THE CITY OF MADRAS

EST. 1910

RECREATIONAL MARIJUANA PERMIT APPLICATION

125 SW E Street, Madras, Oregon 97741
Phone (541) 475-2344 Fax (541) 475-7061

Form of Application (check one): ☐ **Initial Permit Application** ☐ **Renewal Permit Application**

BUSINESS INFORMATION	
Type of Business (Check One): ☐ Producer ☐ Processor ☐ Retailer ☐ Wholesaler ☐ Laboratory	
Business Name (including DBA):	
Business Location Address:	
Business Mailing Address and/or Principal Office Address (if different from business location address):	
Complete Legal Name(s) for Each Company Principal(s), Business Owner(s), Employee(s), Volunteer(s), and Person with a Financial Interest [please attach a separate sheet, if necessary]: _____ _____ _____	
Business Telephone No.:	**Oregon Secretary of State Business Registry No.:**
Oregon Liquor Control Commission License No.:	**City of Madras Business License No.:**
Company Principal(s) Telephone No.:	**Company Principal(s) Email Address:**
Company Principal(s) Home Address:	
Property Owner Name and Address [business location landlord]: *(list owner of building and phone number)*	

Are the premises from which the business will be operated located at a building permitted under City of Madras Ordinance No. 892 (the recreational marijuana producers, processors, wholesalers, laboratories, and retailers time, place, and manner regulations ordinance) and all other applicable federal, state, and local laws, regulations, and ordinances, including all applicable land use/development, building, and fire codes? Yes: ___ No: ___

On a separate sheet(s) of paper, please provide the following information: (a) a description of the type, nature, and extent of the business to be operated; and (b) a description of the business's proposed accounting and inventory systems. Please attach and submit this information along with the completed application.

In connection with the City's review of this application, the City may conduct investigations and/or criminal background checks concerning any company principal, employee, volunteer, and/or person with a financial interest in the business. To this end, each of the aforementioned person(s) must complete and submit the attached Criminal Report Disclosure, Questionnaire, and Authorization form contemporaneously with the submission of this application to the City. In addition, the business must provide the City the results of its own criminal background checks (including federal background checks) for each of the aforementioned person(s) contemporaneously with the submission of this application to the City.

PERMIT FEES

Select one of the following: Initial Application Fee: ☐ $___.00 Renewal Application Fee: ☐ $__.00
This application will not be deemed complete unless and until the applicable application fee has been received by the City.

FOR OFFICE USE ONLY
Date Received: _____ **Receipt No.:** _____ **Amount of Fee Paid:** _____

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 not an authorization for local land use approval. Prior to submission of this application, an applicant should contact the City's planning department to determine whether the business is a permitted use on a particular site.

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 business is (1) licensed and in good standing as an Oregon recreational marijuana business under ORS chapter 475B, 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 business 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. 892; and (e) if Applicant is an organization, 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 business's permit revoked for making false statements in connection with this application; and (b) Applicant understands the recreational marijuana business rules under OAR 845, Division 025. By signing this application, the undersigned Applicant attests that he or she has legal authority to act on behalf of the business named above and that if the business is licensed 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 chapter 475B or OAR 845, Division 025.

Applicant's Signature:	Date of Application:
Authorized Agent's Signature (if Applicant is an organization): _____ 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.	Name and Address of Authorized Agent:

AGENCY REVIEW		
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:		

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Criminal Report Disclosure, Questionnaire, and Authorization
Recreational Marijuana Business

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

Applicant/Representative Name:

_____

Last First Middle

Business Name and Location:

_____

Position with Business (e.g., owner, employee, company principal, volunteer, etc.):

_____

Applicant/Representative Home Address:

_____

Street / PO Box City State Zip

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 business'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 recreational marijuana business permit may be approved and issued. I release the City (and all providers of information) from 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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