



Medical Cannabis Establishment License Application

1. The application fee must accompany this application. Fees are as follows:
 - a) Medical Cannabis Cultivation Facility Application Fee: \$2,500
Medical Cannabis Cultivation Facility Renewal Fee: \$1,000
 - b) Medical Cannabis Testing Facility Application Fee: \$2,500
Medical Cannabis Testing Facility Renewal Fee: \$1,000
 - c) Medical Cannabis Manufacturing Facility Application Fee: \$2,500
Medical Cannabis Manufacturing Facility Renewal Fee: \$1,000
 - d) Medical Cannabis Dispensary Application Fee: \$25,000*
Medical Cannabis Dispensary Renewal Fee: \$5,000

**The City will reimburse \$22,500 for applicants who fail to obtain a license from the City or a registration certificate from the South Dakota Department of Health.*

2. License Type Requested:

- Medical Cannabis Cultivation Facility
- Medical Cannabis Testing Facility
- Medical Cannabis Manufacturing Facility
- Medical Cannabis Dispensary

3. The legal name of the prospective medical cannabis establishment:

4. The physical address of the prospective medical cannabis establishment:

5. The name, address, and date of birth of each owner, shareholder, LLC member, partner and manager, principal officer, and board member of the proposed medical cannabis establishment (Note: At least one principal officer must be a South Dakota resident):

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Date of Birth</u>
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6. The name and phone number of the Primary Business Contact:

Name

Phone Number

- 7. A site plan reflecting the boundaries of the proposed licensed premises must be attached to this Application. The City reserves the right to request additional location, premises, and building information from the applicant.
- 8. Have any of the owners, principal officers or board members served as an owner, principal officer or board member for a medical cannabis establishment that has had its license or registration certificate revoked? ___ YES ___ NO
- 9. Have any owners, principal officers, or board members of the applicant been convicted of a violent felony offense in the previous ten (10) years in any jurisdiction? ___ YES ___ NO
- 10. By accepting a license issued by the City of Watertown, will the licensee waive any claim and release the City of Watertown, its officers, elected officials, employees, attorneys and agents from any liability for injuries or damages of any kind that result from any arrest or prosecution of business owners, operators, employees, clients or customers of the licensee for a violation of State or Federal laws, rules or regulations? ___ YES ___ NO
- 11. By accepting a license issued by the City of Watertown, will the licensee agree to indemnify, defend and hold harmless the City of Watertown and its officers, elected officials, employees, attorneys, agents, insurers against all liability, claims and demands on account of any injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever arising out of or in any manner connected with the operation of the medical cannabis establishment that is the subject of the license? ___ YES ___ NO
- 12. By accepting a license issued by the City of Watertown, does the licensee agree to provide upon request all information it has provided or will provide to the State of South Dakota in its application for a State-issued registration certificate? ___ YES ___ NO

Under penalties of perjury, I declare that I have examined this Application, including accompanying information provided, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Primary Business Contact

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

Notary Public, State of South Dakota
My commission expires:

For Use by Community Development Office:

The prospective location meets all applicable zoning and location requirements: ___ Yes ___ No

Printed Name

Signature

Date

For Use by the Finance Office

The application is hereby: ___ APPROVED ___ DENIED

If denied, the reason for the denial is as follows: _____

License Number

Fee Paid (\$)

Receipt Number

Printed Name

Signature

Date