

Date Received: _____

**GREGORY COUNTY
Medical Cannabis License**

State License No: _____

Date Issued: _____

A. OWNER'S NAME AND ADDRESS

Name _____

Address _____

Phone Number: _____

Date of Birth: ____ / ____ / ____
(If applicant is an individual)

B. BUSINESS NAME AND ADDRESS

Name _____

Physical Address _____

Mailing Address _____

Phone Number _____

State Sales Tax Number _____

C. INDICATE CLASS OF LICENSE BEING APPLIED FOR

() Cannabis Dispensary \$5,000 **

Do you own or lease the property?	() Own () Lease
Are the property taxes paid to date?	() Yes () No
Do you comply with licensing regulations?	() Yes () No

Is this license in active use?	() Yes () No
Do you or any officers, directors, partners, or stockholders hold any other cannabis or alcohol licenses?	() Yes () No If yes, fill license info on back of this form.
Have you ever been convicted of a violent felony in the last ten (10) years?	() Yes () No

D. LEGAL DESCRIPTION OF LICENSED PREMISE

E. () New License () Re-issuance

F. CERTIFICATE: The undersigned applicant certifies under penalty of perjury that all statements provided herein are correct; that the said applicant complies with all the statutory requirements for the class of license being applied in SDCL 34-20G, and agrees this application shall constitute a contract between applicant and Lawrence County entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 34-20G SDCL, as amended.

_____	_____	_____
Date	Print Name	Signature

G. APPROVAL OF COUNTY COMMISSION

Notice of hearing was published on _____. Public hearing on the application was held _____, not less than SEVEN (7) days after official publication. The Gregory County Commission 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 and South Dakota law.

Amount of fee collected with application:
\$ _____

_____	_____
Signature of Chairman	Date