



PERSONAL HISTORY FORM

Section I: Business Information				
Entity Name	Must match Secretary of State Business Registry			
Trade Name	DBA			
Facility Address	Street	City	State	Zip
Mailing Address	Street	City	State	Zip
Phone Number:		Email:		

Section II: Personal History				
Contact:	First Name	Last Name		
Ownership Percentage		Title/Position:		
Is this person at least 21 years of age?			Yes	No
Phone Number:		Email:		
Mailing Address	Street	City	State	Zip
List the names of other marijuana business with which you are affiliated. Attach additional sheets if needed.				
Business Name:		Location: City/State		
Business Name:		Location: City/State		
Business Name:		Location: City/State		
Has this person 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or more interest in, a Medical Dispensary or Marijuana Business regulated by the City of Portland whose license has been revoked for cause that would be grounds for revocation pursuant to Chapter 14B.130?				Yes No
Has this person 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 that has contributed to crime or livability incidents at that location?				Yes No

Section III: Signature	
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 Chapter 14B.130.	
Authorized Signature:	Date:
Printed Name:	Title:

INTERNAL USE ONLY

Application No. _____

MRLA_PHF_ONI 11/23/2015

OHA Reg. No. / OLCC Lic. No. _____