

CITY OF SPRINGFIELD, OREGON

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



MEDICAL MARIJUANA DISPENSARY LICENSE

APPLICATION FEE: \$787.50 per Fiscal Year (Includes a 5% technology fee) All fees are non-refundable

FACILITY INFORMATION							
Business Name:				Applying As: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company			
DBA:				<input type="checkbox"/> Limited partnership <input type="checkbox"/> Individual (s)			
Facility Address:			City	State	Zip Code	OHA MMD Certification Number	
Facility Mailing Address:			City	State	Zip Code	Facility Phone Number:	
PERSON RESPONSIBLE FOR FACILITY (PRF) CONTACT INFORMATION							
PRF/Applicant's First, Middle & Last Name:				Any Aliases assumed names, previous legal names:		Date of Birth:	
Residence Address (No P.O. Box)				City		State	Zip Code
Mailing address if different from residence address:				City		State	Zip Code
Phone		Cell Phone		Oregon Driver's License or Identification Card No:			
Email Address:			Federal Tax ID Number (If Applicable)		State of Oregon Registry Number		
ADDITIONAL INFORMATION							
Check if you have obtained an Alarm System Permit? NO <input type="checkbox"/> YES <input type="checkbox"/> If "Yes" What is your 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 be listed. (Attach a separate sheet as needed). Please note that each person will also have to fill out a Medical Marijuana Dispensaries Criminal Background Check Form.							
Name: First _____ Middle _____ Last _____							
Home Address _____ City _____ State _____ Zip Code _____							
Mailing Address _____ City _____ State _____ Zip Code _____							
Phone: () _____ Cell: () _____ Email: _____							
PROPERTY OWNER INFORMATION							
If facility property is leased, provide the name and address of the owner, landlord and property manager.							
Property Owner:							
First Name: _____ Last Name: _____ Phone: () _____							
Home Address: _____ City: _____ State: _____ Zip Code: _____							
Landlord:							
First Name: _____ Last Name: _____ Phone: () _____							
Home Address: _____ City: _____ State: _____ Zip Code: _____							
Property Manager:							
First Name: _____ Last Name: _____ Phone: () _____							
Home Address: _____ City: _____ State: _____ Zip Code: _____							
SIGNATURE AND INFORMATION							
Please note that we require a minimum of two (2) weeks to process the application. Incomplete 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.							
PRF/Applicant's Name (Please Print)				PRF/Applicant's Signature			
Date				Contact Phone Number ()			
Payment must accompany application. Make check payable to: City of Springfield							
Mailing Address: City of Springfield, Business Licensing, 225 Fifth Street, Springfield, OR 97477							
FOR OFFICE USE ONLY							
Comments:					For Office Use Only: License # _____		



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 under ORS 475.314. All sale of medical marijuana shall be in accordance with the Springfield Municipal Code and ORS Chapter 475.
2. The applicable license fee as set by Resolution of the Common Council is \$ 787.50. 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 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. 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 in the Oregon Medical Marijuana Program (OMMP).
6. Per SMC 7.603, only card holders shall be permitted on the premises of a dispensary. No minors shall be permitted on the premises.
7. Per SMC 7.603, Prior to transferring usable marijuana, a label shall be affixed to the usable marijuana that includes but is not limited to:
 - The amount of THC and CBD in the usable marijuana.
 - If pre-packaged, the weight or volume in a finished product in metric units.
 - The amount of usable marijuana in a finished product in metric units.
 - Potency information and who performed the testing
8. No sale or other distribution of marijuana shall occur on the premises between 10:00pm and 7:00am.
9. Dispensaries shall not distribute to consumers marijuana or marijuana-infused products free of charge.
10. 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.

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.