



Change of Location Request

Instructions: To request a change of location of a licensed premises, manufacturers, service centers, and laboratories must submit this completed form and all required documents outlined below. Once Oregon Psilocybin Services (OPS), receives this request and all required documents, the OPS team must review the documentation for completeness and the proposed location must pass a site inspection.

The new location may not be operated until the OPS team notifies the licensee the change of location request is approved and the updated license has been issued by OPS.

Date of Request: _____

License ID#: _____

Operational Name: _____

Current Physical Address

Street		Unit/Suite	
City		State	Oregon
County		Zip code	

New Physical Address

Street		Unit/Suite	
City		State	Oregon
County		Zip code	

Provide a brief description of the premises:

Have there been any changes to your licensing structure due to this change?

No Yes

If yes, please explain changes in your licensing structure:

Fee Payment Information

Non-Refundable Fee: \$500

Once OPS receives the Change of Location Request, OPS will request the \$500 non-refundable fee. The fee can be paid online through the [Training Program, Licensing, and Compliance \(TLC\) system](#), in-person, or by mail. If you prefer to pay the fee in-person or by mail, please let us know and we will provide payment instructions and a remittance form.

The change of location request will not be reviewed until the fee payment has been received and cleared. Please note: Personal and business checks will be held for 21 days to ensure payment clearance.

Please attached the following documents:

- Completed and signed Land Use Compatibility Statement
- Premises plan of the new location
- Signed Property Owner Consent form (for manufacturers only)

How to Submit this Request and Required Documents

Please submit this Change of Location Request form and all required documents by logging into the [Training Program, Licensing, and Compliance \(TLC\) system](#) and sending the OPS Licensing Team a message with the subject “Change of Location Request.” Please attach this request and all required documents to the message. If you are unable to submit this request through the TLC system, please email this Change of Location Request form and all required documents to the OPS Licensing Team at Licensing.Psilocybin@oha.oregon.gov.

Licensee Statements

Please initial each statement indicating you understand and agree.

____ I certify the information provided in this application is true and complete to the best of my knowledge. I understand falsifying an application, supplying misleading information, or withholding information is grounds for denial of my application or revocation of my license.

____ I understand that license privileges, including but not limited to production and possession of psilocybin products and holding administration sessions, may only be exercised at a premises that holds a valid license issued by OPS. License privileges may not be exercised at the proposed new location until a license for that location has been issued.

____ I understand that after a license is issued for the new location, all psilocybin products must be transferred between locations in accordance with ORS 475A and OAR 333-333 and tracked in the Product Tracking System. If the lease on the licensed location expires and a new location must be secured, all products must be transferred out of the licensed premises by the lease expiration date in accordance with ORS 475A and OAR 333-333 and tracked in the product tracking system.

Printed Name of Licensee Completing this Form:

Signature of Licensee Completing this Form:

Date: _____