

Legal Entity Applicant Information Form Instructions

What is this form?

Use this form to provide information for each legal entity that qualifies as an “applicant” for a psilocybin manufacturer, laboratory, or service center license, as described in [OAR 333-333-1010 and OAR 333-333-4030](#).

Each legal entity applicant must complete a separate applicant information form.

This form is not used for facilitator license or worker permit applications.

Who is required to complete this form?

Any legal entity that qualifies as an applicant for a manufacturer, laboratory, or service center license as described in OAR 333-333-1010 and OAR 333-333-4030 must complete this form. An “applicant” means a legal entity that:

- Holds or controls an interest of more than 20 percent in the entity proposed to be licensed;
- Is entitled to receive 20 percent or more of revenue, profits or proceeds from the entity proposed to be licensed; **or**
- Is entitled to exercise control over the entity proposed to be licensed.

The following individuals within the legal entity are also applicants and must also complete an [Individual Applicant Information Form](#):

- If an applicant is a limited partnership, each general partner in the limited partnership.
- If an applicant is a limited liability company, each manager and managing member of the limited liability company.
- If the applicant is a for-profit corporation, each principal officer of the corporation.
- If the applicant is a non-profit entity, each principal officer of the entity.
- Any Legal Entity within the legal entity who meets the definition of applicant in OAR 333-333-1010.

This form must be signed by an individual authorized to act on behalf of this legal entity applicant.

How do I submit this form?

If the license application will be submitted online through the [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance system \(TLC\)](#), please provide this form to the applicant submitting the application online. All individual and legal entity applicant information forms must be uploaded into the application prior to submitting the application.

If the application will be mailed, please provide this form to the applicant mailing the application. All individual and legal entity applicant information forms must be included with the application at the time of submission.

We recommended a copy of this form be retained for your records.

Legal Entity Applicant Information Form

Please select which type of license this legal entity is associated with:

☐ Manufacturer ☐ Laboratory ☐ Service Center

Legal Entity Applicant Information

Legal Entity Name: _____

This legal entity is associated with the following Operational Name on the application: _____

Secretary of State Overview

Before completing this section, please review the information below:

Businesses and individuals applying for an Oregon Psilocybin Services license may need to register with the Oregon Secretary of State (SOS). It is the applicant's responsibility to contact the SOS to determine if registration is required.

Registering an **assumed business name** (a name used to do business) is **not the same** as registering your **business entity** (such as an LLC, corporation, or partnership). Some applicants may need to do both, depending on their business structure.

For more information about registration requirements, visit the [Oregon Secretary of State's website](#) or contact their office directly.

Is this legal entity applicant registered as a business with the Secretary of State (SOS) in Oregon? ☐ Yes ☐ No

If yes, please provide the Oregon SOS Registration Number: _____

You may proceed to the address section of the application.

If no, is this legal entity applicant registered as a business in another state, US territory¹, or a freely associated state²? ☐ Yes ☐ No

If yes, please provide the location (state, US territory¹, or freely associated state²) where the Service Center is registered as a business and the registration number.

Location Registered _____ Registration Number: _____

Please initial the following statement indicating you understand and agree.

_____ I understand licensees that are required to be registered with the Oregon Secretary of State must register prior to receiving a license and maintain registration.

¹US territories: American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), Guam, Puerto Rico, US Virgin Islands

²Freely associated states: the Federated States of Micronesia, the Republic of the Marshall Islands, Republic of Palau

Legal Entity Applicant Primary Phone Number: _____

Legal Entity Applicant Alternate Phone Number (optional): _____

Legal Entity Applicant Primary Email Address: _____

Preferred Language (optional): _____

Legal Entity Applicant Headquarters/Main Office Address

Legal Entity Applicant Physical Address

☐ Same as Headquarters/Main Office Address

Legal Entity Applicant Mailing Address

☐ Same as Headquarters/Main Office Address

☐ Same as Physical Address

Previous License or Permit

Has this legal entity been an applicant for or received any other licenses from Oregon Psilocybin Services?

☐ Yes ☐ No

If yes, please provide the license name and license id(s) for each:

Financial Interests

Applicants and licensees must create and maintain complete lists of all individuals and legal entities that hold a financial interest in a service center, manufacturer, and laboratory including contact information for each individual or entity and a description of their financial interest. Applicants and licensees must provide the information required by this section to Oregon Psilocybin Services within 15 calendar days of the written request for such information.

If a legal entity holds a financial interest, the following individuals within the legal entity also hold a financial interest:

- For limited partnerships, each general partner in the limited partnership
- For limited liability companies, each manager and managing member of the limited liability company
- For for-profit corporations, each principal officer of the corporation
- For non-profit entities, each principal officer of the entity

Restriction on financial interests on multiple licenses (ORS 475A.280)

An individual may not have a financial interest in:

- More than one psilocybin product manufacturer; or
- More than five psilocybin service center operators

Please initial each statement indicating you understand and agree.

_____ I have read, understand, and agree to adhere to the financial interest requirements outlined in ORS 475A and OAR, Chapter 333, Division 333.

_____ I understand every individual and legal entity applicant associated with the proposed named licensee must comply with the requirements of ORS 475A.280, Restriction on financial interests in multiple licenses.

Associated Individual Applicants

The following individuals within the legal entity applicant are also applicants:

- If an applicant is a limited partnership, each general partner in the limited partnership.
- If an applicant is a limited liability company, each manager and managing member of the limited liability company.
- If the applicant is a for-profit corporation, each principal officer of the corporation.
- If the applicant is a non-profit entity, each principal officer of the entity.
- Any individual within the legal entity who meets the definition of applicant in OAR 333-333-1010.

The following individuals within this legal entity meet the definition of applicant and they must complete the **Individual Applicant Information Form**:

Legal Name:		Date of Birth:	
Legal Name:		Date of Birth:	
Legal Name:		Date of Birth:	
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Legal Name:		Date of Birth:	
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If more space is needed, please use the supplemental applicant form at the end of this application.

Applicant Statements-

Please initial each statement indicating you understand and agree.

_____ I certify the information provided in this form 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 I am responsible for making my own determination regarding the legal risks associated with a Schedule 1 substance under the Federal Controlled Substances Act.

_____ I understand the information provided in application materials, including an applicant's name, is subject to disclosure under Oregon's public records laws.

_____ I understand all individual applicants must complete and pass a background check as a condition of licensure.

_____ I understand I must notify Oregon Psilocybin Services in writing within 10 business days of a change in contact information.

_____ I understand individual applicants are required to obtain a psilocybin worker permit if they participate in activities outlined in OAR 333-333-4070 (1) (a), (b), (c), (d).

_____ I have read, understand, and agree to adhere to the Oregon Psilocybin Services Revised Statutes (ORS) Chapter 475A, Oregon Administrative Rules (OAR) Chapter 333, Division 333, as well as any other applicable statutes or laws.

_____ I understand that failure to adhere to these statutes and rules may result in my application being denied or disciplinary action taken against any future licenses issued by Oregon Psilocybin Services.

_____ I understand the designated Primary Point of Contact of the proposed named licensee is responsible for ensuring all persons identified as licensees or applicants are aware of relevant communications, including but not limited to notices issued under ORS Chapter 183.

_____ I understand the application and licensing fees are non-refundable.

Printed Name of Individual Authorized to Act on Behalf of this Legal Entity

Applicant: _____

Signature of Individual Authorized to Act on Behalf of this Legal Entity

Applicant: _____ Date: _____

Supplemental for Additional Individual Applicants

This form is OPTIONAL and is only used if you need more space to provide information for additional Individual Applicants.

Individual Applicants

Legal Name:		Date of Birth:	
Legal Name:		Date of Birth:	
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