



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

MARIJUANA BUSINESS OPERATING LICENSE OWNERS CONTACT INFORMATION

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: _____

Provide contact information for all business owners on this form and upload to your license application.

Business Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Email Address: _____

Business Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Email Address: _____

Business Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Email Address: _____

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Phone Number: _____ Email Address: _____

(Attach additional pages if needed for additional owners.)

LIC – Marijuana Business Operating License Owners Contact Information – Last Revised
Date: 03/26/2024.



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.