

RECREATIONAL MARIJUANA DISPENSER PERMIT APPLICATION



CITY OF ROSEBURG
900 SE DOUGLAS, ROSEBURG, OR 97470
\$50.00 Original Application Investigation Fee
\$50.00 Annual Permit Fee (\$25.00 if received after 7/1) Per Dispensary

RENEWAL _____
RECEIVED _____
TO POLICE _____
PERMIT # _____

Entire application must be completed – if a question is not applicable, write N/A

LEGAL NAME (FIRST/MIDDLE/LAST): _____ OTHER NAMES USED: _____
HOME ADDRESS _____
CITY/ZIP _____ HOME PHONE # _____ CELL # _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____
SEX: M F EMAIL: _____

A COLOR PASSPORT OR WALLET PHOTO MUST BE PROVIDED WITH APPLICATION FOR PROCESSING AND PERMIT

DISPENSARY NAME _____
DISPENSARY OPERATOR _____ DISPENSARY PHONE # _____
DISPENSARY ADDRESS _____ ZIP CODE _____
WILL YOU BE WORKING OR VOLUNTEERING AT MORE THAN ONE DISPENSARY LOCATION YES NO

NOTE: A DISPENSER PERMIT WILL BE REQUIRED FOR EACH DISPENSARY AT WHICH YOU ARE EMPLOYED OR VOLUNTEER YOUR SERVICES
IF YES, LIST ADDITIONAL LOCATION(S) _____

IF YOU ANSWER 'YES' TO EITHER OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE A SEPARATE SHEET OF PAPER TO EXPLAIN THE FELONY OR MISDEMEANOR INCLUDING DATES AND HOW THIS CONVICTION IS NOT APPLICABLE TO THE DISPENSARY BUSINESS FOR WHICH YOU ARE APPLYING.

****THE ATTACHMENT WILL NOT BE PART OF THE PUBLIC RECORD.**

HAVE YOU BEEN CONVICTED OF ANY FELONY WITHIN THE LAST 7 YEARS? YES NO

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST 7 YEARS RELATING TO FRAUD, THEFT OR THE MANUFACTURE OR DELIVERY OF A SCHEDULE I OR SCHEDULE II CONTROLLED SUBSTANCE?
YES NO

_____ (initial)
The dispenser shall at all times comply with the regulations established by the Oregon Liquor Control Commission and RMC Chapter 9.14, as well as all other state and local laws relating to the dispensing and distribution of recreational marijuana, including the City's land use and development regulations, building codes and fire codes relating to such dispensaries.

As applicant for a City of Roseburg Recreational Marijuana Dispensers Permit, I hereby certify that I understand the requirements of RMC 9.14 are available upon request and I must comply with all state and federal bonding and licensing requirements in connection with my employment at a Recreational Marijuana Dispensary.

_____ Applicant's Signature _____ Date

For Office Personnel Only: INVESTIGATION FEE RECEIPT # _____ PERMIT FEE RECEIPT # _____

Approval: Yes _____ No _____
_____ Police Chief of Designee _____ Date

THIS APPLICANT MET REQUIREMENTS FOR RECREATIONAL MARIJUANA DISPENSER PURSUANT TO RMC CHAPTER 9.14

_____ Roseburg City Recorder or Designee _____ Date _____ Expiration Date