



November 16, 2022

Submitted via Electronic Mail & Certified First Class Mail

Cindy Roth, Deputy Finance Officer
Finance Office
City of Mitchell, South Dakota
612 N. Main
Mitchell, SD 57301
croth@cityofmitchell.org

RE: FSST Pharms, LLC d/b/a Native Nations Cannabis Dispensary Renewal Application

To Whom It May Concern:

FSST Pharms, LLC d/b/a Native Nations Cannabis ("Native Nations Cannabis") hereby respectfully submits the attached renewal application for its previously approved conditional medical cannabis dispensary license. FSST Pharms, LLC is a wholly owned limited liability company of the Flandreau Santee Sioux Tribe, organized in accordance with the Tribe's Law and Order Code.

Since its original application, most of the information contained therein has remained unchanged. Notably, Native Nations Cannabis would only desire to propose amending its original Site Plan for the establishment as provided in the Updated Site Plan attached hereto.

This updated plan would seek only to reconfigure the layout of the establishment in accordance with local and state law. As discussed with the City Attorney's office, the proposed window sites (as identified on the Updated Site Plan as "New Windows?") would need to be installed in a manner as to prevent someone from outside looking into the location to ensure compliance with the relevant law. If this would not be possible, Native Nations Cannabis would forego installation of the window sites as proposed and remove such from its Updated Site Plan to ensure compliance.

Based on the Deputy Finance Officer Cindy Roth's November 2, 2022 Letter, Native Nations Cannabis' renewal application submission is not including the \$5,000 renewal fee pursuant to the Letter's guidance anticipating a waiver of such fee. However, Native Nations Cannabis has enclosed updated proof that property taxes are current on the location and an updated insurance certificate as requested.

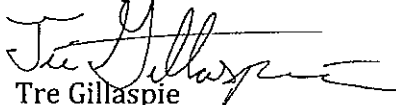
City of Mitchell Renewal Application

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Native Nations Cannabis appreciates your review and consideration of its application. Should any additional information need be submitted with this application or any questions arise concerning the renewal application, please contact me at (605) 573-4216 or Tre.Gillaspie@fsst.org and/or Anthony Reider, President at (605) 864-0906 or Anthony.Reider@fsst.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Tre Gillaspie", written over a horizontal line.

Tre Gillaspie

Assistant Attorney

Flandreau Santee Sioux Tribe

Submitted on Behalf of FSST Pharms, LLC

APPLICATION FOR MEDICAL CANNABIS ESTABLISHMENT LICENSE



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: _____
 - 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.
-

**APPLICATION FOR
MEDICAL CANNABIS
ESTABLISHMENT LICENSE**



Part Four: Acknowledgments and Signature:

RAK 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.

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

RAK 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.

RAK 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.

RAK 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.

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

RAK 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.

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

RAK 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**



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APPLICATION FOR
MEDICAL CANNABIS
ESTABLISHMENT LICENSE



APPLICANT

Printed Name of Authorized Signatory: April Herrick

Signature of Authorized Signatory: April Herrick

On behalf of (entity name): Flandreau Santee Sioux Tribe

Date: 11/14/22

STATE OF South Dakota)

:SS

COUNTY OF Moody)

On this 14 day of November, 20 22, before me, the undersigned notary officer, personally appeared April Herrick (signer name), who acknowledged themselves to be the Executive Secretary (official title) of Flandreau Santee Sioux Tribe (entity name), and that in their official capacity, being authorized to do so, executed the foregoing application for the purposes stated therein.

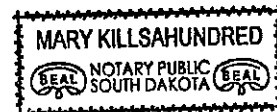
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Mary KillSAHundred (sign name)

Mary KillSAHundred (print name)

Notary Public - South Dakota (state)

My Commission Expires: 7/14/27 (seal)



**APPLICATION FOR
MEDICAL CANNABIS
ESTABLISHMENT LICENSE**



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[signature page to follow]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 777 108th Ave NE, #200 Bellevue WA 98004	CONTACT NAME: PHONE (A/C, No, Ext): 425-454-3386 FAX (A/C, No): 425-451-3716 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Flandreau Santee Sioux Tribe 603 W Broad Ave Flandreau SD 57028	License#: BR-724491 FLANSAN-01	
	INSURER A: Amerind Risk Management Corp	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER: 565913080** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:			TG00000302-02	10/1/2022	10/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 0
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPIOP AGG	\$
								\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE