TOWN OF LANGFORD

306 Main Street | P.O. Box 191 | Langford, SD 57454

The Town of Langford is an Equal Opportunity Provider.

Application for a Cannabis Establishment License

Permit Year: _____

Please provide the following information for *each* owner, principal officer, board member and/or individual(s) with financial interest of the establishment:

Individual #1:
Name: _____

Address: _____

Date of Birth: _____

Phone Number(s): _____ _____

Driver's License: _____ State: _____

Have you ever been convicted of a felony? Yes No

Individual #2:
Name: _____

Address: _____

Date of Birth: _____

Phone Number(s): _____ _____

Driver's License: _____ State: _____

Have you ever been convicted of a felony? Yes No

Individual #3:
Name: _____

Address: _____

Date of Birth: _____

Phone Number(s): _____ _____

Driver's License: _____ State: _____

Have you ever been convicted of a felony? Yes No

Individual #4:
Name: _____

Address: _____

Date of Birth: _____

Phone Number(s): _____ _____

Driver's License: _____ State: _____

Have you ever been convicted of a felony? Yes No

State Sales Tax Number: _____

Establishment Name: _____

Establishment Address: _____

Do you own this property? Yes No

Do you lease this property? Yes No

Do you or any owners, officers, or board members hold any additional cannabis or alcohol license(s)?

Yes No

If yes, please list: _____

Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc.?

_____

An application fee of $10,000.00 is required. The Town of Langford will not reimburse any of the application fee if the applicant fails to obtain a registration certificate from the South Dakota Department of Health.

This establishment will not operate between the hours of 10:00 P.M. to 7:00 A.M., per Ordinance #114 of the Town of Langford.

I/we, the applicants, swear under penalty of the perjury under the laws of the State of South Dakota that no principal officer, owner, or board member has been convicted of a felony in any jurisdiction.

Signature(s).

CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all the requirements for the class of license being applied for. The application shall constitute a contract between the applicant and the Town of Langford.

Date: _____

Applicant Name: _____

Applicant Signature _____

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FOR FINANCE OFFICE USE ONLY.

APPROVAL OF LOCAL GOVERNING BODY: Notice of hearing was published on _____. A public hearing on the application was held on _____, not less than seven (7) days after official publication. 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 and South Dakota law.

_____ Renewal – No public hearing held
_____ Amount of fee collected with application
_____ Amount of fee retained
_____ Forwarded with application

Date Received: _____ License No.: _____

Date Issued: _____ License Type: _____ New
_____ Transfer
_____ Re-issuance