



Home of the Tualatin River National Wildlife Refuge

Case No. MMD 15-01  
Fee 560-  
Receipt # 872429  
Date 6-4-15  
TYPE II

**City of Sherwood  
Application for a Medical Marijuana Dispensary**

*By submitting this form the Owner, or Owner's authorized agent/ representative, acknowledges and agrees that City of Sherwood employees, and appointed or elected City Officials, have authority to enter the project site at all reasonable times for the purpose of inspecting project site conditions and gathering information related specifically to the project site.*

**Owner/Applicant Information:**

Applicant: Sheri Ralston  
Applicant Address: 21029 SW Lebeau Rd  
Sherwood Ore 97140

Phone: 503 780 4509  
Email: SRALSTONLUX@AOL.com

Owner: Bernardo BRAVO  
Owner Address: 15025 SW Tualatin Sherwood Rd  
Sherwood Ore 97140

Phone: 503 969 8653  
Email: \_\_\_\_\_

**Property Information:**

Street Location: 15025 SW Tualatin Sherwood Rd Sherwood Ore 97140

Tax Lot and Map No: 25129A Tax Lot 500

Existing Structures/Use: Landscaping business

Existing Plan/Zone Designation: medical marijuana Dispensary

Size of all Structures/Buildings on Site: main bldg - 2896 ft 1 outbldg for storage  
200 sq ft

Size in square feet of Proposed Dispensary: 2896 sq ft

Purpose and Description of Proposed Action: To open + operate  
a medical marijuana dispensary

MEDICAL MARIJUANA DISPENSARY SPECIAL USE PERMIT APPLICATION FORM

**Authorizing Signatures:**

I am the owner/authorized agent of the owner empowered to submit this application and affirm that the information submitted with this application is correct to the best of my knowledge.

I further acknowledge that I have read the applicable standards for operating a medical marijuana dispensary in the City of Sherwood. I understand that should I receive approval, I may not transfer the special use permit to another dispensary operator. I understand that I must demonstrate to the City review authorities compliance with these standards prior to approval of my request.

Sheri Palston  
Applicant's Signature

5-28-15  
Date

B. Brown  
Owner's Signature

5-14-15  
Date

**The following materials must be submitted with your application or it will not be accepted at the counter.** Once taken at the counter, the City has up to 30 days to review the materials submitted to determine if we have everything we need to complete the review.

- 3 \* copies of Application Form** completely filled out and signed by the property owner (or person with authority to make decisions on the property).
- Copy of Deed** to verify ownership, easements, etc.
- At least 3 \* folded** sets of plans-does not need to be to scale
- At least 3 \* copies** of narrative addressing application criteria (*describe plan*)
- Fee** \$560 (*\$ 276 Other land use action and \$ 284 Type II notice*)
- Verification that the dispensary location is no larger than 3,000 square feet (examples include site plan or lease agreement stating size of tenant space)
- Verification of registration and intention to comply with Oregon Health Authority(OHA) Rules. A medical marijuana dispensary applicant must have completed the initial application process and received the 60-day OHA compliance letter. Submit a copy of the letter with this application.

*Mailing labels. -> within 1000 ft*  
*A map of area showing the properties to receive notice*

City of Sherwood

We are planning on opening a Medical Marijuana Dispensary at 15025 SW Tualatin Sherwood Rd. Zoned light industrial. The building is 2896 square feet and we are using approximately 1600 square feet for the dispensary.

We have installed State approved security equipment inside and in the parking area. Hours of operation will comply with city rules of 10:00 am to 8:00 pm. We are not located within 1000 feet of a park/plaza or school.

We are compliant with the state on security, tracking, signage, policies and procedures.

We have a tentative target date to open of September 15<sup>th</sup>.

I look forward to working with the City of Sherwood.

Regards  
Sheri Ralston  
503 780 4509

13G0140901  
11-13-06

WARRANTY DEED -- STATUTORY FORM

HELM RESOURCES, INC., an Oregon Corporation, Grantor,

conveys and warrants to

BERNARDO B. BRAVO, Grantee,



WASHINGTON COUNTY  
REAL PROPERTY TRANSFER TAX  
\$850.00 11-13-06  
FEE PAID DATE

the following described real property, free of encumbrances except as specifically set forth herein, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE  
Tax Account No(s): R0547705  
Map/Tax Lot No(s):

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is \$850,000.00 .

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER ORS 197.352.

Dated this 7<sup>th</sup> day of November, 2006.

HELM RESOURCES, INC.

BY: [Signature]  
HANS MAGDEN,  
PRESIDENT

[Signature]  
Grant

STATE OF OREGON, COUNTY OF LANE ) SS.

This instrument was acknowledged before me on November 7, 2006 by HANS MAGDEN, PRESIDENT OF HELM RESOURCES, INC..

Jami A. Kowing  
(Notary Public for Oregon)  
My commission expires 11/20/07



After recording return to:  
WESTERN TITLE & ESCROW COMPANY OF LANE COUNTY  
497 OAKWAY ROAD, SUITE 340  
EUGENE, OR 97401

Until a change is requested all tax statements shall be sent to the following address:  
BERNARDO B. BRAVO  
21495 EDY ROAD  
SHERWOOD, OR 97140

TITLE NO. 13G0140901  
ESCROW NO. 50-0307906

LAWYERS TITLE INS. CORP. 13G0140901 W



**WFG National Title Insurance Company**  
a Williston Financial Group company

Prepared For:

Prepared By: **Amanda Shaw** Prepared Date: 3/13/2015  
WFG National Title - Customer Service Department  
12909 SW 68th Pkwy # 350 Portland, OR 97223  
Phone: 503.603.1700 Fax: 888.833.6840  
E-mail: cs@wfgnationaltitle.com

**OWNERSHIP INFORMATION**

Owner	: Bravo Bernardo B	Ref Parcel Number	: 2S129A0 00500
CoOwner	:	T: 02S R: 01W S: 29 Q: NE QQ:	
Site Address	: 15025 SW Tualatin Sherwood Rd Sherwood 97140	Parcel Number	: R0547705
Mail Address	: PO Box 754 Sherwood Or 97140	County	: Washington (OR)

**PROPERTY DESCRIPTION**

Map Page Grid : 684 H5  
Census Tract : 321.03 Block: 2  
Neighborhood : YTSH  
School District : Sherwood  
Subdivision/Plat :  
Class Code : Com Use-House  
Land Use : 2380 Misc,Under Improvement,Ind Zone  
Legal : ACRES 3.97

**ASSESSMENT AND TAX INFORMATION**

Mkt Land : \$648,650  
Mkt Structure : \$321,330  
Mkt Total : \$969,980  
%Improved : 33  
M50 Total : \$266,190  
Levy Code : 08810  
14-15 Taxes : \$5,017.25  
Millage Rate : 18.8485

**PROPERTY CHARACTERISTICS**

Bedrooms :	Lot Acres : 3.97	Year Built :
Bathrooms :	Lot SqFt : 172,933	EffYearBlt :
HeatMethod:	BsmFin SF :	Floor Cover :
Pool :	BsmUnfinSF:	Foundation :
Appliances :	Bldg SqFt : 2,896	Roof Shape :
Dishwasher:	1stFlrSF : 2,896	Roof Matl :
Hood Fan :	UpperFISF :	InteriorMat :
Deck :	Porch SqFt :	Paving Matl :
GarageType:	Attic SqFt :	Ext Finish :
Garage SF :	Deck SqFt :	Const Type :

**TRANSFER INFORMATION**

Owner(s)	Date	Doc #	Price	Deed
:Bravo Bernardo B	:11/13/2006	133781	:\$850,000	:Warranty
:Helm Resources Inc	:11/13/1996	101570	:\$1,250,000	:Warranty
:Storage Etc Sherwood L L C	:11/12/1996	101345	:\$525,000	:Warranty
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:

This title information has been furnished, without charge, in conformance with the guidelines approved by the State of Oregon Insurance Commissioner. The Insurance Division cautions intermediaries that this service is designed to benefit the ultimate insureds. Indiscriminate use only benefiting intermediaries will not be permitted. Said services may be discontinued. No liability is assumed for any errors in this report.

**From:** Mcrobbie Kimberlee A <kimberlee.a.mcrobbie@state.or.us>

**To:** MedMJ Dispensaries <medmj.dispensaries@state.or.us>

**Subject:** Medical Marijuana Dispensary Application - Initial Criteria Has Been Met

**Date:** Fri, Apr 10, 2015 11:45 am

**Attachments:** OHA 8504 Notification MMF Readiness Final.pdf (71K), MMD Approval Requirements.pdf (119K)

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Dear Applicant:

The Oregon Health Authority's Medical Marijuana Dispensary Program has reviewed your application and determined that you have met the initial criteria for registration and have 60 calendar days from the date of this letter to bring the dispensary into compliance. A formal letter has been mailed to the mailing address you provided on your application.

**Your deadline is JUNE 9, 2015.**

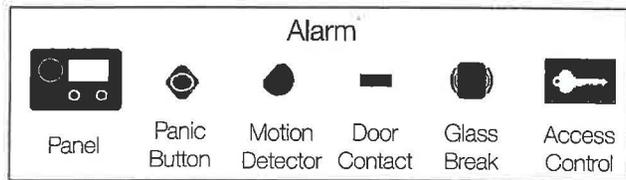
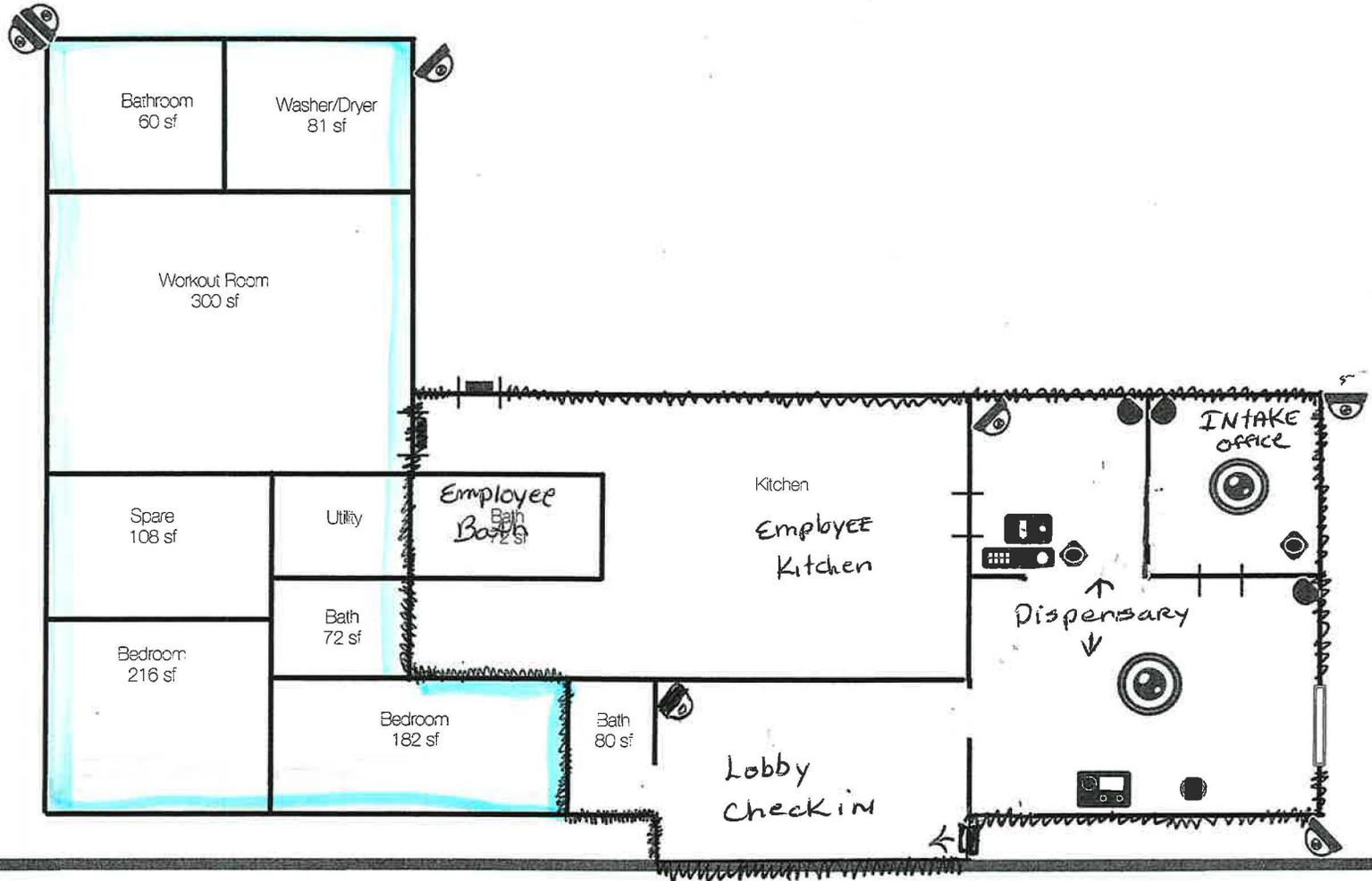
**No extensions can be granted beyond the 60 days.**

**You may not receive or transfer any usable marijuana or immature plants unless and until you receive approval from the Medical Marijuana Dispensary Program, are notified that your facility is registered, and receive your registration certificate. If OHA discovers you are operating without a registration you may be subject to civil penalties.**

No later than the expiration date, you must be in compliance with the rules as specified in OAR 333-008-1040(5) and submit a completed **Facility Readiness Form**.

If you have questions, you may contact the program at 1-855-244-9580, or by email at [medmj.dispensaries@state.or.us](mailto:medmj.dispensaries@state.or.us).

Enclosures: Facility Readiness Form; Outline of Approval Requirements



mmmm - Dispensary space

- Space NOT being used for Dispensary