



# CITY OF DEADWOOD

DEADWOOD, SOUTH DAKOTA 57732

Planning and Zoning Department

Finance Office Department

102 SHERMAN STREET

Telephone: (605) 578-2600

## NEW APPLICATION MEDICAL CANNABIS ESTABLISHMENT LICENSE APPLICATION CHECKLIST

*Medical cannabis business licensing requires both City and State approval, which is initiated at the local level by first obtaining a provisional Medical Cannabis License from the City of Deadwood. Applicant must submit a separate license application for each type of medical cannabis establishment the applicant wishes to license and operate.*

*Please provide all documents in the same order shown on the checklist – single sided – no staples please. All documents and copies need to be legible and either typed or printed in black on 8 ½” x 11” size paper.*

**NOTE:** *Documentation requirements may change as the State of South Dakota adopts and amends its rules and regulations governing medical cannabis establishments.*

BUSINESS NAME: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

STREET ADDRESS OF CANNABIS ESTABLISHMENT:  
\_\_\_\_\_

TYPE OF ESTABLISHMENT LICENSE:  Dispensary  Manufacturing Facility  
 Testing Facility  Cultivation Facility

Please complete and submit the following documents:

- Complete Medical Cannabis License Application form
- Non-refundable application fee
- Documentation from the Planning & Zoning Department showing that the proposed location complies with all city land use and zoning requirements.
- Proof of ownership or landlord’s written consent of the proposed use, if leased.
- Photocopies of a valid form of state identification for each principal officer, owner, member, manager, partner, or board member
- Certifications for Medical Cannabis Establishment License Application Form
- Background Authorization Form



## Medical Cannabis Dispensary License Application

Application for license to engage in the business of **Medical Cannabis Dispensary** in Deadwood, South Dakota, for the calendar year of \_\_\_\_\_.

NEW APPLICATION: **Non-Refundable Fee: \$10,000.00** - *To be Applied to 1<sup>st</sup> Annual Fee*

**(NOTE: Balance of First Annual Fee of \$20,000.00 is Also Due Upon State Registration - No Partial Year Proration)**

RENEWAL: **Annual Fee: \$30,000.00**

### Part I: APPLICANT/LICENSEE INFORMATION

**Name of Applicant/Licensee:** \_\_\_\_\_

Individual  Corporation  Partnership  Limited Liability Company (LLC)  Other \_\_\_\_\_

If Corporation, please submit copy of Articles of Incorporation, By-Laws, and Certificate of Good Standing.

If LLC, please submit copy of Articles of Organization, Operating Agreement, and Certificate of Good Standing.

If Partnership, please submit copy of written Partnership Agreement.

**Trade Name (or DBA) of Business:** \_\_\_\_\_

Please submit proof of fictitious business name (DBA) registration with South Dakota Secretary of State.

**Physical Address of Dispensary:** \_\_\_\_\_

Street

City

State

Zip Code

### Part II: PREMISES INFORMATION

**Business Phone:** \_\_\_\_\_ **Is the premises owned or rented?** \_\_\_\_\_

*\*\* If rented, applicant must attach "Authorization to use Property for a Cannabis Business" page 5.*

If this is a renewal application and all premises information remains the same as the original initial application, check here  *\*If checked, skip questions below to Part III*

Attach a copy of the deed or lease along with a "to scale" sketch of the floor plan, a "to scale" site plan reflecting all construction and lot boundaries, and an elevation drawing or rendering of the exterior.

**Zoning:** The proposed business is located within (check one):

CH Commercial Highway District  CE Commercial Enterprise

Is this business located within any building containing a dwelling unit, a pediatrician's office, hotel, motel, boarding house, or lodging facility?  Yes  No

Is this business located within 1000 feet from the nearest property line of any public or private school?  Yes  No

Is this business located within 500 feet from the nearest property line of a park or place of worship?  Yes  No

Is this business located within 100 feet from the nearest property line of another dispensary?  Yes  No

**Applicant has submitted a survey from a registered land surveyor confirming the distances required from public or private schools, places of worship, parks, and other cannabis dispensaries per Deadwood City Ordinance 1337 Zoning Regulations for Cannabis Establishments.**  Yes  No

Will the applicant business need any anticipated building or construction-related permits upon approval of this license? (Contact City of Deadwoods Building Inspector 578-2082)  Yes  No

If yes, please explain: \_\_\_\_\_

**Note:** issuance of a medical cannabis dispensary license does not eliminate the need for any other applicable license (i.e., building permits, etc.).

**Part III: OPERATIONS INFORMATION**

*Attach a business plan to include your intended hours and rules of operation demonstrating compliance with City of Deadwood Ordinance 1333 Secs. 5.56.13*

If this is a renewal application and all operations information remains the same as the original initial application, check here  (If checked, no new business plan or safety/security measures is needed)

*Attach a sales tax clearance letter from the State of South Dakota Department of Revenue  
(Required Annually)*

Sales Tax ID# \_\_\_\_\_

*Attach a list of products and suppliers (To Be Supplemented Annually)*

**Part IV: PERSONNEL INFORMATION**

**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:** (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 4 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 Deadwood (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 Deadwood Ordinance 1333 regarding Medical Cannabis Dispensary licensing rules and regulations and City of Deadwood Ordinance 1337 Zoning Regulations for Cannabis Establishments 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 Deadwood and others contained in Ordinances 1333 and 1337 (initial here)\_\_\_\_\_
8. I understand that any Medical Cannabis License issued by the City of Deadwood 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

**Instructions:** File this application form along with the required attachments and application license fee to the City Finance Officer, 102 Sherman Street, Deadwood, SD. Call 578-2600 for questions.

**Application Fees:** Initial Application Fee of \$10,000.00 or Annual Fee of \$30,000.00 is due at the time of submitting this application. The first Annual fee of \$30,000.00 is due upon receipt of Certification of Occupancy. The Annual Fee is not pro-rated.

\_\_\_\_\_  
For Finance Office Use Only:

Date application received: \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

### 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 Deadwood 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! If YES to any of 1 thru 3, you are prohibited from being an owner or employee of a cannabis establishment in Deadwood.</b>	
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 Driver'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 Deadwood, its employees, contractors, volunteers, and elected officials from any liability or damage, which may result from furnishing the information requested.

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

## AUTHORIZATION TO USE PROPERTY FOR A CANNABIS BUSINESS

BUSINESS NAME:

APPLICANT:

STREET ADDRESS OF CANNABIS BUSINESS:

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a **Medical Cannabis Retail Facility**.

I understand that the lessee must operate the business on the property described above under provisions of City of Deadwood's Ordinance 1333: Licensing Provisions for Medical Cannabis. I further understand that my property must meet certain zoning requirements per City of Deadwood Ordinance 1337: Zoning Regulations for Cannabis Establishments and comply with applicable federal, state, and local laws and building codes.

In exchange for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, I hereby release the city, its officers, elected officials, employees, attorneys, and agents from all liability for all claims and demands, or causes of action of any kind whatsoever, present or future, in any way relating to or arising from the lessee/licensee's business operation upon said property.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Property Owner/Agent

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Property Owner's Address

\_\_\_\_\_  
Lease Expiration Date

❖ **ATTACH PHOTOCOPY OF WRITTEN LEASE AGREEMENT**

State of South Dakota )  
 ) ss..  
County of Lawrence )

CERTIFICATIONS FOR MEDICAL  
CANNABIS ESTABLISHMENT LICENSE  
APPLICATION (ENTITY)

I, \_\_\_\_\_, being first duly sworn on oath, state as follows:

1. I hereby certify that I am a \_\_\_\_\_ (principal officer, owner, member, manager, partner, or board member) of \_\_\_\_\_, which is an applicant for a medical cannabis establishment license from the City of Deadwood ("Applicant").
2. I hereby certify that Applicant has completed background checks for all medical cannabis establishment agents within 90 days of the license application to the City of Deadwood.
3. I hereby certify that none of the Applicant's agents have been convicted of a disqualifying felony offense, as those terms are defined in Deadwood City Ordinance #1333.
4. I hereby certify that no principal officer, owner, member, manager, partner, or board member has served as a principal officer, owner, member, manager, partner, or board member for a medical cannabis establishment that has had any certification/license/permit to operate a medical cannabis establishment revoked in South Dakota or any other state.
5. I hereby certify that no natural person who is an agent of the medical cannabis establishment is under 21 years of age.
6. I hereby certify that at least one principal officer of the Applicant is a resident of South Dakota, whose name is \_\_\_\_\_.
7. I hereby certify that the medical cannabis license application submitted to the City of Deadwood is true and correct. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

(SEAL)

State of South Dakota )  
 ) ss..  
County of Lawrence )

CERTIFICATIONS FOR MEDICAL  
CANNABIS ESTABLISHMENT LICENSE  
APPLICATION (INDIVIDUAL)

I, \_\_\_\_\_, being first duly sworn on oath, state as follows:

1. I hereby certify that I am an applicant for a medical cannabis establishment license from the City of Deadwood ("Applicant").
2. I hereby certify that I have completed background checks for all medical cannabis establishment agents within 90 days of the license application to the City of Deadwood.
3. I hereby certify that none of the Applicant's agents have been convicted of a felony offense, as those terms are defined in Deadwood City Ordinance #1333.
4. I hereby certify that I have never served as a principal officer, owner, member, manager, partner, or board member for a medical cannabis establishment that has had any certification/license permit to operate a medical cannabis establishment revoked in South Dakota or any other state.
5. I hereby certify that no natural person who is an agent of the medical cannabis establishment is under 21 years of age.
6. I hereby certify that I am a resident of South Dakota.
7. I hereby certify that the medical cannabis license application submitted to the City of Deadwood is true and correct. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)





## Disclosure And Authorization For Consumer Reports

### Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with \_\_\_\_\_, at \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

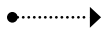
### **This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.wescreenusa.com](http://www.wescreenusa.com)

### **California, Minnesota and Oklahoma Residents:**

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I have read and I understand this page.



_____ Applicant Initials
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**California Applicants:**

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**New York Applicants:**

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_(initial if this applies).

**Washington Applicants:**

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

**Please complete all of the fields below:**

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b> Please check box if you do not have a middle name.
<b>Social Security #:</b>		<b>Date of Birth:</b>
<b>Email:</b> (This is a required Field)		
<b>Current Address:</b>		<b>Previous Address:</b>
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	Zip:
City:	State:	Zip:
<b>Drivers Lic. #:</b>		<b>State Issuing:</b>
<b>Former Name/Alias:</b>		

X \_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

Applicant Copy

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

**Applicant Copy**