

Notification of Dispensary Readiness

MMD number: _____

I have reviewed the following administrative rules about operating a medical marijuana dispensary:

- OAR Chapter 333 Division 8, Sections 333-008-0010 definitions
- OAR Chapter 333-008-1070 through 333-008-1248
- OAR Chapter 333-008-2000 through 333-008-2200

I understand the requirements for operating a dispensary. As of the date below, the proposed dispensary complies with the rules.

By signing this form, I affirm the proposed dispensary is ready for inspection by the Oregon Health Authority.

I understand if the proposed dispensary does not comply with the above rules, the application for registration may be denied or deemed incomplete.

Primary PRD printed name

Primary PRD signature (*required*)

Date

Send this form to the Oregon Medical Marijuana Program to:
medmj.dispensaries@odhsoha.oregon.gov. The program must receive the completed form by 5 p.m. on the day it is due.