

# RECREATIONAL MARIJUANA FACILITY APPLICATION



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

APPLICATION FEE: \$2,407.65 per Fiscal Year (Includes a 5% technology fee)  
All fees are non-refundable

| SECTION I: APPLICATION TYPE              |  |  |
|--|--|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal Application | <input type="checkbox"/> Update Existing License |

| SECTION II: LICENSE TYPE  |   |                                     |   |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Retailer<br>Home Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Processor or Testing Lab<br>(see Section II A) | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Producer<br>(see Section II B) |

| SECTION II A: PROCESSOR TYPE    |                                      |                                     |                                  |
|---------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Edible | <input type="checkbox"/> Concentrate | <input type="checkbox"/> Extraction | <input type="checkbox"/> 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: PRODUCER TYPE   |   |   |  |
|---|---|---|--|
| Check the plant canopy sizes for the cultivation facilities below based on Springfield Development Code 4.7-177d. |   |   |  |
| <input type="checkbox"/> Indoor Tier I  | <input type="checkbox"/> Indoor Tier II | <input type="checkbox"/> Outdoor Tier I | <input type="checkbox"/> Outdoor Tier II |

| SECTION III: FACILITY INFORMATION                          |       |               |           |
|--|-------|---------------|-----------|
| Business Name:   |       |               |           |
| DBA:   |       | Phone Number: |           |
| Facility Address:  | City: | State:        | Zip Code: |
| Mailing Address:<br><input type="checkbox"/> Same as above | City: | State:        | Zip Code: |

| SECTION IV: APPLICANT INFORMATION                          |             |  |                |
|--|-------------|--|----------------|
| Applicant's Full Name:                                     |             | Previous Legal Names:                          | Date of Birth: |
| Applicant's Address:<br>(No PO Box)                        |             | City:  | State:         |
| Mailing Address:<br><input type="checkbox"/> Same as above |             | City:  | State:         |
| Phone:   | Cell Phone: | Driver's License or<br>Identification Card No: |                |
| Email Address:   |             |  |                |

| SECTION V: ADDITIONAL INFORMATION   |
|---|
| <input type="checkbox"/> City of Springfield Land Use Approval. Record Number: _____ Approved by: _____   |
| <input type="checkbox"/> 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    |
| <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.<br>(Attach a separate sheet if needed)<br>Please note that each person will also have to fill out a Marijuana Criminal Background Check Form. |             |        |           |
| First:   | Middle:     | Last:  |           |
| Address:   | City:       | State: | Zip Code: |
| Phone Number:  | Cell Phone: | Email: |           |

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

|   |               |
|---|---------------|
| <b>SECTION VII: SIGNATURE</b>   |               |
| 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:<br>(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 _____  |               |
| <b>Expedited Fee is not a guarantee of approval; specific conditions may apply.</b>   |               |
| <b>Payment must be submitted with application. Make checks payable to: City of Springfield</b>  |               |

The Business License year is July 1<sup>st</sup> through June 30<sup>th</sup> 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.

# 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. All sales of marijuana shall be in accordance with the Springfield Municipal Code and ORS Chapter 475B.
2. A business license shall only be issued after the payment of all applicable fees.
3. Obtain 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. Planning is located at 225 Fifth Street, Springfield, and can be contacted 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 application and submit to a background check by the City of Springfield.
5. Per SMC 7.1102, 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 sales 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.

**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.**