



MEDICAL CANNABIS DISPENSARY LICENSE SUBMITTAL REQUIREMENTS AND PROCESSING INFORMATION

- Step 1: Research & Retrieve Application Packet.** This includes City Ordinance No. 289 and South Dakota State Law regulating a medical cannabis dispensary business. An application packet is available online <https://www.teasd.com> or for pick up at City Hall, Finance Office, 600 E. 1st Street, Tea, SD 57064.
- Step 2: Applicant submits a completed application,** including all required documents on the *Application Checklist* and application fee to the Finance Office. The submittal deadline is **December 30th, 2021.**
- Step 3: Lottery conducted by the City of Tea.** The City will conduct a drawing on **January 3rd, 2022 @ 6:30 p.m.,** Tea City Hall.
- Step 4: Background Check.** All owners, shareholder, LLC member and manager, principal officer and board member of the applicant's proposed dispensary business are required to undergo a comprehensive background check.
- Step 5: Preliminary Plan Review.** To ensure business plans, site plans & security measures comply with the ordinance. Included completed [Conditional Use Permit Application](#). The public Hearing is scheduled **January 17th, 2021.**
- Step 6: Application Packet Meeting.** By appointment only, applicant may review application and documents with staff from Finance, Planning and Zoning and Police departments to confirm whether the application is complete. If all requirements are met, the fully completed application packet will be consigned to the City Administrator for final review.
- Step 7: City Administrator Review.** Within 30 days after submission of a fully complete application, the City Administrator or City designee shall issue a written decision approving or denying the application for licensure. This decision will be sent via first class mail and via certified mail to the applicant. Upon approval, application information will be sent to the South Dakota Department of Health along with a copy of the City-issued provisional license and the City's certification.
- Step 8: Completed required State forms.** Visit <https://medcannabis.sd.gov/> for more information.
- Step 9: State Review.** Per SDCL 34-20G-55, no later than ninety days after receiving an application for a medical cannabis establishment, the department shall register the prospective medical cannabis establishment and issue a registration certificate and a random ten-digit alphanumeric identification number if all listed conditions are satisfied and the State awards the applicant one of the two Medical Cannabis Dispensary registrations available for the City of Tea.
- Step 10: Certificate of Occupancy.** Upon successful issuance of State registration, the licensee shall not begin operation or open its doors to the public until it receives a Certificate of Occupancy from the City.
 - **Building Permits.** Building or construction-related permits may be required based on Tea Code of Municipal Ordinances or South Dakota law. Permit fees are not included in the application or annual fee.
 - **Building Inspection.** All build-out must be inspected by City staff for compliance with the applicable building permit, all representations made within the approved license application and supporting submissions, and applicable building codes.
 - **Pay annual fee.** The City shall not issue a Certificate of Occupancy until the licensee has paid the Annual License Fee under City of Tea Ordinances, Section 5.04(I), and all registration application fees due to the State in connection with the South Dakota Department of Health's review of the application.



NEW APPLICATION
City of Tea Finance Office
600 E. 1st Street
Tea, SD 57064
605-498-5191

MEDICAL CANNABIS DISPENSARY LICENSE APPLICATION CHECKLIST

Medical cannabis business licensing requires both City and State approval, which is initiated at the local level by first obtaining a provisional Medical Cannabis Dispensary License certificate from the City of Tea.

Provide all documents in the same order shown on the checklist – single sided – no staples please All documents & copies need to be legible and either typed or printed in black ink on 8½” x 11” size paper

Note: *Documentation requirements may change as the State of South Dakota adopts its rules and regulations governing Medical Cannabis Dispensaries.*

BUSINESS NAME:

APPLICANT:

STREET ADDRESS OF CANNABIS BUSINESS:

Please complete & submit the following documents:

- Complete Medical Cannabis Dispensary License Application Form
- Pay license application fee (non-refundable)
- Copy of the deed or lease for proposed business location A “to scale” exhibit of the floor plan
- A “to scale” site plan reflecting all structure and lot boundaries
- An elevation drawing or rendering of the exterior
- Business plan including intended hours and rules of operation and a complete description of safety and security measures
- Police Background Check Authorization form for each owner, shareholder, LLC member and manager, principal officer and board member. (page 4 of license application). Business is responsible for conducting background check on anticipated employees.
- Copy of Driver’s License from each owner, shareholder, LLC member and manager, principal officer and board member
- Optional: any other documents to support this application

APPLICATION FOR LICENSE
CITY OF TEA, COUNTY OF TEA, STATE OF
SOUTH DAKOTA

Application for license to engage in the business of **Medical Cannabis Dispensary** located at Tea, South Dakota, for the calendar year of _____.

NEW APPLICATION: **Non-Refundable Fee: \$1,500.00**

(**Note:** First Annual Fee of \$10,000.00 is Also Due Upon State Registration – No Partial Year Pro-ration)

RENEWAL: **Annual Fee: \$10,000.00**

Part I: APPLICANT/LICENSEE INFORMATION

Name of Applicant/Licensee: _____

Individual Corporation Partnership Limited Liability Company (LLC) Other _____

If Corporation, please submit copy of Articles of Incorporation, By-Laws, and Certificate of Good Standing.
If LLC, please submit copy of Articles of Organization, Operating Agreement, and Certificate of Good Standing.
If Partnership, please submit copy of written Partnership Agreement.

Trade Name (or DBA) of Business: _____

Please submit proof of fictitious business name (DBA) registration with South Dakota Secretary of State.

Address of Dispensary Business: _____
Street City State Zip Code

Part II: PREMISES INFORMATION

Business Phone: _____ **Is the premises owned or rented?** _____

*** If rented, applicant must attach "Authorization to use Property for a Cannabis Business" page 5.*

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

Attach a copy of the deed or lease along with a "to scale" exhibit of the floor plan, a "to scale" site plan reflecting all construction and lot boundaries, and an elevation drawing or rendering of the exterior.

Zoning: The proposed business is located within (check one). Both zoning districts require a Conditional Use Permit.

GB General Business District LI Light Industrial District

Is this business located within any building containing a dwelling unit, a pediatrician's office, hotel, motel, boarding house, or lodging facility? Yes No

Is this business located within 1000 feet from the nearest property line of any school or 500 feet from a church, licensed childcare facility, correctional facility, or mental health facility? Yes No

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact Tea's Planning & Zoning Office if Unknown) Yes No

If yes, please explain: _____

Note: issuance of a medical cannabis dispensary license does not eliminate the need for any other applicable license (ie. building permits, etc.).

Part III: OPERATIONS INFORMATION

Attach a business plan to include your intended hours and rules of operation demonstrating compliance with City of Tea Ordinances Section 5.04(i) and (t).

Attach a complete description of security and safety measures demonstrating compliance with City of Tea Ordinance Section 5.04 (n).

If this is a renewal application and all operations information remains the same as the original initial application, check here (If checked, no new business plan or safety/security measures is needed)

*Attach a sales tax clearance letter from the State of South Dakota Department of Revenue
(Required Annually)*

Sales Tax ID# _____

Attach a list of products and suppliers (To Be Supplemented Annually)

Part IV: PERSONNEL INFORMATION

Business Primary Contact Name: _____ Title: _____

Mailing address: _____
Street City State Zip Code

Phone: _____ E-mail: _____

List of Owners: (Attach separate page for more)

Name: _____ State of residency: _____ % owned: _____

Name: _____ State of residency: _____ % owned: _____

Name: _____ State of residency: _____ % owned: _____

Name: _____ State of residency: _____ % owned: _____

List of Employees: (Attach separate page for more)

Name: _____ DOB: _____ Address: _____

Name: _____ DOB: _____ Address: _____

Name: _____ DOB: _____ Address: _____

Every owner, LLC member or manager, shareholder, principal officer and board member must complete a Background Investigation form found on page 4 and submit a photocopy of his or her driver's license or government ID. **Business owners are responsible for conducting employee background checks.**

Part V: AFFIRMATION AND CONSENT

Licensee or Business Name: _____

I, _____(printed name), as the applicant or as an authorized agent, officer, owner, or manager for the applicant, 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 Tea (initial here)_____;
2. I consent to any background investigation necessary to determine my present and continuing suitability and that consent continues as long as I hold a Medical Cannabis Dispensary License (initial here)_____;
3. I understand and acknowledge that the City Financer’s 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 Medical 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 Tea Municipal Ordinances Section 5.04 regarding Medical 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 Tea and others contained in Ordinance Sec. 5.04(v) (initial here)_____;
8. I understand that any Medical Cannabis business license issued by the City of Tea is provisional, conditional, and must be annually renewed by application submitted no less than forty- five (45) 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 Medical Cannabis 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.

Applicant Signature

Title

Date

Instructions: File this application form along with the required attachments and application license fee to the City of Tea, PO Box 128, Tea, SD 57064. Call 605-498-5192 for questions.

Application Fees: The applicable fee (Initial Application Fee of \$1,500 or Annual Fee of \$10,000) is due at the time of submitting this application. The first Annual fee of \$10,000 is due upon receipt of Certification of Occupancy. The Annual Fee is not pro-rated.

For Finance Office Use Only:

Date application received: _____ Fee Paid \$ _____ Receipt No. _____

BACKGROUND INVESTIGATION

TO BE COMPLETED BY EACH OWNER, SHAREHOLDER, LLC MEMBER AND MANAGER, PRINCIPAL OFFICER, AND BOARD MEMBER, (Business owner responsible for employee background checks)

Name of Individual (please print):

Trade Name of Establishment:

Address of Proposed Establishment

Notice: The Marijuana Background Application Form is an official document. If you provide false information on your Medical Cannabis Dispensary License Application and/or do not disclose all information the application asks, your license is subject to denial or revocation. The City of Tea Police Department will conduct a complete background investigation and will check all sources of information.

- | | |
|---|--|
| 1. Have you ever been convicted of a felony in any State? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Have you, or any business in which you have had ownership, had a marijuana license suspended or revoked by any State agency or a local jurisdiction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Are you under the age of twenty-one? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

STOP! If YES to any of 1 thru 3, you are prohibited from being an owner or employee of a cannabis establishment in Tea.

- | | |
|---|--|
| 4. Have you been convicted of a violent, weapon-related, or drug-related misdemeanor at any time? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you been convicted of any form of theft or crime of dishonesty at any time? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Do you have any pending criminal charges other than traffic/moving violations? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If YES to any of 4 thru 6, please attach a separate sheet describing in detail the facts and circumstances of each charge/conviction.

Personal Information: Unless otherwise provided by law, the personal information required is solely for identification purposes and will be treated as confidential.

Your Full Legal Name (last, first, middle)	Primary Phone Number	Alternate Phone Number
List any other names you have used		
Current residence address	Mailing address (if different)	
Email address		
Do you have a current Driver's License? Attach copy. <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ State _____	Date of Birth	Social Security Number

I hereby authorize a comprehensive background check and release the City of Tea, its employees, contractors, volunteers, and elected officials from any liability or damage, which may result from furnishing the information requested.

Signature: _____ Title: _____ Date: _____

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

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 Tea's Municipal Code of Ordinances Chapter 5: Licenses, Section 5.04 Medical Cannabis, (a) through (v). 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.

Property Owner Signature

Date

Printed Name of Property Owner/Agent

Phone Number

Property Owner's Address

Lease Expiration Date

❖ **ATTACH PHOTOCOPY OF WRITTEN LEASE AGREEMENT**