



MEDICAL MARIJUANA DISPENSARY PROGRAM

Apply for a License

Person Responsible for the Facility (PRF)

First Name *(required)*

Last Name *(required)*

Phone *(required)*

Email *(required)*

Fax

Identification Type *(required)*

Oregon Id ▼

Identification Number *(required)*

Oregon Medicinal Marijuana Program (OMMP) Card

PRF Home Address

Address *(required)*

City *(required)*

State *(required)*

Oregon ▼

County

▼

ZIP Code *(required)*

SAMPLE - DO NOT SUBMIT

Add a Mailing Address?

PRF Mailing Address

Address

City

State

County

ZIP Code

Oregon ▼

▼

Facility Information

Facility Legal Name (required)

Facility DBA (If Applicable)

Secretary of State Business Registration Number (required)

Primary Owner Information

Primary Owner is PRF (Person Responsible for Facility) above

First Name (required)

Last Name (required)

Phone (required)

Email (required)

Primary Owner Address

Address (required)

City (required)

State (required)

County

ZIP Code (required)

SAMPLE - DO NOT SUBMIT

Oregon ▼

▼

Facility Physical Address

Address (required)

City (required)

State (required)

Oregon ▼

County (required)

▼

ZIP Code (required)

Add a Mailing Address?

May OHA publish and make public the location of this facility?

Facility Mailing Address

Address

City

State

Oregon ▼

County

▼

ZIP Code

Facility Contact Information

Phone (required)

Email (required)

Website

Fax

Local Government Acknowledgement (required)

- By checking this box I understand that this is an application for registration only and is not an authorization for local land use approval. Applicants should contact their local planning and zoning department to determine whether a facility is an allowed use on a particular site prior to registration.

Electronic Signature (required)

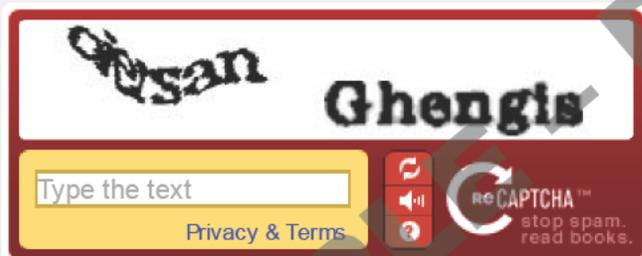
- By checking this box I am signing the document electronically. I have read the information on the application and previous pages, I understand this is an application to open a Medical Marijuana dispensary and that the application will not be complete until such time as I successfully make a payment of the application fee.

Printed Name of PRF (required)

Certification (required)

- I certify the information on this application is true and correct to the best of my knowledge. I understand my application may be returned as incomplete, denied, or the facility's registration revoked for making false statements in connection with this application for registration. I have reviewed and understand the facility rules in OAR 333, Division 008. By signing this application I attest that I have legal authority to act on behalf of the facility and business named above and that if the facility is registered I am accountable for any intentional or unintentional action of its owners, officers, managers, employees or agents who, with or without my knowledge, violate ORS 475.314 or OAR 333-008-1000 to 333-008-129.

reCAPTCHA



The reCAPTCHA interface displays the word "Ghengis" in a stylized font. Below it is a text input field with the placeholder text "Type the text". To the right of the input field are icons for refresh, volume, and help. The reCAPTCHA logo and slogan "stop spam. read books." are also visible.

I Agree

Cancel