

MEDICAL MARIJUANA DISPENSARY OPERATOR LICENSE APPLICATION

900 SE DOUGLAS
ROSEBURG, OR 97470 - (541) 492-6866
\$500.00 Original Application Investigation Fee
\$500.00 Yearly Dispensary License Fee
(1/2 fee if received after 7/1)

Entire application must be complete.
Incomplete forms will not be processed.
OHA License Copy must be provided

Renewal _____
Received _____



OREGON HEALTH AUTHORITY LICENSE # _____ COPY PROVIDED WITH APPLICATION
DISPENSARY NAME _____
DISPENSARY PHONE _____ ALTERNATE PHONE _____
DISPENSARY ADDRESS _____ ZIP _____
MAILING ADDRESS (If different than above) _____
DAYS AND HOURS OF OPERATION _____

IS THIS SPACE SHARED WITH ANOTHER BUSINESS? YES NO IF YES, WHO _____
ARE YOU CHANGING, ADDING OR REMOVING A SIGN OR SIGNS? YES NO
IS THIS NEW CONSTRUCTION YES NO IF NO, DO YOU PLAN ON MAKING CHANGES TO THE BUILDING OR SITE
 YES NO IF YES, PLEASE DESCRIBE _____

If you answer "yes" to signs or construction contact the City Community Development Department at 541-492-6850 to discuss permits, site review or other concerns

The following information must be completed by the operator of this dispensary:

1. FIRST NAME/MID INITIAL/LAST NAME: _____
SEX: M F DATE OF BIRTH: _____ PLACE OF BIRTH: _____
DRIVER LICENSE# & STATE: _____ JOB TITLE: _____
PERSONAL PHONE #: _____ EMAIL: _____

HAVE YOU EVER HAD A BUSINESS LICENSE SUSPENDED OR REVOKED? YES NO If yes, please explain:

IF YOU ANSWER 'YES' TO EITHER OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE A SEPARATE SHEET OF PAPER TO EXPLAIN THE FELONY OR MISDEMEANOR INCLUDING DATES AND HOW THIS CONVICTION IS NOT APPLICABLE TO THE DISPENSARY BUSINESS FOR WHICH YOU ARE APPLYING.

****THE ATTACHMENT WILL NOT BE PART OF THE PUBLIC RECORD.**

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY? YES NO

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST FIVE YEARS RELATING TO FRAUD, THEFT OR THE MANUFACTURE OR DELIVERY OF A SCHEDULE I OR SCHEDULE II CONTROLLED SUBSTANCE?

YES NO

_____ (initial) The dispensary operator shall at all times comply with the regulations established by the Oregon Health Authority and RMC Chapter 9.14, as well as all other state and local laws relating to the dispensing and distribution of medical marijuana, including the City's land use and development regulations, building codes and fire codes relating to such dispensaries.

_____ (initial) The dispensary operator shall not employ, or accept volunteer services from, any person to dispense medical marijuana or perform any other dispensary-related tasks, who has not obtained a medical marijuana dispenser's permit from the City.

As applicant for a City of Roseburg Medical Marijuana Dispensary Operator License, I hereby certify that I understand the requirements of RMC 9.14 are available upon request and I must comply with all state and federal bonding and licensing requirements in connection with my business.

_____ Applicant's Signature _____ Date

YOU MUST NOTIFY THE CITY RECORDER'S OFFICE OF TELEPHONE NUMBER CHANGES OR IF THE DISPENSARY BUSINESS CLOSSES. CHANGE OF OWNERSHIP OR RELOCATION REQUIRES A NEW REGISTRATION

<i>For Office Personnel Only</i>	<i>Date application received</i> _____
INVESTIGATION FEE RECEIPT # _____ LICENSE RECEIPT # _____	
Comm. Dev. - Yes ___ No ___ Date: ___/___/___ Zoning _____ By _____	Police - Yes ___ No ___ Date: ___/___/___ By _____
Fire - Yes ___ No ___ ___/___/___ By _____	Self Inspection Brochure Sent: ___/___/___ Inspection by Fire Marshal: ___/___/___
Approval Yes ___ No ___ (If No, attach memorandum outlining denial) Comments: _____	
THIS APPLICANT HAS MET THE REQUIREMENTS FOR A MEDICAL MARIJUANA DISPENSARY PURSUANT TO THE ROSEBURG MUNICIPAL CODE	
_____ Roseburg City Recorder or Designee	_____ Date

Revised 9/2014

DISPENSARY NAME: _____

Notes:

