

# Marijuana Business Registration Application

(Testing Laboratories and Research Facilities ONLY)

## OFFICE USE

DATE SUBMITTED: \_\_\_\_\_

TIME SUBMITTED: \_\_\_\_\_

Thank you for considering Gresham for your Marijuana Business. We want this process to be successful for you, please follow all directions for completing and submitting your application for a Marijuana Business Registration.

✓ **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))
	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 OMA or OLCC (GRC 9.63.040(1)(b))
	Copy of State of Oregon Business License (business information & address must match application)

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**Instructions:**

1) Page 2-3: 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	NEW APPLICATION		
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"/> Marijuana Testing Laboratory <input type="checkbox"/> Marijuana Research Facility		
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)			

Primary Business Contact:	
Name	
Address	
Email Address	
Primary Phone	
On-Site Manager or Point of Contact:	
Name	
Address	
Email Address	
Primary Phone	

# 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**  
**Completeness Checklist | THIS PAGE IS FOR CITY USE ONLY**

Development Planning Review (new application only)		Staff Initials
Is the address for the business listed in GreshamViewII/GreshamMap2?	No Yes	
What is the zoning for the address where business is to be conducted?		
Is this business a permitted use for the zoning?	No Yes	
Is the proposed use the same or similar to the previous use?	No Yes	
If no, is land use review required for change of use?	No Yes	
Notes:		

Building Review (new application only)		Staff Initials
Additional Building permits required?	No Yes	
Notes:		

Completeness Review		Staff Initials
Completed application form, including signature and notary (GRC 9.63.040(1))		
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 OMA or OLCC (GRC 9.63.040(1)(b))		
Copy of State of Oregon Business License (business information & address must match application)		
Receipt of payment of Registration Fee (GRC 9.63.040(6))		
Notes:		

Applicable Fees	Fee Amount (check all that apply)	Amount Due
Registration Fee	Initial Application for \$520.00	\$520.00
<b>TOTAL AMOUNT DUE</b>		<b>\$520.00</b>

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