



Marijuana (Cannabis) Prescreen Application Checklist

<input type="checkbox"/> Dispensary	<input type="checkbox"/> Cultivation	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Testing
Application and fee can be delivered in person to:		Application can be emailed to:	
130 Kansas City St., Suite 200 Rapid City, SD 57701		plz@pennco.org	
		Applications emailed must pay by Credit Card to complete application.	

Initial on the lines below verifying the information is included in your application.

Applicants must provide a payment of \$500 with the Prescreening application.

Checks should state the applicant name in the memo line.

- _____ Application Fee (payable to Pennington County P and Z) by check, cash or credit card.
- _____ Documentation evidencing proof of possession of the premises for which application is made under a lease, rental agreement or other arrangement for possession of the premises, or by virtue of ownership of the premises.
- _____ Certification that applicant has not been convicted of a “Disqualifying Felony Offense” as defined by SDCL § 34-20G-1(11).
- _____ Certification that the location meets PCZO § 326(A)(4).
- _____ Certification that the location meets the distance, isolation or separation distances in PCZO § 326(A)(5).

By the signature hereunder, I certify that all documentation, information, and fees have been submitted to the Pennington County Planning Department. I further certify that all information and documentation I have provided is true and accurate to the best of my knowledge. I authorize the Pennington County Planning Department staff and designees to enter onto and inspect the above-described property for the purposes of this application.

Applicant Signature: _____

Printed Name: _____

Date: _____ Time: _____



Marijuana (Cannabis) Prescreen Application

 Dispensary
 Cultivation
 Manufacturing
 Testing

1.	Applicant Name and Address:	Applicant Phone No:	Applicant Email:
	Business Name and Address:	Business Phone No.:	Business Email:
	Legal description of property:		
	Zoning of property:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
	Property Owner:	Address:	Phone No.:
	Does the proposed licensee own or lease the premise? If leasing, did you obtain certification from the property owner authorizing you to engage in business as a Marijuana (Cannabis) establishment?	<input type="checkbox"/> Own	<input type="checkbox"/> Lease
• <i>Copy of certification and proof must be included</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NA	
I certify that only one application for this business has been submitted for this location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

2.	Location of Marijuana (Cannabis) Business	
	➤ Within 1,000 feet of a church; or public or private school; or public or private day care center, preschool, nursery, kindergarten or similar; or public park or playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	➤ Within 100 feet of a residentially zoned property; or a residential dwelling unit; or youth center; or public swimming pool; or video arcade; or alcohol or drug rehabilitation facility; or halfway house or group home; or correctional facility; or adult oriented business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	➤ Within 1,000 feet of a Marijuana (Cannabis) Dispensary? (for Marijuana (Cannabis) Dispensary Application only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	Vicinity Map Attached (all property and land uses shown within ½ mile of proposed marijuana (cannabis) business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	Have you or any of your officers, board members, agents, volunteers, or employees been convicted of a disqualifying felony offense as defined in SDCL § 34-20G-1(11)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4.	Can you confirm background checks have been completed within 30 days prior to submission of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The undersigned applicant certifies under the penalties of perjury that all statements provided herein are true and correct to the best of the applicant's knowledge; that this application complies with all of the legal requirements set forth in SDCL § 34-20G and Pennington County Zoning Ordinances.

Date: _____ Printed Name: _____ Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires: _____

CERTIFICATION FOR PROPERTY USE AS MARIJUANA (CANNABIS) BUSINESS

Property address:
Legal description:

I certify that I am the owner of the above-described property and that

is authorized to use the property as a Marijuana (Cannabis) Business.

Property Owner Name: _____

Signature: _____

Printed Name: _____

Its: _____

Subscribed and sworn to before me this _____ day of _____, _____

(NOTARY SEAL)

Notary Public

My Commission Expires: _____