

Date & Time Received: _____

BUTTE COUNTY MEDICAL CANNABIS ESTABLISHMENT
APPLICATION FOR PERMIT RENEWAL

PERMIT RENEWAL INFORMATION:

Type of Medical Cannabis Establishment:

- _____ Cannabis Testing Facility
- _____ Cannabis Product Manufacturing Facility
- _____ Cannabis Cultivation Facility
- _____ Cannabis Dispensary

Renewal Fee:

_____ \$5,000.00 Non-Refundable Renewal Fee Paid per Establishment

PERMITTEE'S INFORMATION:

Name: _____

Title: _____

Address: _____

Phone Number(s): _____

Address of Facility _____

Legal Description _____

Is the property owned or leased? _____

If leased, attach a copy of the lease to this renewal application.

BUSINESS INFORMATION:

Legal Name of Business: _____

Business Address: _____

Business Phone Number(s) _____

Registered Agent: _____

Registered Agent's Address _____

Business Sales Tax Number _____

Names of Each Principle Officer or Board Member of Facility

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

REQUIRED CERTIFICATIONS (Permittee must initial each certification):

- _____ That the medical cannabis establishment is not within one thousand feet (1000 feet) of a religious institution, public park, residence, or public or private school including a day care, a registered in-home day care, or a licensed foster home.
- _____ That at least one officer or board member of the prospective medical cannabis establishment is a resident of Butte County, South Dakota.
- _____ That the organization, entity, officers, and board members do not owe property taxes to Butte County or the State of South Dakota
- _____ That the organization, entity, officers, and board members do not owe any other monies to Butte County or the State of South Dakota.
- _____ That the organization is not renting property for the purpose of building or operating a medical cannabis establishment from someone who owes property taxes or other monies to Butte County or the State of South Dakota.
- _____ That none of the employees of the prospective medical cannabis establishment has been convicted of a disqualifying felony offense.
- _____ That none of the principle officers or board members have served as a principle officer or board member for a medical cannabis establishment that has had its permit or license revoked.
- _____ That the employees of the prospective medical cannabis establishment are over the age of 21 years.
- _____ That the medical cannabis facility is currently licensed to operate as a medical cannabis facility in the State of South Dakota and is in full compliance with all State requirements.
- _____ That all Federal, State, and local taxes are paid and current.

I/We certify that we are in full compliance with the requirements of SDCL 34-20G, the Administrative Rules of South Dakota Article 44:90, and Butte County Second Amended Ordinance 21-02, in submitting this application for renewal of a Butte County Permit for a Medical Cannabis facility, and that all of the statements provided in this application for renewal, and any attachments made a part of this application, are true and accurate under penalty of perjury.

DATE: _____ SIGNATURE: _____

TITLE: _____

REQUIRED ATTACHMENTS:

1. A copy of the Permittee's Current Butte County Medical Cannabis Establishment Permit
2. A copy of the Permittee's current state license to operate a Medical Cannabis Establishment.
3. A copy of current background checks for each of the Permittee's officers, board members, agents, volunteers, or employees.
4. A copy of the current Department of Health inspection information.