



Marijuana Business Registration Application

(For office use only)
Registration #:

Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513

503-588-6256 * baspac@cityofsalem.net

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

Business information

	Name	Address	Phone number
Business			
Business location			
For leased business locations, provide the information below:			
Property owner			
Property landlord			
Property manager			

Applicant and principals of the business

Note: If this application does not provide enough space to answer any question completely, please attach an additional page.

	Name	Address	Phone number and email
Applicant			
Principal			
Principal			
Principal			
Principal			

Registration information

Type of business (check all that apply)	Recreational facility Medical facility Grow-recreational Grow-medical	Wholesaler Processor Research
Secretary of State registration number		
OHA MMD certification number		
OLCC certification number		
ODA certification number		
Total square feet of business		
Are you renewing a previous registration?	No, this is a first-time request Yes, this is a renewal of registration #:	

Terms and conditions

Correct information: I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing this registration. I understand that my application may be returned as incomplete, denied, or the business registration revoked for making false statements in connection with this application. I attest that I have the legal authority to act on behalf of the business names above.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): _____

Authorized Signature: _____

Print Name: _____ **Date:** _____