



SOCIAL EQUITY PROGRAM APPLICATION

For more information, please visit portlandoregon.gov/cannabis/socialequity

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Complete application must be submitted **at least 30 days prior to license issuance** to receive fee reductions.

Business Entity Name: Must match Secretary of State Registry and OLCC Application

Facility Address: Street, City, Zip

License Type:

Retailer	Retail Courier	Processor	Producer
Wholesaler	Micro-Producer	Micro-Wholesaler	

Qualifying Factors: (Select all that apply)

- Small Business** (please complete Page 3)
- Small Business w/ MWESB-Certified Vendors** (please complete Page 4)
- Prior Cannabis Convictions** (please complete Page 5)

CONFIDENTIALITY – PLEASE SELECT ONE

I consent to the public disclosure of this form and supporting documentation.

I am requesting that my application and any accompanying records needed for the Social Equity Program Application not be made available to the general public, as it would constitute an unreasonable invasion of privacy. I have provided this information in confidence upon Civic Life’s representation that they would make a good faith effort to not disclose this information and keep it confidential to the extent permitted by law.

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:	<input type="text"/>	Title:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION

**ADDITIONAL DOCUMENTATION REQUIRED FOR REIMBURSEMENT OF
BUREAU OF DEVELOPMENT SERVICES (BDS) COSTS**

- To receive a credit to reimburse costs incurred at BDS for Early Assistance or Preliminary Life Safety Meetings, please submit documentation of the meeting(s) and payment(s) with this form.
- If unable to provide documentation with the form, please submit separately to cannabis@portlandoregon.gov. Please include “BDS Early Assistance Payment” and your facility address in the email subject line.

ADDITIONAL DOCUMENTATION REQUIRED FOR EACH QUALIFYING FACTOR

<p align="center">Small Business</p>	<ul style="list-style-type: none"> • First page of each entity’s IRS tax form <ul style="list-style-type: none"> ○ Corporations: Form 1120 ○ S Corporations: Form 1120S ○ LLCs: Form 1120, 1065, or 1040 ○ Partnerships: Form 1065 ○ Sole Proprietorships: Form 1040 • Copies of all submitted OLCC Marijuana Business Questionnaires, including the Corporate Questionnaire, Limited Liability Questionnaire, Limited Partnership Questionnaire, and Sole Proprietor/Other Entity Form. • Copies of all OLCC Individual History Forms for owners holding 10% interest or greater <p>PLEASE NOTE: You may redact any information except the business entity name, address, and “Total Income.” Also, if applicant’s business structure involves more than three legal entities, the applicant must also provide a business structure diagram showing the legal entities involved, which entity or entities will hold the license, and each entity’s relationship to one another.</p>
<p align="center">Small Business w/ MWESB-Certified Vendors</p>	<ul style="list-style-type: none"> • Documentation of payments made and description of services/goods. • Documentation demonstrating that the qualifying payments for services/goods directly relate to the business being licensed. <p>PLEASE NOTE: You may redact any information not pertinent to the requirements of the Social Equity Program.</p>
<p align="center">Prior Cannabis Convictions</p>	<ul style="list-style-type: none"> • Proof of conviction as demonstrated through federal or state court records indicating the disposition of the criminal matter. May include records to expunge or set aside the original conviction. <p>PLEASE NOTE: You may redact any information not pertinent to the requirements of the Social Equity Program.</p>

PAGE 3: QUALIFYING FACTOR for SMALL BUSINESS

To qualify, **BOTH** of the following must be true:

1) Less than \$750,000 annual total income in the preceding calendar year

- a. Combined total income in the previous calendar year of the business entity applying, and all business entities (including any parent companies, associate companies, subsidiaries, or affiliates) with ownership interests of 10% or greater.
- b. Combined total income must match the sum of the "Total Income" line reported on all Internal Revenue Service (IRS) tax return forms for each entity (Form 1120 for corporations; Form 1120S for S corporations; Form 1120, Form 1065, or Form 1040 for LLCs; Form 1065 for partnerships; Form 1040 for other sole proprietorships).

AND

2) The business entity and its owners have no more than a total of two other state recreational or medical cannabis licenses pending or obtained

- a. Total includes all recreational or medical cannabis licenses from all states.
- b. This Includes the total number of licenses of the business entity seeking the license and all individuals and entities with 10% or greater ownership interest, including any parent companies, associate companies, subsidiaries, or affiliates of business entity owners.
- c. Does not include individuals' medical cards issued for personal medical purposes.

Total Incomes:

Entity Names	Total Income
Business Entity Applying for License:	
Other Entity 1:	
Other Entity 2:	
Other Entity 3:	
SUM OF ALL TOTAL INCOME:	

Total Cannabis Licenses:

Entity Names	No. of Licenses
Business Entity Applying for License:	
Other Entity 1:	
Other Entity 2:	
Other Entity 3:	
TOTAL NUMBER OF CANNABIS LICENSES:	

PAGE 4: QUALIFYING FACTOR for SMALL BUSINESS with MWESB-CERTIFIED VENDORS

To qualify, **BOTH** of the following must be true:

1) Meets the Small Business qualifications on Page 3 above

AND

2) Contracts with an ancillary industry vendor(s) MWESB-certified by the State of Oregon and listed on the State’s Certified Vendor Directory as an Emerging Small Business, Minority Business Enterprise, Service-Disabled Veteran Business Enterprise, or Women Business Enterprise

- a. If the application is for a new license, the entity seeking the license must have paid the vendor(s) a total of at least \$30,000 during the 24 months immediately preceding license issuance, for expenses directly related to the marijuana business seeking the license.
- b. If the application is for a renewal license, the entity seeking the license must have paid the vendor(s) a total of at least \$30,000 during the most recent licensing period, for expenses directly related to the marijuana business seeking the license.
- c. The marijuana business, or any owners, including any parent companies, associate companies, subsidiaries, or affiliates, must not have any shared ownership with the ancillary industry vendor(s) or its parent companies, associate companies, subsidiaries, or affiliates.

MWESB-Certified Ancillary Industry Vendors:

Vendor Names	Type of Goods/Service	Payment Date(s)	Amount Paid
Vendor 1:			
Vendor 2:			
Vendor 3:			
SUM OF ALL PAYMENTS:			

PAGE 5: QUALIFYING FACTOR for PRIOR CANNABIS CONVICTIONS

To qualify, **EITHER ONE** of the following must be true:

- 1) 25% or greater of ownership are represented by individuals with a federal or state conviction for a criminal offense committed prior to July 1, 2015 in which possession, delivery or manufacture of marijuana or marijuana items is an element, whether misdemeanor or felony

OR

- 2) 20% or greater of staff hours are represented by individuals with a federal or state conviction for a criminal offense committed prior to July 1, 2015 in which possession, delivery or manufacture of marijuana or marijuana items is an element, whether misdemeanor or felony

OWNERS WITH CANNABIS CONVICTIONS

Owner 1:	Name:	Ownership %:
	Jurisdiction of Conviction:	Conviction Date:
Owner 2:	Name:	Ownership %:
	Jurisdiction of Conviction:	Conviction Date:

STAFF WITH CANNABIS CONVICTIONS

Acting as a representative of the business, the undersigned hereby states that the information provided is 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, or suspension or revocation of, the associated license issued under Chapter 14B.130.**

Staff 1:	Name/Title:	Avg. Monthly Hours:
	Jurisdiction:	Conviction Date:
	Staff Signature:	Date Signed:
Staff 2:	Name/Title:	Avg. Monthly Hours:
	Jurisdiction:	Conviction Date:
	Staff Signature:	Date Signed:
Staff 3:	Name/Title:	Avg. Monthly Hours:
	Jurisdiction:	Conviction Date:
	Staff Signature:	Date Signed:



SOCIAL EQUITY PROGRAM

Benefits for Qualifying Businesses

Qualifying businesses will receive benefits based on their number of up to three (3) qualifying factors:

- **ALL LICENSE TYPES:** May qualify for a City of Portland Marijuana Regulatory License (MRL) fee reduction. The reduction will be applied at the time the business is licensed.
- **PRODUCERS AND PROCESSORS:** May also qualify for reimbursement of costs incurred at the Bureau of Development Services related to Early Assistance or Preliminary Life Safety meetings. This reimbursement will be applied as a reduction to the MRL fee at the time the business is licensed.

	License Fee Reduction (All License Types)	Early Assistance Reimbursement (Producers & Processors)
1 Qualifying Factor	15% Off License Fee	Up to \$750 Credit Toward License Fee
2-3 Qualifying Factors	25% Off License Fee	Up to \$1,500 Credit Toward License Fee