



CITY OF ASHLAND

MEDICAL MARIJUANA DISPENSARY PERMIT APPLICATION

As required under Ashland Municipal Code Chapter 6.50

FOR OFFICE USE ONLY	
Application Received Date	Customer #
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
BUSINESS INFORMATION	
Business Name [Include all names (e.g., corporation, DBA) to be used to identify and market the dispensary]	
Address of Facility [Must match State approval]	Mailing Address (if different)
City, State, Zip	City, State, Zip
Business Telephone: ()	Main Contact at Facility
Anticipated Start Date of Dispensary: / /	
BUSINESS OPERATOR(S), ASSOCIATES AND EMPLOYEES AND EMERGENCY CONTACT INFORMATION	
Principal Operator Name (or corporation name and contact person as appropriate)	
Principal Operator Mailing Address	City, State, Zip
Principal Operator Home Phone ()	Principal Operator Cell Phone ()
Additional Operators, Etc. [Names, addresses and phone numbers for any additional operators and persons with a financial interest in the proposed dispensary as of the date of submission of this application to the City. See AMC 6.50.020C, F, and L for definitions of "operators" and "financial interest." Attach extra page if additional space is needed to provide complete list.]	
Employees [Name, address and phone number for each employee of the proposed dispensary as of the date of submission of this application to the City. Attach extra page if additional space is needed to provide complete list.]	
Emergency Contact Person and Relationship (co-owner, Property Manager, Leasing Agent, etc.):	
Emergency Contact Phone Number:	
Application continues on the following page.	

ADDITIONAL INFORMATION

Detailed description of the type, nature and extent of the enterprise to be conducted at the proposed facility.

Detailed description of the accounting and inventory systems for the dispensary.

Initial Permit Application Fee	\$80.00 for fiscal year July 1 to June 30. Prorated fee of \$10 per month, or portion of a month, remaining in the fiscal year from the date of the application, with a minimum of \$40, maximum of \$80
Late Fee [Sales made before permit issued]	\$25.00
Initial Inspection Fee	\$65.00
Zoning and Building Review Fee	Review fee of \$28.00. Depending on findings, other fees may be assessed for processing additionally-required zoning and building approvals.
Permit Renewal Fee	\$60.00

A dispensary permit terminates automatically on June 30 of each year, unless a permit renewal application is approved before June 30.

This permit application also serves as the renewal application and must be submitted to the City prior to the June 30 expiration of any current permit.

No portion of the dispensary permit fee is refundable in the event operation of the dispensary discontinues for any reason.

PERMIT CONDITIONS AND SIGNATURE

I certify that the proposed dispensary is licensed to conduct business in compliance with AMC Chapter 6.04 (Business Licenses); has met all applicable requirements in AMC Title 18 (Land Use); and has met or will meet all the other permit conditions in Section 6.50.060 of Chapter 6.50 (Medical Marijuana Dispensary Permits).

I understand that it is my duty and obligation to comply with all other rules, regulations, ordinances or other laws governing the use of the premises and corresponding structures, including, but not limited to, the Uniform Building Code, the Uniform Fire Code, and any private restrictions on the property.

I certify that all current fees and taxes owed to the City of Ashland by the applicant or by any of the proposed dispensary's operator(s), as defined in AMC 6.50.020L, have been paid.

I certify the contents of this application to be correct to the best of my knowledge, and furthermore, that I have read, understood and agreed that the responsibility for complying with all applicable federal, state, or local laws, ordinances, or regulations rests solely with the applicant.

I understand that a City of Ashland Medical Marijuana Permit will be issued only after I provide documentation that the proposed dispensary is registered as an Oregon medical marijuana facility pursuant to ORS 475.300-475.346, and after all applicable land use, building code, and fire code requirements have been met.

Applicant's signature _____ **Title** _____

Print name _____ **Today's date** _____

Please submit the completed registration to the City of Ashland at 20 E. Main St, Ashland, OR 97520, by email at utilitybilling@ashland.or.us, or fax to (541) 552-2059. For questions, please call (541) 488-6004.