

Annual Marijuana Business Registration Renewal

OFFICE USE

DATE SUBMITTED: _____

TIME SUBMITTED: _____

Thank you for renewing your Marijuana Business with the City of Gresham. We want this process to be successful for you, please follow all directions for completing and submitting your renewal application.

✓ **Your application may not be accepted if attachments noted below are not included.**

	Completed application form, including signature and notary (GRC 9.63.040(1))
	NEW: Contact information for on-site manager or point of contact and primary business contact (GRC 9.63.040(1)(d))
	Copy of State of Oregon Registration from OHA/OMMP or OLCC (GRC 9.63.040(1)(b))
	Copy of State of Oregon Business License (business information & address must match application)
	Certificate of Insurance (Insurance addendum rev. 8/9/18) (GRC 9.63.080(3))
	Review/update of current employee roster.*
	Copy of Marijuana Worker Permit for any employees not already approved on employee roster.**

* You are not required in this renewal application to list any employees that have already been added to your roster. However, please review the current roster on file with the City of Gresham to ensure you make any updates necessary upon renewal.

*You may add up to 10 new hire employees to your roster by completing the employee form in this renewal application as part of your renewal fee. All employees added after renewal will be subject to the additional charge.

Marijuana Business Registration Application

Instructions:

- 1) Page 1-3: Complete to the best of your knowledge
- 2) Page 3: Review the fees, read the agreement, sign/date application and have notarized.

Business Information			
I am applying for	REGISTRATION RENEWAL		
Business Name			
Business Address			
Business Mailing Address			
Business Phone		Fax Number	
E-mail			
Website			
Business Structure	Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation Limited Partnership <input type="checkbox"/> Partnership	# of Employees including owners	
This business is a	Recreational Marijuana Retailer (OLCC) Recreational Marijuana Processor (OLCC) Recreational Marijuana Producer (OLCC) Recreational Marijuana Wholesaler (OLCC)	Medical Marijuana Dispensary (OHA) Medical Marijuana Processor (OHA) Medical Marijuana Grower (OHA)	
Days/Hours of Operation if Dispensary or Retailer (Cannot exceed 7 a.m. to 10 p.m., daily)			
Detailed description of business type, nature and extent, including a description of products and services to be provided, and the process by which such products will be manufactured (attach additional sheets as necessary)			
*If there has been no change from your last renewal, please complete as "NO CHANGE".			
Detailed description of accounting/inventory systems (attach additional sheets as necessary)			
*If there has been no change from your last renewal, please complete as "NO CHANGE".			

Primary Business Contact:			
Name			
Address			
Email Address			
Primary Phone		OLCC Marijuana Worker Permit #	
On-Site Manager or Point of Contact:			
Name			
Address			
Email Address			
Primary Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Additional Employees: (Any new employees, owners, managers, volunteers that are not currently rostered with the City of Gresham. Include copy of OLCC Marijuana Worker Permit)

Name			
Address			
Phone		OLCC Marijuana Worker Permit #	

Marijuana Business Registration Application Fee Sheet and Completeness Determination

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Completeness Review Fee	Renewal	\$260.00
TOTAL AMOUNT DUE		\$260.00

Paid: Cash Check Debit | Amount: \$ _____ | Permit Tech: _____ | Date: _____

Your application is deemed complete. Please pay the Completeness fee of \$260, the Registration Fee of \$5,130 and any additional employee roster fees (for employees 11+).

Staff: _____ | Date: _____

Your application is deemed incomplete. See the Completeness Checklist for needed items. You will need to resubmit this application and the missing items with an additional \$260.00 Completeness Review Fee.

Staff: _____ | Date: _____

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Completeness Re-Review Fee	Renewal	\$260.00
TOTAL AMOUNT DUE		\$260.00

Paid: Cash Check Debit | Amount: \$ _____ | Permit Tech: _____ | Date: _____

Upon second review, your application is deemed complete. Please pay the Completeness fee of \$260, the Registration Fee of \$5,130 and any additional employee roster fees (for employees 11+).

Staff: _____ | Date: _____

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Employee Roster Additions	1-10 employees/owners: Included	
	11+ employees/owners: # _____ x \$110 each	\$
Registration Fee	Renewal for \$5,130	\$5,130.00
TOTAL AMOUNT DUE		\$

Paid: Cash Check Debit | Amount: \$ _____ | Permit Tech: _____ | Date: _____

Marijuana Business Registration Application
Completeness Checklist | THIS PAGE IS FOR CITY USE ONLY

Completeness Review		Staff Initials
	Completed application form, including signature and notary (GRC 9.63.040(1))	
	Copy of State of Oregon Registration from OHA/OMMP or OLCC (GRC 9.63.040(1)(b))	
	Contact information for on-site manager or point of contact and primary business contact (GRC 9.63.040(1)(d))	
	Copy of State of Oregon Business License	
	Certificate of Insurance	
	Copy of Marijuana Worker Permit for employees to be added to roster	
	Payment of Registration Fee (GRC 9.63.040(6)) – if deemed complete	
Notes:		