence must be installed along the property lines which abut the residential district.)

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact Harrisburg City Finance Office if Unknown.) □ Yes □ No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Issuance of a cannabis dispensary license does not eliminate the need for any other applicable license (i.e. building permits, etc.).

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| **Part 3: OPERATIONS INFORMATION** |

Attach copy of all information required by City of Harrisburg Ordinance No. 2021-10, Section 5.27 including, but not limited to: Site Plan; Ingress and Egress Plan; Parking Plan; Lighting Plan (including Security Lighting); Screening/Security Plan; Refuse Plan; Days and Hours of Operation.

If this is a renewal application and all operations information listed above remains the same as the initial application, check here: □ (If checked, no new information is needed.)

**Payment status of taxes, fees, fines or other penalties or assessments:** Are the following items paid to date for this applicant, and all owner(s), officer(s), and board member(s):

1. Real Property Tax: □ Yes □ No
2. Sales Tax: □ Yes □ No
3. All other fees, fines or assessments: □ Yes □ No

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| **Part 4: PERSONNEL INFORMATION** |

**Business Primary Contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_ \_\_

Street City State Zip Code

Phone: \_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of Owners, Officers, and Board Members:** (Attach separate page for more)

**Name Title Resident Address Date of Birth**

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Have any officers or board members listed above ever served as officer or board member for any other cannabis establishment that had its license and/or registration certificate revoked? □ Yes □ No

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| **Part 5: AFFIRMATION AND CONSENT** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed name), as the applicant or as an authorized agent, officer, owner, or manager for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Licensee or Business Name), declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare & consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the denial of this license application by the City of Harrisburg (initial here) \_\_\_\_\_\_\_;
2. I hereby state that no principal officer, owner, or board member has been convicted of a violent felony offense in the previous ten (10) years in any jurisdiction (initial here) \_\_\_\_\_\_\_\_;
3. I understand and acknowledge that the City Finance Office and the State of South Dakota may request other information from me in connection with this application. Failure to provide the requested information may result in denial of this application (initial here) \_\_\_\_\_\_\_;
4. I understand this license shall not be transferable to any other person, business entity, or location and is not a property right (initial here) \_\_\_\_\_\_\_;
5. I understand that the licensed Cannabis Dispensary business must maintain legal possession of the licensed premises at all times (initial here) \_\_\_\_\_\_\_;
6. I understand that the entire location premises shall be subject to inspections by relevant authorities at all operational hours and other times of apparent activity (initial here) \_\_\_\_\_\_;
7. I hereby state that I have read SDCL Chap. 34-20G, all applicable State rules and regulations, and City of Harrisburg Ordinances, specifically Ordinance Nos. 2021-10 and 2021-11 regarding Cannabis Dispensary business licensing rules and regulations, and I understand the contents thereof and agree to be bound by them in all respects, expressly including the waiver of liability, release of claims, and indemnification of the City of Harrisburg and others. (initial here) \_\_\_\_\_\_;
8. I understand that any Cannabis business license issued by the City of Harrisburg is provisional, conditional, and must be annually renewed by application submitted no less than thirty (30) days prior to the expiration date, unless earlier revoked or surrendered (initial here) \_\_\_\_\_\_;

I have completed all the above information and understand my responsibilities as a Cannabis Dispensary applicant, licensee owner, or manager. I further understand that failure to comply with any law, regulations, or provisions of this affirmation may be grounds for disciplinary action, including, but not limited to, the suspension or revocation of the license.

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Applicant Signature Title Date

Instructions: File this application form along with the required attachments and application license fee to the City Finance Officer, PO Box 26, Harrisburg, SD 57365. Call (605) 743-5872 with any questions.

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| **Part 6: LOCAL GOVERNING BODY ACTION** |

The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local ordinances.

(SEAL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Printed Name Date Approved

**AUTHORIZATION TO USE PROPERTY FOR A CANNABIS BUSINESS**

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| BUSINESS NAME: |
| APPLICANT: |
| STREET ADDRESS OF CANNABIS BUSINESS: |

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a **Medical Cannabis Dispensary.**

I understand that the lessee must operate the business on the property described above under provisions of City of Harrisburg’s Municipal Code of Ordinances. I further understand that my property must meet certain zoning requirements and comply with applicable federal, state, and local laws and building codes.

In exchange for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, I hereby release the city, its officers, elected officials, employees, attorneys and agents from all liability for any and all claims and demands, or causes of action of any kind whatsoever, present or future, in any way relating to or arising from the lessee/licensee’s business operation upon said property.

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Property Owner Signature Date

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Printed Name of Property Owner/Agent Phone Number

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Property Owner’s Address

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Lease Expiration Date