



PERSONAL HISTORY FORM

Please include primary business contacts, business owners, and managers.

Business Name: Must match Secretary of State Business Registry

Facility Address: Street, City, Zip

License Type:

Retailer <input type="checkbox"/>	Retail Courier <input type="checkbox"/>	Processor <input type="checkbox"/>	Producer <input type="checkbox"/>	Wholesaler <input type="checkbox"/>
			Micro-Producer <input type="checkbox"/>	Micro-Wholesaler <input type="checkbox"/>

This contact will be the PRIMARY BUSINESS CONTACT. All business correspondence will be sent to this individual.

PRIMARY CONTACT

First Name	Last Name
Ownership %:	Title/Position:
Phone Number:	Email:

Contact 2:

First Name	Last Name
Ownership %:	Title/Position:
Phone Number:	Email:

Contact 3:

First Name	Last Name
Ownership %:	Title/Position:
Phone Number:	Email:

Contact 4:

First Name	Last Name
Ownership %:	Title/Position:
Phone Number:	Email:

Contact 5:

First Name	Last Name
Ownership %:	Title/Position:
Phone Number:	Email:

Please list the names and locations of other cannabis businesses with which these contacts are affiliated. Attach additional sheets if necessary.

PRIMARY CONTACT:	Business Name:	City/State:
	Business Name:	City/State:
	Business Name:	City/State:

Contact 2:	Business Name:	City/State:
	Business Name:	City/State:
	Business Name:	City/State:

Contact 3:	Business Name:	City/State:
	Business Name:	City/State:
	Business Name:	City/State:

Contact 4:	Business Name:	City/State:
	Business Name:	City/State:
	Business Name:	City/State:

Contact 5:	Business Name:	City/State:
	Business Name:	City/State:
	Business Name:	City/State:

Have any of these contacts engaged in the direct management and operation of, OR had 10 percent or more interest in, a Medical Dispensary or Marijuana Business regulated by the City of Portland whose license has been revoked under Portland City Code 14B.130?

Yes
 No

The undersigned hereby states that the statements made in this form are true and correct to the best of their knowledge and belief, and that this statement is executed with the knowledge and understanding that any false statement, misrepresentation, or failure to reveal or provide requested information **may be cause for refusal to issue, suspension, or revocation, of any License issued under Portland City Code 14B.130.**

Print Name:		Date:	
Signature:		Title:	