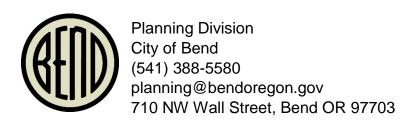
Last Revised Date: 03/18/2020



This submittal form is to be completed as part of your application with the City of Bend. *Download this form before completing fillable fields*, then upload with your application through the Online Permit Center at www.bendoregon.gov/permitcenter.

MARIJUANA BUSINESS LAND USE APPLICATION CHECKLIST

For a business with multiple locations, complete one checklist per site. Please note: this checklist is for the Marijuana Business Land Use Application, not the Operating License. Visit www.bendoregon.gov/marijuana for more information.

Property Information Site Address:		
Select all uses that apply to your business ope	erations at this site address:	
☐ Marijuana Retailer	☐ Medical Marijuana Dispensary	
☐ Wholesale	□ Processor of Concentrates/Products	
□ Processor of Extracts	☐ Grow/Production – Recreational	
☐ Grow/Production – Medical	☐ Testing, research & development	
Are you an existing Medical Marijuana Dispen	sary converting to a Marijuana Retailer?	
□ Yes		
□ No		
Business Information		
Business Name:		
Description of Business:		
Building square footage per use:		
<u> </u>		

PLAN - Marijuana Business Land Use Application Checklist



Last Revised Date: 03/18/2020

Required Applications and Licenses

All new marijuana businesses, conversions from medical to recreational marijuana or expansions of existing marijuana businesses must file for and obtain the following licenses and approvals:

City of Bend Land Use Application (check all applicable bo	oxes)
☐ Site Plan Review	
☐ Minimum Development Standards Review	
☐ Conditional Use Permit	
☐ City of Bend Operating License: All new marijuana bus operating license within 30 days of obtaining the land use operating license is required for each business type (reta production, laboratory).	e permit, and annually thereafter. One
 □ OHA/OLCC License: Proof of a license from the State (security plan and all other required improvements is required which state agency are you seeking licensure from? □ OHA □ OLCC 	,
Business Owner Information	
Applicant:	Phone:
Address:	
Authorized representative:	
Address:	Email:
Do you own the property where the business will be located? property owner, please fill out the following information:	P ☐ Yes ☐ No - if you are NOT the
Property Information	
Property Owner:	Phone:
Address:	Email:
Acknowledgement	
To the best of my knowledge, all statements and information attached exhibits are true and correct.	contained in this application and
By signing this document, I acknowledge that I have read all of a Marijuana Business under Bend Development Code 3.6. Chapter 7.50 Marijuana Business Operating License.	
Applicant:	Date:
Property Owner:	

