



MEDICAL MARIJUANA DISPENSARY PERMIT APPLICATION
125 SW E Street, Madras, Oregon 97741
Phone (541) 475-2344 Fax (541) 475-7061

Form of Application (check one): Initial Dispensary Permit Application Renewal Dispensary Permit Application

DISPENSARY INFORMATION					
Dispensary Business Name (including DBA):					
Dispensary Location Address:					
Business Mailing Address and/or Principal Office Address (if different from dispensary location address):					
Complete Legal Name(s) for Each Dispensary Owner(s)/Principle(s), Employee(s), Volunteer(s), and Person with a Financial Interest [please attach a separate sheet, if necessary]: _____	Person Responsible for Facility (PRF): _____				
Dispensary Telephone No.:	Oregon Secretary of State Business Registry No.:				
Oregon Health Authority MMD No.:	City of Madras Business License No.:				
PRF Telephone No.:	PRF Email Address:				
PRF Home Address:					
Property Owner Name and Address [dispensary location landlord]: <i>(list owner of building and phone number)</i>					
<p>Are the premises from which the dispensary will be operated located at a building permitted under City of Madras Ordinance No. 870 (the medical marijuana dispensary time, place, and manner regulations ordinance) and any other applicable federal, state, and local laws, regulations, and ordinances, including any applicable land use/development, building, and fire codes? Yes: ___ No: ___</p> <p>On a separate sheet(s) of paper, please provide the following information: (a) a description of the type, nature, and extent of the dispensary to be operated; and (b) a description of the dispensary's proposed accounting and inventory systems. Please attach and submit this information along with the completed application.</p> <p>In connection with the City's review of this application, the City may conduct investigations and/or criminal background checks concerning any dispensary PRF, company principle, employee, volunteer, and person with a financial interest in the dispensary. To this end, each of the aforementioned person(s) must complete and submit the Criminal Report Disclosure, Questionnaire, and Authorization attached to this application contemporaneously with the application's submission to the City.</p>					
PERMIT FEES					
Select one of the following: Initial Application Fee: <input type="checkbox"/> \$200.00 Renewal Application Fee: <input type="checkbox"/> \$70.00					
This application will not be deemed complete unless and until the applicable application fee has been received by the City.					
<table border="1"> <tr> <td style="font-size: small;">FOR OFFICE USE ONLY</td> <td>Date Received: _____</td> <td>Receipt No.: _____</td> <td>Amount of Fee Paid: _____</td> </tr> </table>		FOR OFFICE USE ONLY	Date Received: _____	Receipt No.: _____	Amount of Fee Paid: _____
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This application is a public record. The City of Madras will exempt from disclosure only information of a sensitive and confidential nature to the extent permitted by the Oregon Public Records Law (ORS 192.410-192.505, as amended) and other applicable laws.

LOCAL GOVERNMENT ACKNOWLEDGEMENT

By checking this box, I understand that this is an application for permit only and is not an authorization for local land use approval. An applicant should contact the City’s planning department to determine whether the dispensary is a permitted use on a particular site prior to submission of this application.

APPLICANT AGREEMENT AND CERTIFICATION

The undersigned Applicant hereby declares, certifies, and agrees to the following under penalty of perjury: (a) all information contained in this application is true, accurate, and complete in all respects; (b) the proposed dispensary is (1) registered and in good standing as an Oregon medical marijuana facility under ORS 475.300-475.346, as amended, (2) licensed to conduct business in compliance with City of Madras Ordinance No. 849, the City’s business license ordinance, and (3) in compliance with all applicable federal, state, and local laws, regulations, and ordinances; (c) Applicant and the proposed dispensary have satisfied all applicable land use/development, building, and fire codes; (d) Applicant has read, understands, and agrees to abide by City of Madras Ordinance No. 870; and (e) if Applicant is an entity, the authorized agent has the requisite power and authority to sign and submit this application on behalf of Applicant.

The undersigned Applicant acknowledges and agrees to the following: (a) this application may be returned as incomplete, denied, and/or the dispensary’s permit revoked for making false statements in connection with this application; and (b) Applicant understands the facility rules under OAR 333, Division 008. By signing this application, the undersigned Applicant attests that he or she has legal authority to act on behalf of the dispensary and business named above and that if the dispensary is registered he or she is accountable for any intentional or unintentional action of its owners, officers, managers, employees, and/or agents who, with or without Applicant’s knowledge, violate ORS 475.314 or OAR 33-008-1000 to 333-008-1290.

Applicant’s Signature: _____ Date of Application: _____

Authorized Agent’s Signature (if Applicant is an entity): _____ Name and Address of Authorized Agent: _____

By signing above, the above signed person agrees to serve as agent for the applicant/business subject to this application and will accept service of process, notice, and/or demand on behalf of the applicant/business subject to this application.

This application has been submitted to the City. Please review the Applicant’s data specific to your department and provide comment as appropriate. If necessary, contact the Applicant for further information and/or conduct an informal visual inspection of the business location. Please sign below, indicate approval or state why you disapprove, and provide any additional comments. If you require additional space for your comments, please attach your comments by separate page to this application.

Madras Community Development Department Signature: _____ Date: _____
Approve: Yes No Is Site Plan required? Yes No ; Is location appropriately zoned for this use? Yes No ; Has Site Plan been submitted and approved? Yes No ;
Comments: _____

Madras Police Department Signature: _____ Date: _____
Approve: Yes No
Comments: _____

Jefferson County Fire Department Signature: _____ Date: _____
Approve: Yes No
Comments: _____

Madras Public Works Signature: _____ Date: _____
Approve: Yes No
Comments: _____

Madras Finance Department Signature: _____ Date: _____
Approve: Yes No
Comments: _____

Madras City Administrator Signature: _____ Date: _____
Approve: Yes No
Comments: _____



Medical Marijuana Dispensary Criminal Report Disclosure, Questionnaire, and Authorization

THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR PERMIT APPLICATION. THIS SUPPLEMENTAL CONSTITUTES A PART OF THE APPLICATION.

Applicant/Representative Name:

Last	First	Middle
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Dispensary Name and Location:

Position with Dispensary (e.g., owner, PRF, company principle, volunteer, etc.):

Applicant/Representative Home Address:

Street / PO Box	City	State	Zip
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Applicant/Representative Social Security No.: _____

Applicant/Representative Date of Birth: _____

Applicant/Representative Driver's License No.: _____

Have you been convicted of a felony, including for the manufacture or delivery of a controlled substance in Schedule I or Schedule II, once or more in the five years immediately preceding the date of this application or twice or more during your lifetime:
Yes ___ No ___

Have you ever been convicted of a crime involving dishonesty (e.g., theft, robbery, embezzlement, forgery, etc.), violence (e.g., domestic violence), and/or criminal sexual conduct:
Yes ___ No ___

If you answered "yes" to either or both of the questions provided above, please provide details concerning the criminal conviction(s) on a separate sheet of paper, including the date of conviction and the type of crime (please exclude any case processed in juvenile court and minor traffic violations). The dispensary's application will not be considered if you do not provide sufficient details. You are not required to list an arrest or criminal conviction when the record of such conviction has been sealed or expunged.

I authorize the City to complete an investigation into my background and criminal history, including obtaining any necessary or appropriate criminal investigative reports. I certify that I have been made aware that a background and/or criminal investigative report will be used in determining whether a medical marijuana dispensary permit may be approved and issued. I release the City (and all providers of information) from any and all claims and/or liabilities arising out of or in any way connected with City's background and criminal investigation.

Applicant/Representative Signature

Date

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