

Marijuana Business Registration Renewal

Business Name:

Registration No:



1333 NW Eastman Parkway
Gresham, OR 97030-3813

AFFIDAVIT

By signing my name, I agree and acknowledge that:

- I understand the Marijuana Business Registration is a separate application and not in lieu of or approval for any other licenses or permits which may be required. I understand that all necessary licenses and permits must be obtained and approved by the City, and all applicable fees must be paid before commencing business.
- The marijuana business shall comply with all applicable local, city, county, regional and state laws and regulations. Conducting business in violation of these laws or in a manner that constitutes a menace to the public health and safety may result in denial or revocation of the registration. I acknowledge that I have been provided a copy of the City's code relating to the operating of a marijuana business.
- The requirements of this application may not constitute all licenses, permits and regulatory requirements necessary to operate a marijuana business in Gresham.
- By operating after the issuance of a Certificate of Registration, I waive any and all claims for and release the City, its officers, elected officials, employees, volunteers and agents from any liability for injuries, damages or liabilities of any kind that result from the operation of the marijuana business or my arrest or prosecution, or that of an operator, principal, person or legal entity with a financial interest in the business, person or entity that has leased real property to the business, employee, volunteer, client or customer for a violation of federal, state or local laws and regulations.
- By operating after the issuance of a Certificate of Registration, I, jointly and severally if there is more than one owner or operator, agree to indemnify and hold harmless the City, its officers, elected officials, employees, volunteers, and agents, insurers, and self-insurance pool against all liability, claims, and demands on account of any injury, loss, or damage, including without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever arising out of or in any manner connected with the operation of the marijuana business that is the subject of the registration.
- Declaration Under Penalty of Perjury. I hereby declare under penalty of perjury that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. I am aware that if I present any information which I know to be false I may be subjected to penalties for perjury to the fullest extent of the law.

Applicant's Signature

Date _____

State of Oregon)
) ss.
County of Multnomah)

Signed and sworn to before me on _____, 20____,
by _____.

Notary Public of Oregon

My Commission Expires: _____