

## Request to Change Premises

*(Submit this form before making any physical changes that could substantially alter the premises from the plans previously approved.)*

The Oregon Medical Marijuana Program must review this form and other information as stated in OAR 333-008-2040(2). The program will approve the changes if they would not result in an initial or renewal application denial under OAR 333-008-1060 or OAR 333-008-1670.

### Section 1 — Site information

MMD or MMPS number: \_\_\_\_\_

Business name: \_\_\_\_\_  
*(as registered with the secretary of state)*

Address of registered premises (*street/suite number*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact email: \_\_\_\_\_

### Section 2 — Proposed change to premises

Check all that apply:

Physical alteration to increase or decrease the size or to reconfigure any rooms, spaces, doors, hallways, entrances or exits:

\_\_\_\_\_

Alteration to the use of any spaces:

\_\_\_\_\_

Other:

\_\_\_\_\_

### Section 3 — Floor plan/sketch of entire premises

**You must attach with this request** a scaled floor plan of the entire premises that shows all enclosed areas at the location with clear identification of walls, partitions, counters, windows, all entrances and exits, and limited access areas.

Printed name of primary PRD/PRP or owner

Date:        /        /

Signature of primary PRD/PRP or owner (*required*)