

Medical Marijuana Individual History Form

Section 1 — Business and individual information

Business name: _____ **City:** _____
(As registered with the secretary of state)

MMD number: _____ **OR** MMPS number: _____

Individual name (last, first, middle): _____

Other names used (include maiden name): _____

Residence address (number and street): _____

City: _____ State: _____ ZIP: _____

Mailing address (number and street, if different): _____

City: _____ State: _____ ZIP: _____

Place of birth (state or country): _____ Date of birth (DOB) ____ / ____ / ____

Contact phone number: _____ Email: _____

Driver license, military or state ID number: _____ State: _____

Social Security number (SSN)*: ____ - ____ - ____ Sex: Male Female

***Social Security Number disclosure:** Federal and state laws require you to provide your Social Security Number (SSN) to the Oregon Health Authority (OHA) when you apply for an initial or renewal registration. The OHA may refuse to process your application if you do not provide your SSN. Your SSN will be used only for child support enforcement purposes (42 USC § 666(a)(13) and ORS 25.785). However, OHA will also use your SSN to positively identify you during the criminal records check process if you agree to it in the "Criminal Background Check Request Form."

Section 2 — Questions

1. Do you have a spouse or domestic partner? Yes No

If yes, list his/her full name: _____

Will this person work at or be involved in the operation or management of the business?

Yes No

2. Do you, or any legal entity that you are a part of, currently hold or have you previously held a marijuana dispensary or processing site certificate or license in Oregon or another U.S. state?

Yes No Unsure

If yes, list the name(s) of the business (or businesses), city (or cities) and state (or states) where located, and the date(s) of the certificate/license(s). If unsure, explain.

You may include the information on a separate sheet.

Business name _____ City _____ State _____
Certificate/license number: _____ Certificate date: _____

Business name _____ City _____ State _____
Certificate/license number: _____ Certificate date: _____

If unsure, explain: _____

3. Do you have any ownership interest in any other business (*other than those listed in 2 above*) that grows, produces, wholesales, processes, retails, dispenses or manufactures marijuana in any form in Oregon or another U.S. state?

Yes No Unsure

If yes, list the actual or approximate date(s), location(s) and type(s) of certificate held. If unsure, explain. **You may include the information on a separate sheet.**

Date	Location	Type of certificate
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If unsure, explain: _____

4. Has OHA or any other U.S. governmental agency ever denied or revoked an application, registration or license for a dispensary or processing site that you or a legal entity you are part of owned in the United States?

Yes No Unsure

If yes, list the date(s), location and type of application, registration or license denied or revoked. If unsure, explain. **You may include the information on a separate sheet.**

Date	Location	Type
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If unsure, explain: _____

5. Does, or will, a grower, wholesaler or processor of marijuana have any ownership interest in your business?

Yes No Unsure

If yes or unsure, explain: _____

Section 3 — Signature

I affirm that my answers are true and complete. I understand that OHA will use the above information to check my records, including but not limited to, criminal history. I understand that if my answers are not true and complete, OHA may deny my application or registration.

Applicant signature: _____ Date: _____

Section 4 — Instructions

Who must use this form?

Each individual named in an application form for an Oregon medical marijuana dispensary or processing site must submit an individual history form.

Directions for completing the form.

1. Please type or print in ink. OHA must be able to read your form.
2. Answer all questions. If the question doesn't apply, write N/A in the space.
3. Attach additional sheets if necessary.

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