



*City of Florence*

# Medical Marijuana Handlers Application

*(Participating under an Approved Medical Marijuana Facilities License)*

City Hall ~ 250 Hwy 101, Florence, OR 97439

(541) 997-3437 – www.ci.florence.or.us

Medical Marijuana Facility (Business) Name:	
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### Handler Information

### Residency and Crime Convictions

Full Name:		List ALL residences you have lived at during the past five years: <i>(Please attach additional sheet if necessary)</i>	
Previous Names / Aliases:		Street Address, City, State, Zip	Month/Year of Occupation
Residence Address:		1.	
		2.	
City / State / Zip:		3.	
		4.	
Mailing Address: (If Different)		Have you been convicted of the manufacture or delivery of a Schedule I or Schedule II controlled substance in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver's License Number:	State:	If Yes, Please Describe:	
Date of Birth:		Description	Location
Phone Number:		1.	
Email:		2.	

- I certify that the above information is correct and that I have passed the following requirements:
- Pursuant to FCC 3-1-8-9-A-5, I understand that a Criminal Background Check will be performed on all employees, owners, and volunteers who handle useable marijuana within a facility. Such data will be used to determine if the applicant has been convicted of the manufacture or delivery of a Schedule 1 or Schedule II controlled substance as defined under state or federal law.
- I understand that the conviction for the manufacture or delivery of a Schedule I or Schedule II controlled substance, as defined under state or federal law, within the last five years, shall disqualify the applicant from handling useable marijuana at a Medical Marijuana Facility.
- I understand, that all employees, owners, and volunteers who handle useable marijuana within a facility, shall submit a new Medical Marijuana Handlers Application on an annual basis. All permits shall expire on December 31<sup>st</sup> of the year issued.

Handler's Signature:	
Medical Marijuana Facility Owner / Manager Signature:	

**\*\* ALL FEES ARE NON-REFUNDABLE\*\*** - Application must be submitted 2 weeks in advance