

CITY OF SPRINGFIELD, OREGON

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH: 541-726-3753 • FAX: 541-726-3689



RECREATIONAL MARIJUANA FACILITY LICENSE APPLICATION

APPLICATION FEE: \$2,337.30 per Fiscal Year (Includes a 5% technology fee)

All fees are non-refundable

NOTICE TO APPLICANTS

This information is subject to disclosure under Public Record Law.

The City of Springfield will **NOT** accept applications that are incomplete or have missing information.

SECTION I: APPLICATION TYPE

New Application

Renewal Application

Update Existing License

SECTION II: LICENSE TYPE

Retailer

Processor or Testing Lab
(see Section II A)

Wholesaler

Producer
(see Section II B)

SECTION II A: PROCESSOR TYPE

Edible

Concentrate

Extraction

Topical

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 Lane County Health Department.

SECTION II B: FACILITY INFORMATION OF MARIJUANA PRODUCER LICENSES

Check the plant canopy sizes for the cultivation facilities below based on Springfield Development Code 4.7-177d.

Indoor Tier I

Indoor Tier II

Outdoor Tier I

Outdoor Tier II

SECTION III: FACILITY INFORMATION

Business Name:

Applying As: Corporation Limited Liability Company Limited Partnership Individual(s)
(If signing for a corporation, provide documentation of corporation and signer's authority)

DBA:

Phone Number:

Facility Address:

City:

State:

Zip Code:

Facility Mailing Address:

City:

State:

Zip Code:

SECTION IV: APPLICANT INFORMATION

Applicant's First, Middle & Last Name:

Previous Legal Names:

Date of Birth:

Applicant's Address:
(No PO Box)

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Same as above

Phone:

Cell Phone:

Driver's License or Identification Card No:

Email Address:

Federal Tax ID Number:
(If Applicable)

State of Oregon Registry Number:

SECTION V: ADDITIONAL INFORMATION

City of Springfield Land Use Approval. Record Number: _____ Approved by: _____

Attach a copy of the approved OLCC license.

Have you obtained an Alarm System? <input type="checkbox"/> NO <input type="checkbox"/> YES If "Yes" What is the Alarm System License Number: _____			
Have you been prohibited by a court from participating in the Oregon Marijuana Program? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Attach a complete description of the proposed accounting and inventory systems for the facility.			
How many employees will be working or volunteering at the facility? _____			
The name and address of each owner, manager, operator, employee, agent, or volunteer needs to be listed. (Attach a separate sheet if needed) Please note that each person will also have to fill out a Marijuana Facility Criminal Background Check Form.			
First:		Middle:	
Last:			
Home Address:		City:	State: Zip Code:
Mailing Address: <input type="checkbox"/> Same as above		City:	State: Zip Code:
Phone Number:	Cell:	Email:	

SECTION VI: PROPERTY OWNER INFORMATION

Do you own the property where the facility is located?		<input type="radio"/> YES	<input type="radio"/> NO
Property Owner			
First:		Last:	Phone:
Home Address:		City:	State: Zip Code:
Landlord			
First:		Last:	Phone:
Home Address:		City:	State: Zip Code:
Property Manager			
First:		Last:	Phone:
Home Address:		City:	State: Zip Code:

SECTION VII: SIGNATURE AND INFORMATION
Please note that we require a minimum of two (2) weeks to process the application. Incomplete or missing information will delay the review process.

Completion of these forms and submission with the non-refundable fee does not imply any obligation on the part of the City of Springfield to grant the requested License. Issuance of a City of Springfield 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. I understand that a background check will be done and that a background check of each owner, manager, operator, employee, agent or volunteer will also be done upon renewal.

Applicant's Name: (Please Print)		Date:
Applicant's Signature:		Contact Phone Number:
Property Owner's Signature:		
Landlord or Manager's Signature:		
Payment must be submitted with application. Make checks payable to: City of Springfield		
Mailing Address: City of Springfield, Business Licensing, 225 Fifth Street, Springfield, OR 97477		

The Business License year is July 1st through June 30th of each year (Fiscal Year). Applications during the business year are not pro-rated and are subject to the entire fee. A penalty of \$10.00 or ten percent of the license fee, whichever is greater, shall accrue for each month a business has operated without obtaining a business license. All Business Licenses are subject to a 5% technology fee. All fees are non-refundable and no license is transferable.

MARIJUANA FACILITY LICENSE STANDARDS

The following is required for issuance of a Marijuana Facility Business License.

1. All Marijuana Facilities are required to register with the Oregon Liquor Control Commission under ORS 475B.070, 475B.090, 475B.100 and 475B.110. All sales of marijuana shall be in accordance with the Springfield Municipal Code and ORS Chapter 475B.
2. The applicable license fee as set by Resolution of the Common Council is \$2,100.00. A business license shall only be issued after the payment of all applicable fees. Proof of land use approvals shall be required prior to issuance of a business license.
3. Please acquire zoning and land use approvals before applying for this license by calling the Development and Public Works Department to determine whether your location is consistent with the requirements set by Oregon law and the local zoning provisions of the Springfield Development Code. The Current Planning Division is located at 225 Fifth Street, Springfield, and can be reached by phone at (541) 726-3753, ask for the *Planner On Duty*.
4. All members working and/or volunteering in the facility must be listed on the attached roster and submit to a background check by the City of Springfield.
5. Per SMC 7.602, the City may deny a license if any owner, manager, operator, employee, agent or volunteer:
 - Has been convicted for the manufacture or delivery of a controlled substance in Schedule I or Schedule II within five years from the date the application for a license was received by the City; or
 - Has been convicted more than once for the manufacture or delivery of a controlled substance in Schedule I or Schedule II; or
 - Is prohibited by a court from participating.
6. No minors shall be permitted on the premises.
7. No sale or other distribution of marijuana shall occur on the premises between 10:00pm and 7:00am.
8. The Facility shall not distribute to consumers marijuana or marijuana-infused products free of charge.
9. Consumption, ingestion, inhalation, or topical application of usable marijuana anywhere on the premises shall be prohibited; except as allowed under OLCC or OHA regulations.

IMPORTANT:

This document shall not take the place of required codes and regulations. The applicant is responsible for compliance with all code and rule requirements whether or not explained in this document.