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 _____
Permit # _____

Operator License # _____

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 CLOSES. CHANGE OF OWNERSHIP OR RELOCATION REQUIRES A NEW REGISTRATION

For Office Personnel Only *Date application received* _____

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:

_____

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