



OREGON LIQUOR & CANNABIS COMMISSION

Supplemental Form:

Retailer Medical Purposes Registration

What is this form?

A recreational marijuana Retailer may register with the OLCC for the sale of marijuana for medical purposes. This allows the Retailer to purchase medical-grade cannabinoid products from Wholesalers and Processors who are registered to sell marijuana for medical purposes; and allows the Retailer to sell medical-grade cannabinoid products to medical marijuana (OMMP) cardholders.

Section 1 – Retailer Information

| | | | |
|---------------------------------|--|-----------------------|--|
| Application/License ID: | | | |
| Applicant/Licensee Name: | | | |
| Contact Name: | | | |
| Contact Phone: | | Contact Email: | |

Section 2 – Acknowledgement

A registered Retailer **may** sell any medical-grade marijuana items (products with higher concentrations of THC as described in OAR 333-007-0220) to an OMMP cardholder and may give any marijuana item to an OMMP cardholder for free;

A registered Retailer **may not** purchase medical marijuana items from a medical marijuana grower, processing site, dispensary, caregiver, or patient. All marijuana items obtained by any OLCC licensed recreational marijuana Retailer must be obtained only from other OLCC recreational marijuana licensees.

A registered Retailer **may not** sell medical-grade cannabinoid products to anyone who does not have a valid OMMP card or valid proof of receipt for a card

A registered Retailer **must** physically separate medical grade cannabinoid products from other cannabinoid products when storing those items. When displaying those items for sale, they must also be physically separated.

A registered Retailer **must** verify the registry identification card or primary caregiver card or receipt from the Oregon Health Authority and identity of the patient or caregiver and use record the receipt number or card number of the person who received marijuana items with the date of sale or transfer and the amount of marijuana or cannabinoid products sold or transferred in the Cannabis Tracking System as a “patient” sale.

I WISH TO REGISTER TO SELL MARIJUANA FOR MEDICAL PURPOSES. I acknowledge that I have read OAR 845-025-2900, including the requirements summarized above.

Signature: _____

Date: _____

Name: _____

Title: _____

| | | |
|----------------------|---------------------------------|-------------|
| OLCC USE ONLY | Registration approved by: _____ | Date: _____ |
|----------------------|---------------------------------|-------------|