

APPLICATION FOR MEDICAL CANNABIS ESTABLISHMENT LICENSE



Application to be submitted

By Mail:

or

Electronically:

City of Mitchell
Finance Office
612 North Main Street
Mitchell, SD 57301

Cindy Roth, Deputy Finance Officer
croth@cityofmitchell.org

For questions, please call (605) 995-8420.

11-16-2021 5:02 p.m.

Date and Time Received: _____
By (employee name): Cindy Roth

Part One: Application Type:

Indicate below the action and license type being requested. If applying for more than one action or license, please check all that apply. Each action and license type will be considered individually. Applicant must include the non-refundable fee for each action and license requested (if a request for modification may be done administratively, the applicant will be refunded the \$450 difference in fees).

License request for a:

Type of Action	Type of Establishment			
	Cultivation	Manufacturing	Testing	Dispensary
New License (\$5,000 each)				X
Renewal (\$5,000 each)				
Transfer (\$5,000 each)				
Modification (\$500 each)				

Add together the fees for each action and license checked above and provide the total here: _____
This amount must be included with the application at the time of submission.

Part Two: Applicant Information:

Name of Applicant/Licensee: DLJ, LLC

Entity Type (circle one): Individual Corporation Partnership **LLC** Other: _____

Doing Business As (if different from above): _____

Mailing Address: 1307 W. Birch St. Mitchell SD 57301
Street City State Zip Code

Street address of proposed site in Mitchell: 501 Juniper Street

Name and phone number of local contact: Donald J. Livesay, Jr.

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Part Three: Attachments:

- Please attach an exhibit listing the name and date of birth for each principal officer and board member of the entity applying. In addition, each person identified must individually complete the acknowledgments and signature pages under Part Four below.
 - Please identify the principal officer or board member who is a resident of South Dakota and attach proof of residency: Donald D. Livsey, Jr.
 - Please attach a copy of a state sales tax license relating to the proposed licensee.
 - Please attach a written summary of your proposed operating procedures. This summary must include detailed information on:
 - maintaining accurate records;
 - intended security measures;
 - fire and building code considerations, including preliminary site plan (the formal building permit process will take place after an applicant is approved for a local license);
 - previous experience operating a legal cannabis establishment;
 - all application materials the applicant intends to submit to the state Department of Health for seeking state certification;
 - information relating to how licensee will comply with the city licensing ordinances, including but not limited to, Sections 9, 10, 11, and 14 of Mitchell City Code Chapter 4-11;
 - a statement of whether the premises will be owned or leased and, if leased, a notarized statement from the landlord consenting to the proposed operations of applicant; and
 - any other information you believe should be considered by council in relation to the application.
 - Please attach proof that all property taxes, business improvement district taxes, and pending assessments relating to the location have been paid.
 - Please include payment for all of the fees applicable under Part One.
 - Please provide proof of financial responsibility. City code requires a commercial general liability policy, or equivalent, with a limit of not less than two million dollars (\$2,000,000.00) for each occurrence. If such insurance contains a general aggregate limit, it must be no less than double the occurrence limit.
 - Please provide a map showing the proposed location which provides the zoning district of the proposed site. Applications for dispensaries must also show the location of any educational institution, religious institution, childcare center (excluding family residential childcare), preschool, nursery, detention facility, or mental health facility within 400' of the proposed location and the location of any other dispensary within 1,100' of the proposed location.
 - If this application is for renewal or modification, the applicant need not resubmit all application materials but must identify any information which has changed since the license was last approved or which is intended to be changed via the modification process.
 - If this application is for a transfer, the applicant need not resubmit all application materials but must include all information required for a new application as to the proposed transferee.
 - If this application is for a dispensary license pursuant to an invitation for applications, application materials must be submitted in writing and be sealed so as to prevent the contents from being viewed prior to the submission deadline. Such sealed envelope shall state the name of the applicant and provide an area for city staff to write their name and the time at which they received the application.
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Part Four: Acknowledgments and Signature:

DL By initialing here, I certify that none of the principal officers or board members of the applying entity has served as a principal officer or board member of a cannabis establishment that has had its governmental license or certification revoke in any jurisdiction.

DL By initialing here, I certify that none of the principal officers or board members of the applying entity are under the age of 21.

DL By initialing here, I certify that I have conducted and reviewed a background check into the criminal history of each principal officer, board member, agent, volunteer, or employee involved in the operation at the time of submitting this application, and that none have been convicted of an offense that would disqualify them for state certification.

DL By initialing here, I acknowledge that I have fully read and understand the city's zoning ordinance, city's licensing ordinance, and the information sheet for this application, and agree to be bound by the same.

DL By initialing here, I acknowledge that I must submit this local license application before or simultaneous to seeking state certification for a medical cannabis establishment.

DL By initialing here, I acknowledge that any medical cannabis establishment license is subject to possible discontinuation under Mitchell City Code Section 4-11-17.

DL By initialing here, I acknowledge that holding a medical cannabis license under Mitchell City Code Chapter 4-11 does not create any right, interest, or entitlement of any nature towards operating a recreational cannabis establishment should state law allow for such activity in the future.

DL By initialing here, I acknowledge and agree to the liability and indemnification provisions of Mitchell City Code Section 4-11-16.

DL By initialing here, I certify under penalty of perjury that this application contains no false statements made or omissions of any material matter as it may relate to this application.

[signature page to follow]

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APPLICANT

Printed Name of Authorized Signatory: Donald D Livesay, Jr.

Signature of Authorized Signatory: _____

On behalf of (entity name): DLJ, LLC

Date: 11/16/2021

STATE OF South Dakota)
COUNTY OF Davison) :SS

On this 16th day of November, 20 21, before me, the undersigned notary officer, personally appeared Donald D. Livesay, Jr. (signer name), who acknowledged themselves to be the owner/member (official title) of DLJ LLC (entity name), and that in their official capacity, being authorized to do so, executed the foregoing application for the purposes stated therein.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Jessica King Jessica King (sign name)
Jessica King (print name)

Notary Public – South Dakota (state)

My Commission Expires: 10/10/19-10/10/25

