



*City of Florence*

# Medical Marijuana Facility Application

(Required in Addition to Business License Application)

City Hall ~ 250 Hwy 101, Florence, OR 97439

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

## Property Owner Information

Name:			
Mailing Address:		City, State, Zip:	
Phone:		Email:	

## Business and Prior Approval Information

Days of Operation:			
Hours of Operation:	From:		To:
MMD #:		Approval Date:	
Land Use Approval:		Approval Date:	

Will your business dispense product outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Marijuana Facilities shall only dispense marijuana within a building, fully enclosed structure or other approved facility
Will your business produce products on-site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes...</b> No facility shall manufacture or produce on-site any extracts, oils, resin or similar marijuana derivatives
Will your business distribute free products or samples?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes...</b> No facility shall offer or provide free marijuana or marijuana infused products
Will your business be located in a temporary or semi-permanent location?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes....</b> All medical marijuana facilities shall be permanent in nature. The facility must be located in a permanent building and may not locate in a trailer, cargo container, or motor vehicle.
Will your business be located in a home or residential unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes....</b> Medical marijuana facilities are prohibited from locating in a home, residential unit, or any location occupied by another use aside from medical marijuana facility.

## Additional Information Required

Below is a check list of the required information for the City of Florence to complete the review of your application:	
<input type="checkbox"/> Copy of State of Oregon Registration Certificate	<input type="checkbox"/> Written permission from property owner if different than applicant.
<input type="checkbox"/> Complete Medical Marijuana Handlers Form and Fee for each employee, owner, and volunteer proposed to handle useable marijuana within the Facility.	

- I certify that the above information is correct.
- I certify that I will contact the City of Florence should any of the information listed above change.
- I acknowledge that the City of Florence is authorized per FCC 3-1-8-C-1 to conduct inspections of my facility, including facility records and video surveillance.
- I acknowledge that I will personally submit a fully completed Medical Marijuana Handlers Form and Fee for each new employee, owner, and volunteer proposed to handle useable marijuana within the facility on an annual basis.
- I acknowledge that I will be the primary contact person for the business activity and will assume responsibility for all activities of the facility and employees or volunteers within.

Name of Applicant:		Applicant Signature:		Date:	
--------------------	--	----------------------	--	-------	--

**\*\* ALL FEES ARE NON-REFUNDABLE\*\***