

Medical Marijuana Dispensary and School Proximity Form

Name of primary person responsible for dispensary (*primary PRD*) (*last, first, middle*):

Mailing address: _____ Apartment number: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Email: _____

Proposed dispensary address: _____ Suite number: _____

City: _____ State: _____ ZIP: _____

By signing below, I attest I:

- Have read OAR 333-008-1000 through 333-008-1248 and OAR 333-008-2000 through OAR 333-008-3010.
- Have closely reviewed the definitions of “elementary school” and “secondary school.”
- Understand a school’s characteristics (per OAR 333-008-0010).
- Know this medical marijuana dispensary must close if a school or registered dispensary is found within 1,000 feet of the proposed dispensary.

I also attest I have completed the following actions (*check all that apply*):

- Reviewed the school and dispensary locator map found at http://navigator.state.or.us/apps/schools_locator/index.html and the Oregon Department of Education (ODE)’s Public and Private School Directory (*private schools are not required to register with ODE*) to locate possible schools or registered dispensaries near the proposed dispensary.
- Canvassed the area within 1,000 feet of the proposed dispensary for possible schools or registered dispensaries.

Based on the actions above (*check one*):

- I have not found any registered dispensaries, public or private elementary or secondary schools within 1,000 feet of my proposed dispensary.
- The registered dispensary or school listed below could possibly be within 1,000 feet of the proposed dispensary.

Name of registered dispensary	Dispensary address
Name of school	School address

Print name _____ Date _____ / /

Signature _____ Date _____ / /