



CITY OF PORTLAND MARIJUANA REGULATORY LICENSE APPLICATION

NOTICE TO APPLICANTS

This information is subject to disclosure under Public Record Law.

The Office of Neighborhood Involvement will **NOT** accept applications that are incomplete or missing information.

The licensee or legal representative **MUST** notify the Office of Neighborhood Involvement of any changes within 10 business days to avoid civil penalties, up to and including suspension or revocation of the license.

Section I: Application Type (Select ONE)

New Application	Renewal Application	Amend Existing Application
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Section II: License Type(s)

Producer	Processor	Wholesaler	Retailer	Medical Dispensary
Retail Courier				

Section III: City Permits/License Numbers

City Business License Cert. of Compliance No.:

City Alarm Permit No.:

Section IV: Business Information

Entity Name: Must match Secretary of State Business Registry

Trade Name: DBA

Facility Address: <small>Street</small>	City	State	Zip
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Mailing Address: <small>Street</small>	City	State	Zip
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Phone Number: Email:

Employer Identification No.: Website:

Does your business have a Security Plan that describes how your business intends to comply with City and State security and access requirements?	Yes	No
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Business Structure	Sole Proprietor	Partnership
	Limited Liability Corporation	Limited Partnership
	Corporation	Other



Section V: Primary Business Contact Information

Contact:	First Name	Last Name
Ownership Percentage:	Title/Position:	
Is this person at least 21 years of age?	Yes	No
Phone Number:	Email:	
<i>List the names of other marijuana business with which you are affiliated (Attach additional sheets if needed)</i>		
Business Name:	Location:	City/State
Business Name:	Location:	City/State
Business Name:	Location:	City/State

Section VI: Property Lease/Ownership Information

Licensees must have legal possession of the premises for duration of license issuance.

Do you own the property where the business is or will be located?	Yes	No
If you are NOT the property owner, fill out the information below. The applicant must provide a true and complete copy of the executed lease, and proof that the property owner has authorized the use as a Medical Dispensary or Marijuana Business, unless otherwise indicated on checklist		
Property Owner:	First Name	Last Name
Mailing Address:	Street	City State Zip
Phone Number:	Email:	
Lease start date:	Lease end date:	

Section VII: Facility Information (Marijuana Producers and Wholesalers ONLY)

Check the facility size below your business is seeking from the Oregon Liquor Control Commission:

Indoor Tier I	Indoor Tier II	Outdoor Tier I	Outdoor Tier II
Micro Tier I	Micro Tier II	Micro Wholesaler	



Section VIII: Facility Information (Marijuana Processors ONLY)

Check the endorsements below your business is seeking from the Oregon Liquor Control Commission:

Cannabinoid edible processor	Cannabinoid concentrate processor
Cannabinoid topical processor	Cannabinoid extract processor

Marijuana Processor Licensees with an OLCC endorsement to produce edibles will need a Commercial Kitchen Certificate before being granted a license. Additionally, all employees producing edible products must have a valid Food Handler card issued by the Multnomah County Health Department.

Section IX: Information About Recreational Marijuana Tax (Retailers and Retail Couriers ONLY)

Please answer "Yes" if you are aware that Portland businesses are required to collect a 3% City of Portland retail sales tax on recreational marijuana and marijuana products from the customer at the point of sale for all sales on or after January 1, 2017. All tax collected by the seller must be segregated, then remitted as required by law."

Yes

No

OATH OF APPLICATION

Completion of these forms and submission with the non-refundable fee does not imply any obligation on the part of the City of Portland to grant the requested License. Issuance of a City of Portland Regulatory License does not relieve the Licensee from the obligation to meet all other applicable Federal, State, and local laws and regulations. The undersigned hereby states that the statements made in this application 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, or suspension or revocation, of any License issued under Chapter 14B.130.

Authorized Signature:

Date:

Printed Name:

Title:



City of Portland, Oregon – Office of Neighborhood Involvement

1221 SW Fourth Avenue | Portland, Oregon 97204 | 503.823.9333 | www.portlandoregon.gov/cannabis



INTERNAL USE ONLY – Intake Information

Date/Time Received			Received By	
Date of OLCC Application Submittal			Verified By	
OHA Registration No./OLCC License No.			Verified By	
Permits/Certificates/Licenses verified	Yes	No	Verified By	
Application intake review completed	Yes	No	Verified by	