





Have any officers or board members listed above ever served as officer or board member for any other cannabis establishment that had its license and/or registration certificate revoked?  Yes  No

**Part 5: AFFIRMATION AND CONSENT**

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, officer, owner, or manager for \_\_\_\_\_ (Licensee or Business Name), 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 Chamberlain (initial here) \_\_\_\_\_;
2. I hereby state that no principal officer, owner, or board member has been convicted of a violent felony offense in the previous ten (10) years in any jurisdiction (initial here) \_\_\_\_\_;
3. I understand and acknowledge that the City Finance 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 Cannabis Establishment 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 Chamberlain Ordinances, specifically Ordinance Nos. 643 and 562 I regarding Cannabis Establishment 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 Chamberlain and others. (initial here) \_\_\_\_\_;
8. I understand that any Cannabis business license issued by the City of Chamberlain is provisional, conditional, and must be annually renewed by application submitted no less than thirty (30) 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 Cannabis Establishment license 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 Finance Officer, 715 N Main Street, Chamberlain, SD 57325. Call (605) 234-4401 with any questions.

**Part 6: LOCAL GOVERNING BODY ACTION**

The governing body 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 ordinances.

(SEAL) \_\_\_\_\_  
Signature Title Printed Name Date Approved

**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 (Circle one)**:

**Cultivation                      Testing                      Dispensary                      Product Manufacturing**

I understand that the lessee must operate the business on the property described above under provisions of City of Chamberlain's Municipal Code of Ordinances. 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