



# CITY OF ONTARIO - RENEWAL

## Marijuana Retail License Application

This document combines the necessary forms and information that are required as part of your City of Ontario Marijuana Retail 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 4<sup>th</sup> 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: **(IF THERE HAS BEEN ANY CHANGES TO ANY OF THE FOLLOWING ORIGINALS)**
  - 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 Current 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

<b>Licensee Name:</b>	Treasure Valley Cannabis Company, LLC				
<b>Trade Name:</b>	Treasure Valley Cannabis Company				
<b>Premises Address:</b>	560 SE 12th Ave				
<b>City:</b>	Ontario	<b>State:</b>	OR	<b>ZIP:</b>	97914
<b>Premises Phone:</b>	458.224.8400				
<b>Business Email:</b>	logan@treasurevalleycannabis.com				



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	New or Renewal Application fee of <b>\$1200.00</b> submitted (must be paid to accept application).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Application fee of <b>\$220.00</b> for Each Applicant or Principle <u>over original</u> 5 (Required at submittal). Number Principles over 5: _____ x \$220 = \$_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Retail Marijuana Business License fee of \$5,000.00 submitted. (can be paid when issued)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copy of Land Use Compatibility Statement (LUCS) form submitted? (IF ANY CHANGES WERE MADE)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copy of required Legal Ownership/Lease Documents Submitted? (IF ANY CHANGES WERE MADE)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copy of Site plan and floor plan submitted? (IF ANY CHANGES WERE MADE)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of OLCC (Oregon Liquor Control Commission) or ODA (Oregon Department of Agriculture) license)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mandatory \$7,500 bond posted? (IF DIFFERENT OWNERS)

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 retailer 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:** 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:

<b>Sunday:</b>	7 a.m. - 10 p.m.
<b>Monday:</b>	7 a.m. - 10 p.m.
<b>Tuesday:</b>	7 a.m. - 10 p.m.
<b>Wednesday:</b>	7 a.m. - 10 p.m.
<b>Thursday:</b>	7 a.m. - 10 p.m.
<b>Friday:</b>	7 a.m. - 10 p.m.
<b>Saturday:</b>	7 a.m. - 10 p.m.

#### Seasonal or other variations:

Closed Christmas

**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.

<b>Entity or Person Name</b> <i>(Full legal name of entity or person's first and last name)</i>	<b>Type of Interest</b> <i>(Owner, Easement, Tenant, Security Company, etc.)</i>
JATV Property, LLC	Property Owner, common ownership with licensee



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### Section 5 – Additional Privileges

#### 5.1 Medical Purposes

A retailer may register to sell marijuana for medical purposes. This allows the retailer to sell medical-grade cannabinoid products (products with higher concentrations of THC as described in OAR 333-007-0220) to OMMP cardholders, to give any marijuana item to an OMMP cardholder for free, and to allow OMMP cardholders age 18-20 on their premises to purchase marijuana items.

I **am not** seeking to sell marijuana for medical purposes. All products I handle will comply with the adult use THC concentration and serving size limits described in OAR 333-007-0210. I will not allow anyone under age 21, including OMMP cardholders, to be present on my licensed premises.

I **am** seeking to sell marijuana for medical purposes and will attach the Retailer Medical Purposes Registration form.

### Section 6 – 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 7 – 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. **(IF ANY NEW OWNERS/PARTNERS HAVE JOINED THE BUSINESS)**

Reference 1 Name:	N/A				
Address:					
City:		State:		Zip:	
Email:		Phone:			



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Reference 2 Name:	N/A				
Address:					
City:		State:		Zip:	
Email:		Phone:			

Reference 3 Name:	N/A				
Address:					
City:		State:		Zip:	
Email:		Phone:			

### Section 8 – Signature of Applicant

Name of Applicant (Printed): Jeremy Archie

Signature of Applicant: *Jeremy Archie*  
Jeremy Archie (Apr 15, 2026 12:39:32 PDT)

Date: 4/15/26

### 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.