



## MEDICAL CANNABIS EMPLOYEE CHANGE FORM

**Business Primary Contact** Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Owners:** (Attach separate page for more)

Name: \_\_\_\_\_ State of residency: \_\_\_\_\_ % owned: \_\_\_\_\_

Name: \_\_\_\_\_ State of residency: \_\_\_\_\_ % owned: \_\_\_\_\_

Name: \_\_\_\_\_ State of residency: \_\_\_\_\_ % owned: \_\_\_\_\_

Name: \_\_\_\_\_ State of residency: \_\_\_\_\_ % owned: \_\_\_\_\_

**List of Employees To Add:** (Attach separate page for more)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

**List of Employees To Remove:** (Attach separate page for more)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Every owner, LLC member or manager, shareholder, principal officer, board member, and employee must complete a Background Investigation form found on page 3 and submit a photocopy of his or her driver's license or government ID. (This must be supplemented each time an additional employee is hired.)

**Part V: AFFIRMATION AND CONSENT**

**Licensee or Business Name:** \_\_\_\_\_

I, \_\_\_\_\_ (printed name), as the applicant or as an authorized agent, officer, owner, or manager for the applicant, 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 Yankton (initial here) \_\_\_\_\_;
2. I consent to any background investigation necessary to determine my present and continuing suitability and that consent continues as long as I hold a Medical Cannabis Dispensary License (initial here) \_\_\_\_\_;
3. I understand and acknowledge that the City Finance's 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 Medical Cannabis Dispensary 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 Yankton Code of Ordinances Chapter 13 regarding Medical Cannabis Dispensary 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 Yankton and others contained in Ordinance Sec. 13-153 (initial here) \_\_\_\_\_;
8. I understand that any Medical Cannabis business license issued by the City of Yankton is provisional, conditional, and must be annually renewed by application submitted no less than forty-five (45) 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 Medical Cannabis 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
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**Instructions:** File this application form along with the required attachments and application license fee to the City Finance Officer, PO Box 176, Yankton, SD 57078. Call 668-5243 for questions.

For Finance Office Use Only:

Date application received: \_\_\_\_\_

### BACKGROUND INVESTIGATION

**TO BE COMPLETED BY EACH OWNER, SHAREHOLDER, LLC MEMBER AND MANAGER, PRINCIPAL OFFICER, BOARD MEMBER, AND EMPLOYEE** (Supplemental Form Required For Each New Employee)

<b>Name of Individual (please print):</b>	
<b>Trade Name of Establishment:</b>	
<b>Address of Proposed Establishment</b>	

**Notice:** The Marijuana Background Application Form is an official document. If you provide false information on your Medical Cannabis Dispensary License Application and/or do not disclose all information the application asks, your license is subject to denial or revocation. The City of Yankton Police Department will conduct a complete background investigation and will check all sources of information.

1. Have you ever been convicted of a felony in any State?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you, or any business in which you have had ownership, had a marijuana license suspended or revoked by any State agency or a local jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you under the age of twenty-one?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STOP!</b> If YES to any of 1 thru 3, you are prohibited from being an owner or employee of a cannabis establishment in Yankton.	
4. Have you been convicted of a violent, weapon-related, or drug-related misdemeanor at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you been convicted of any form of theft or crime of dishonesty at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you have any pending criminal charges other than traffic/moving violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES to any of 4 thru 6, please attach a separate sheet describing in detail the facts and circumstances of each charge/conviction.

**Personal Information:** Unless otherwise provided by law, the personal information required is solely for identification purposes and will be treated as confidential.

Your Full Legal Name (last, first, middle)	Primary Phone Number	Alternate Phone Number
List any other names you have used		
Current residence address		Mailing address (if different)
Email address		
Do you have a current Dirver's License? Attach copy. <input type="checkbox"/> No <input type="checkbox"/> Yes # _____ State _____	Date of Birth	Social Security Number

I hereby authorize a comprehensive background check and release the City of Yankton, its employees, contractors, volunteers, and elected officials from any liability or damage, which may result from furnishing the information requested.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_