

INFORMATION SHEET FOR MEDICAL CANNABIS ESTABLISHMENT LICENSE



License Required for State Application: Medical Cannabis Establishments are required to receive a license from the City of Mitchell prior to operating any type of medical cannabis establishment. An applicant for a medical cannabis establishment license must file an application with the city prior to or at the same time the applicant pursues state certification.

License Types: There are 4 types of medical cannabis establishment licenses: cultivation, dispensary, product manufacturing, and testing. An applicant must apply for and receive a license in each class relating to applicant's proposed operation. If approved, a medical cannabis establishment license is effective for the calendar year for which it is approved.

Application Requirements & Timelines: Applications must be completed in full and be accompanied by all other documents, payments, etc. which may be required. If an applicant has questions regarding application requirements, they should contact the Finance Office.

- Applications for non-capped licenses are accepted and considered on a continuous basis. If an application for a non-capped license is incomplete, the applicant may supply the missing information and the application will be heard by council once complete.
- Applications for capped licenses are only accepted during certain periods and under the special procedures provided for by ordinance. An application for a capped license may not be supplemented after the submission deadline has passed and will be deemed rejected if incomplete.

Payment Required: Each application must be accompanied by payment of the applicable fees. Fees are set by city council by resolution. Separate fees apply to each type of license. For example, if an applicant submitted new applications for a cultivation license, product manufacturing license, and a testing license, the applicant would need to pay the new cannabis establishment application fee for each of the 3 licenses requested.

Renewal, transfer, or modification of a license must also be requested via application, however the type of information which must be provided may vary depending on the action requested. Renewal applications must identify any information which has changed since the license was last approved. Transfer applications must provide all information required by a new application as to the proposed transferee. Modifications of layout or location must include detailed descriptions of the proposed modification. Minor modifications may be approved administratively. Major modifications are considered by the city council using the same factors and timetables that would apply to renewal applications.

Issuance of License: The city will not actually issue a license until the applicant provides proof of their state certification. If while seeking state certification, the applicant makes any changes to their intended operation from what was provided to the city council, the applicant must provide that information to the city council for further consideration before the city license will be issued.

Locations: The applicant must identify their proposed location. The proposed location must comply with the city zoning regulations and zoning buffers. In addition, collocation of cannabis establishments is restricted. In addition to state restrictions on collocation, the city prohibits a cannabis establishment from sharing a physical location with any non-cannabis type of business or land use type. A physical location will not be considered shared if it has separation from other cannabis or non-cannabis establishments consistent with ARSD 44:90:04:04, even if the licensed premises are not located on an independent legal lot.

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

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

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

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: BWX Mitchell LLC

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

Doing Business As (if different from above): BesaMe Wellness

Mailing Address: 25 FIRST AVENUE SW STE A WATERTOWN SD 57201

Street address of proposed site in Mitchell: 1400 S Burr St, Mitchell, SD 57301

Name and phone number of local contact: Benny Brower 417-876-1700

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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: Whit Olson, South Dakota driver's license is attached.
 - 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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APPLICATION FOR MEDICAL CANNABIS ESTABLISHMENT LICENSE



Part Four: Acknowledgments and Signature:

Jm 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.

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

Jm 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.

Jm 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.

Jm 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.

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

Jm 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.

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

Jm 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]

APPLICATION FOR
MEDICAL CANNABIS
ESTABLISHMENT LICENSE



APPLICANT

Printed Name of Authorized Signatory: Jack Mitchell

Signature of Authorized Signatory: Jack Mitchell

On behalf of (entity name): BWX Mitchell LLC

Date: _____

STATE OF Missouri)

COUNTY OF Clay) :SS

On this 19th day of January, 2022, before me, the undersigned notary officer, personally appeared JACK MITCHELL (signer name), who acknowledged themselves to be the _____ (official title) of BWX Mitchell LLC (entity name), and that in their official capacity, being authorized to do so, executed the foregoing application for the purposes stated therein.

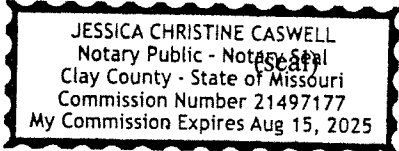
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Jessica Christine Caswell (sign name)

Jessica Christine Caswell (print name)

Notary Public - Missouri (state)

My Commission Expires: 8/15/2025



APPLICATION FOR MEDICAL CANNABIS ESTABLISHMENT LICENSE



Part Four: Acknowledgments and Signature:

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JE 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.

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[signature page to follow]

APPLICATION FOR
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APPLICANT

Printed Name of Authorized Signatory: Tom Elafros

Signature of Authorized Signatory: [Handwritten Signature]

On behalf of (entity name): BWX Mitchell LLC

Date: 1/19/2022

STATE OF Missouri)

COUNTY OF Clay) :SS

On this 19th day of January, 2022, before me, the undersigned notary officer, personally appeared Thomas Elafros (signer name), who acknowledged themselves to be the _____ (official title) of BWX Mitchell LLC (entity name), and that in their official capacity, being authorized to do so, executed the foregoing application for the purposes stated therein.

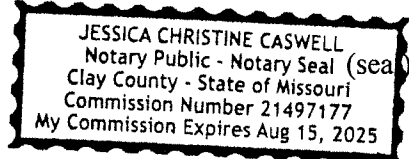
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

[Handwritten Signature] (sign name)

Jessica Christine Caswell (print name)

Notary Public - Missouri (state)

My Commission Expires: 8/15/2025



APPLICATION FOR MEDICAL CANNABIS ESTABLISHMENT LICENSE



Part Four: Acknowledgments and Signature:

BRB 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.

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

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[signature page to follow]

APPLICATION FOR
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APPLICANT

Printed Name of Authorized Signatory: Benny Brower

Signature of Authorized Signatory: *Benny Brower*

On behalf of (entity name): BWX Mitchell LLC

Date: 1/19/2022

STATE OF Missouri)

COUNTY OF Clay) :SS

On this 19th day of January, 2022, before me, the undersigned notary officer, personally appeared Benny Brower (signer name), who acknowledged themselves to be the _____ (official title) of BWX Mitchell LLC (entity name), and that in their official capacity, being authorized to do so, executed the foregoing application for the purposes stated therein.

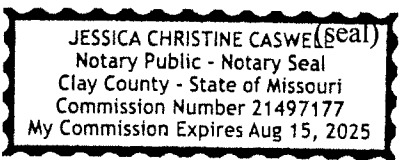
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Jessica Christine Caswell (sign name)

Jessica Christine Caswell (print name)

Notary Public - Missouri (state)

My Commission Expires: 8/15/2025



**APPLICATION FOR
MEDICAL CANNABIS
ESTABLISHMENT LICENSE**



Part Four: Acknowledgments and Signature:

WO 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.

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

WO 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.

WO 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.

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

WO 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]

APPLICATION FOR MEDICAL CANNABIS ESTABLISHMENT LICENSE



APPLICANT

Printed Name of Authorized Signatory: Whit Olson

Signature of Authorized Signatory: *Whit Olson*

On behalf of (entity name): BWX Mitchell LLC

Date: 1/5/22

STATE OF SOUTH DAKOTA)

:SS

COUNTY OF DAVISON)

On this 5th day of JANUARY, 20 22, before me, the undersigned notary officer, personally appeared WHIT OLSON (signer name), who acknowledged themselves to be the VICE PRESIDENT (official title) of BWX MITCHELL 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.

Rob A Ewing (sign name)

ROB A EWING (print name)

Notary Public – SOUTH DAKOTA (state)

My Commission Expires: 2/12/2023

