

MEDICAL MARIJUANA DISPENSARY APPLICATION

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



APPLICATION FEE: \$ 901.95 per Fiscal Year (Includes a 5% technology fee)
All fees are non-refundable

SECTION I: FACILITY INFORMATION			
Business Name:			
DBA:		OHA MMD Certification Number:	
Facility Address:		City:	State: Zip Code:
Facility Mailing Address: <input type="checkbox"/> Same as above		City:	State: Zip Code:
Facility Phone Number:		Facility Email Address:	

SECTION II: PERSON RESPONSIBLE FOR FACILITY (PRF) CONTACT INFORMATION			
PRF/Applicant's First, Middle & Last Name:		Previous Legal Names:	
PRF/Applicant's Physical Address: (No P.O. Box)		City:	State: Zip Code:
Mailing Address: <input type="checkbox"/> Same as above		City:	State: Zip Code:
Phone Number:	Cell Phone:	Oregon Driver's License or Identification Card No:	
Email Address:	Federal Tax ID Number:	State of Oregon Registry Number:	

SECTION III: ADDITIONAL INFORMATION			
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 Medical Marijuana Program (OMMP)? NO <input type="checkbox"/> YES <input type="checkbox"/>			
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 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 Phone:	Email:	

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

SECTION V: SIGNATURE	
Please note that we require a minimum of two (2) weeks to process the application. Incomplete or missing information will delay the review process.	
I hereby declare that the above information provided is true to the best of my knowledge and belief, and that I understand it is subject to penalty for perjury. I have also received a copy of the Medical Marijuana Dispensaries License Standards. I understand that any new owner, manager, operator, employee, agent or volunteer must undergo a background check conducted by the city or the city's agent in order for my license to remain valid. 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:	Phone Number:
Property Owner's Signature:	
Landlord or Manager's Signature:	
Expedited Fee – Additional 50% of Application Fee <input type="checkbox"/> Yes Applicant's Initials _____	
Expedited Fee is not a guarantee of approval; specific conditions may apply.	
Payment must be submitted with application. Make checks payable to: City of Springfield	

The Business License year is July 1st through June 30th of each year (Fiscal Year). Applications made 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.

MEDICAL MARIJUANA DISPENSARY LICENSE STANDARDS

The following is required for issuance of a Medical Marijuana Dispensaries Business License

1. A Medical Marijuana Dispensary is a medical marijuana facility registered by the Oregon Health Authority. All sale of medical marijuana shall be in accordance with the Springfield Municipal Code and ORS Chapter 475.
2. Confirm zoning and land use requirements 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. Planning is located at 225 Fifth Street, Springfield, and contacted by phone at 541-726-3753, ask for the *Planner on Duty*.
3. All members working and/or volunteering in the facility must be listed on the attached application and submit a background check to the City of Springfield.
4. 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 in the Oregon Medical Marijuana Program (OMMP).
5. No minors shall be permitted on the premises.
6. No sale or other distribution of marijuana shall occur on the premises between 10:00pm and 7:00am.
7. Dispensaries shall not distribute to consumers marijuana or marijuana-infused products free of charge.
8. Consumption, ingestion, inhalation, or topical application of usable marijuana anywhere on the premises of the dispensary shall be prohibited; except as allowed under OAR 333-008-1200.

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.