



Home of the Tualatin River National Wildlife Refuge

Case No. _____
Fee _____
Receipt # _____
Date _____
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: _____
Applicant Address: _____

Phone: _____
Email: _____

Owner: _____
Owner Address: _____

Phone: _____
Email: _____

Property Information:

Street Location: _____

Tax Lot and Map No: _____

Existing Structures/Use: _____

Existing Plan/Zone Designation: _____

Size of all Structures/Buildings on Site: _____

Size in square feet of Proposed Dispensary: _____

Purpose and Description of Proposed Action: _____

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.

Applicant's Signature

Date

Owner's Signature

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 identify the dimensions and location of the proposed dispensary.
- At least 3 * copies** of narrative addressing application criteria
- 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 Rules (OHA). A medical marijuana dispensary applicant must have completed the initial application process and received the 60-day OHA compliance letter and submit a copy with this application.
- Mailing Labels – One (1) set of mailing labels for property owners within 1,000 feet of the subject site, including a map of the area showing the properties to receive notice.