

SOUTH DAKOTA STATE APPLICATION

INFORMATION COLLECTION FORM

Complete one *SD State Application Information Collection Form* for each state application needed. When fully executed, this form contains or ensures completion of all the information needed to complete a South Dakota state application online. This completed form can be used as a guide to enter information into each screen of the online application. The document checklist at the end will assist in identifying each document that will be required for upload in the attachments portion of the application.

STEP 1 CONTACT INFORMATION

Applicant #1

First Name: _____ Middle: _____ Last: _____

Email Address: _____

Contact Address Type: _____ (Business, Home, Mailing, Tenant) Primary? Yes__ No__

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip Code: _____

*Start Date at Address: ____/____/____ *End Date at Address: ____/____/____

Applicant #2

First Name: _____ Middle: _____ Last: _____

Email Address: _____

Contact Address Type: _____ (Business, Home, Mailing, Tenant) Primary? Yes__ No__

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip Code: _____

*Start Date at Address: ____/____/____ *End Date at Address: ____/____/____

**Fields marked with an asterisk are optional*

INFORMATION COLLECTION FORM CONTD.

Applicant #3

First Name: _____ Middle: _____ Last: _____

Email Address: _____

Contact Address Type: _____ (Business, Home, Mailing, Tenant) Primary? Yes__ No__

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip Code: _____

*Start Date at Address: ____/____/____ *End Date at Address: ____/____/____

Applicant #4

First Name: _____ Middle: _____ Last: _____

Email Address: _____

Contact Address Type: _____ (Business, Home, Mailing, Tenant) Primary? Yes__ No__

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip Code: _____

*Start Date at Address: ____/____/____ *End Date at Address: ____/____/____

STEP 2: STEP 3>ESTABLISHMENT INFORMATION

Establishment Information

Legal Business Name _____

Doing Business As (DBA) _____

South Dakota Sale-Tax ID: _____

Type of Establishment _____

INFORMATION COLLECTION FORM CONTD.

Business Address

Street No. _____ Street Name: _____ Street Type: _____

Unit Type: _____ Unit No.: _____

City: _____ State: _____ Zip: _____

Premises Address

Street No. _____ Street Name: _____ Street Type: _____

Unit Type: _____ Unit No.: _____

City: _____ State: _____ Zip: _____

STEP 4 – CERTIFICATIONS AND BOARD MEMBER INFORMATION

Financial Interest

Please check the appropriate box to indicate if any person holding a financial interest in this application is a South Dakota Physician licensed to prescribe drugs to humans

____ Yes – a person holding financial interest is an SD Physician Licensed to prescribe drugs to humans

____ No – no person holding a financial interest is an SD Physician Licensed to prescribe drugs to humans

If Yes is selected above, please provide the following:

Physician Full Name: _____ National Provider Identifier: _____

Certifications

____ Ensure that no principal officer or board member of the proposed medical establishment has served as a principal officer or board member for a medical cannabis establishment that has had its registration certificate revoked in South Dakota or any other US State or Territory

____ Ensure that a criminal background check has been conducted for each principal officer and board member (ARSD 44:90:03:14) and that no principal officer or board member has been convicted of a disqualifying felony as defined in SDCL 34-20G

____ Ensure that all principal officers and board members of the proposed establishment are 21 years of age or older

____ Ensure that at least one principal officer is a resident of South Dakota

____ Ensure that a criminal background check has been conducted for each agent and none have been convicted of a disqualifying offense or a violation of SDCL 34-20G-74

INFORMATION COLLECTION FORM CONTD.

Principal Officers/Board Members

Officer/Member #1

First Name: _____ Middle: _____ Last: _____

Title: _____ Owner Percentage: _____

Date of Birth: _____

Address Line 1: _____

Apt/Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Officer/Member #2

First Name: _____ Middle: _____ Last: _____

Title: _____ Owner Percentage: _____

Date of Birth: _____

Address Line 1: _____

Apt/Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Officer/Member #3

First Name: _____ Middle: _____ Last: _____

Title: _____ Owner Percentage: _____

Date of Birth: _____

Address Line 1: _____

Apt/Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

INFORMATION COLLECTION FORM CONTD.

Officer/Member #4

First Name: _____ Middle: _____ Last: _____

Title: _____ Owner Percentage: _____

Date of Birth: _____

Address Line 1: _____

Apt/Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Officer/Member #5

First Name: _____ Middle: _____ Last: _____

Title: _____ Owner Percentage: _____

Date of Birth: _____

Address Line 1: _____

Apt/Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Security Alarm System Installer Information

Name of Company Installing Security Alarm System: _____

Name of Contact: _____ Contact Phone: _____

Alarm Company Address: _____

Apt/Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Alarm Company Check below if same as above or different

_____ Same _____ Different

STEP 5 – DOCUMENTATION CHECKLIST

Ensure that all the following documents have been completed and are ready for upload:

- _____ Proof of Property Owner Consent to Use of the Property for Cultivation, Manufacturing, and/or Dispensing cannabis
- _____ Operating Procedure
- _____ Local Government Compliance Certification Form (Form E) signed by the local jurisdiction official with a copy of ordinance provided by the local jurisdiction *(this is not absolutely required at the time of submittal but will be required during the course of review)*
- _____ Digital copies of a valid form of identification (Driver's License or Passport) issued in South Dakota, or its equivalent Issued in another US Jurisdiction must be provided for all Principal Officers and Board Members
- _____ Digital copies of all business organizational documents (Articles of Org/Inc, Operating Agreement, Management Agreement, Bylaws, Statement of Information, or other documentation relating to the Applicant's Business Structure
 - _____ Articles of Organization
 - _____ Statement of Information
 - _____ Operating Agreement (LLC)
 - _____ Management Agreement (LLP)
 - _____ Bylaws (CORP)
- _____ Copies of all required registrations, licenses, or permits (if applicable) - *(this is not absolutely required at the time of submittal but will be required during the course of review)*
- _____ SD Sales Tax ID Document
- _____ Criminal Background Check Form