



CITY OF ONTARIO

Marijuana Medical Dispensaries-Processor License Application

This document combines the necessary forms and information that are required as part of your City of Ontario Marijuana Medical Dispensaries-Processor Business licenses application. Follow the instructions on each page and submit the completed packet to the front desk at City Hall located at 444 SW 4th Street, Ontario Oregon.

In addition to the forms included in this packet, you will also be required to provide the following documents:

- A copy of a **completed** Land Use Compatibility Statement (as submitted to the State) from the City Planning Department indicating that the Conditional Use Permit (CUP) has been approved for the site for each license being applied for.
- A lease, deed, purchase documents, or other documents showing the applicant has legal access to the property.
- A boundary sketch for the proposed premises and floor plans for the licensed area.
- Documentation showing the structure of the business proposed to be licensed:
 - A Limited Liability Company (LLC) copy of Organization papers.
 - A Corporate copy of the Organization papers.
 - A Sole Proprietor/Other Entity documentation for any other persons or entities that will hold the license.
 - An Individual History for each person identified as an applicant/owner in similar form as required by OLCC.
 - Any other information required to show all individuals associated with the business requesting the license.
- Copy of OLCC (Oregon Liquor Control Commission) or ODA (Oregon Department of Agriculture) license issued for each City License requested.

Once your application is accepted and assigned to investigating review staff, you may be required to submit additional information. Your license investigator will communicate any additional requirements for your application.

Section 1 – Business Information

Licensee Name:					
Trade Name:					
Premises Address:					
City:		State:	OR	ZIP:	
Premises Phone:					
Business Email:					



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Section 2 – License being applied for
See Ontario Municipal Code (OMC) 3-24-6 and 3-24 for all requirements and regulations.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	New or Renewal Application fee of \$1200.00 submitted (must be paid to accept application).
<input type="checkbox"/>	<input type="checkbox"/>	Application fee of \$220.00 for Each Employee over original 5 employees (Required at submittal). Number employees over 5: x \$220 = \$
<input type="checkbox"/>	<input type="checkbox"/>	Retail Marijuana Business License fee of \$5,000.00 submitted. (can be paid when issued)?
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Land Use Compatibility Statement (LUCS) form submitted?
<input type="checkbox"/>	<input type="checkbox"/>	Copy of required Legal Ownership/Lease Documents Submitted?
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Site plan and floor plan submitted?
<input type="checkbox"/>	<input type="checkbox"/>	Copy of OLCC (Oregon Liquor Control Commission) or ODA (Oregon Department of Agriculture) license?
<input type="checkbox"/>	<input type="checkbox"/>	Medical Producer meeting 10A-03-134.1.2 exempt from fees.

Any other additional information:



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Section 3 – Hours of Operation

Use the following section to identify the regular hours during which your Medical Dispensaries-Processor business will be open to the public (i.e; when yourself, partners, representatives, or employees will be on the premises and engaged in the operation of the business and the exercise of license privileges for the operation.)

Under City Code, during regular business hours, your premises must be accessible on request to an identified CITY inspector. Outside of regular business hours, your premises must be accessible on request to an identified CITY inspector who has reason to believe a violation has occurred.

If your business will have seasonal variations, or irregular hours, detail these variations and schedules in the space available.

Note: Medical Retailers are prohibited from selling to consumers and from allowing consumers to be on the premises between 10:00 PM and 7:00 AM the following day. If you are a retailer proposing any operation between 10:00 PM and 7:00 AM, explain your operations during these hours in the space available for “Seasonal or other variations” or attach additional documentation.

Regular business hours (local time for the premises), specify AM and PM:

Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	

Seasonal or other variations:

A LICENSEE MUST CONTINUE TO MEET ALL SECURITY REQUIREMENTS INCLUDING CAMERA COVERAGE REQUIREMENTS WHEN THE BUSINESS IS CLOSED, INCLUDING SEASONAL CLOSURES.



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Section 4 – Other Interest in Property

YES NO

Do any other persons or entities **other than those that will hold the license** have access to any portion to the proposed premises? This includes property owners, contracted security professionals, other tenants, or any entities holding an easement (other than utility easements) over the property? If yes, list below.

Entity or Person Name <i>(Full legal name of entity or person's first and last name)</i>	Type of Interest <i>(Owner, Easement, Tenant, Security Company, etc.)</i>



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Section 5 – Background Checks

YES **NO**

Completed application for a criminal background check for the applicant, and all principals, persons with a financial interest, and employees of the proposed marijuana business. (Provide Copies)

Section 6 – References

Provide names and contact information for three natural persons who can give an informed account of the business and moral character of the applicant and principals.

Reference 1 Name:					
Address:					
City:		State:		Zip:	
Email:		Phone:			

Reference 2 Name:					
Address:					
City:		State:		Zip:	
Email:		Phone:			

Reference 3 Name:					
Address:					
City:		State:		Zip:	
Email:		Phone:			



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Section 8 – Signature of Applicant

Name of Applicant (Printed): _____

Signature of Applicant: _____

Date: _____

Section 9 – City Approvals _CITY USE ONLY

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Community Development Director Approval Date: _____ Initials _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Ontario Police Department Date: _____ Initials _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Ontario Fire Department Date: _____ Initials _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Ontario City Manager Date: _____ Initials _____

See Ontario Municipal Code (OMC) Title 3, Chapters 23 and 24.