



Licensing Division
 City of Bend
 710 NW Wall Street, Bend OR 97703
 (541) 388-5580 option 8
www.bendoregon.gov/businesslicense

MARIJUANA BUSINESS PROPERTY OWNER ACKNOWLEDGEMENT

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.

Business Name: _____

Location of Business: _____

City/State/Zip: _____

Operations: Retail Production Wholesale Processing Laboratory Testing

Property Owner Printed Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

Signature

By signing this application, the property owner of the business location approves of this use of the property. I warrant that the information provided in this form is true and agree that by typing my name in the signature box I am providing an electronic signature that is the legal equivalent of my manual signature on this application. Disclosure: Information on this application is a public record subject to disclosure upon request under the Oregon Public Records Law unless an exemption applies.

Owner Signature: _____ **Date:** _____

LIC – Marijuana Business Property Owner Acknowledgement – Last Revised Date: 3/22/2024



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Licensing Division at licensing@bendoregon.gov or (541) 388-5580 ext. 8; Relay Users Dial 7-1-1.