

Marijuana Business Registration Application

(except Testing Laboratories and Research Facilities)



Code Compliance
1333 NW Eastman Parkway
Gresham, OR 97030-3813
503-618-2866

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 a	<input type="checkbox"/> New registration <input type="checkbox"/> Update for existing registration <input type="checkbox"/> Renewed registration		
Business Name			
Business Address			
Business Mailing Address			
Business Phone		Fax Number	
E-mail			
Website			
Business Structure	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership		# of Employees including owners
This business is a	<input type="checkbox"/> Medical Marijuana Dispensary <input type="checkbox"/> Non-Personal Medical Marijuana Grow Operation <input type="checkbox"/> Medical Marijuana Processor <input type="checkbox"/> Recreational Marijuana Retailer <input type="checkbox"/> Recreational Marijuana Producer <input type="checkbox"/> Recreational Marijuana Wholesaler <input type="checkbox"/> Recreational Marijuana Processor		
Days/Hours of Operation if Dispensary or Retailer (Cannot exceed 10 a.m. to 7 p.m., Monday through Saturday)			
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)			
Detailed description of accounting/inventory systems (attach additional sheets as necessary)			

Primary Business Contact			
Name			
Address			
Mailing Address			
Date of Birth		SS # or Fed ID	
Home/Other Phone		Driver's License # (provide front/back copy)	

Additional Owner/Manager/Employee Contact Information (This information is required for: all business owners, applicants, principals, property owners, property managers, business managers, employees and volunteers; attach additional sheets as necessary.)

Name			
Address			
Mailing Address			
Date of Birth		SS # or Fed ID	
Home/Other Phone		Driver's License # (provide front/back copy)	

Additional Owner/Manager/Employee Contact Information (This information is required for: all business owners, applicants, principals, property owners, property managers, business managers, employees and volunteers; attach additional sheets as necessary.)

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Mailing Address			
Date of Birth		SS # or Fed ID	
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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: _____

Marijuana Business Registration Application Fee Sheet and Completeness Determination

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Completeness Review Fee	<input type="checkbox"/> New <input type="checkbox"/> Renewal	\$260.00
TOTAL AMOUNT DUE		\$260.00

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

Your application is deemed complete. Please pay the Registration Fee of \$5,130 and any additional Background Investigation Review fees.

Staff: _____ | Date: _____

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Background Investigation Review	<input type="checkbox"/> 1-10 employees/owners: Included	\$
	<input type="checkbox"/> 11+ employees/owners: # _____ x \$110 each	\$
Registration Fee	<input type="checkbox"/> New for \$5,130 <input type="checkbox"/> Renewal for \$5,130	\$
TOTAL AMOUNT DUE		\$

Paid: Cash Check Debit | Amount: \$ _____ | Permit Tech: _____ | 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 \$250.00 Completeness Review Fee.

Staff: _____ | Date: _____

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Completeness Review Fee	<input type="checkbox"/> New <input type="checkbox"/> Renewal	\$260.00
TOTAL AMOUNT DUE		\$260.00

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
<input type="checkbox"/>	Completed application form, including signature (GRC 9.63.040(1))	
<input type="checkbox"/>	Copy of State of Oregon Registration (GRC 9.63.040(1)(b))	
<input type="checkbox"/>	Copy of Driver's License (front and back) for all people associated with business (GRC 9.63.040(1)(d))	
<input type="checkbox"/>	Copy of both a nationwide criminal history report and an OSP Open Records criminal history report for all people associated with business obtained within the last 30 days (GRC 9.63.040(1)(j))	
<input type="checkbox"/>	A dimensioned floor plan of the entire space (GRC 9.63.040(1)(k))	
<input type="checkbox"/>	A mechanical ventilation plan (GRC 9.63.040(1)(l))	
<input type="checkbox"/>	Payment of Registration Fee (GRC 9.63.040(6))	
Notes:		

Development Planning Review		Staff Initials
Is the address for the business listed in GreshamView II/GreshamMap2?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
What is the zoning for the address where business is to be conducted?		
Is this business a permitted use for the zoning?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the proposed use the same or similar to the previous use?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If no, is land use review required for change of use?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Notes:		

Building Review		Staff Initials
Floor plan per GRC 9.63.040(1)(k)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Mechanical ventilation plan per GRC 9.63.040(1)(l)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Additional Building Permit require?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Notes:		