



OREGON LIQUOR & CANNABIS COMMISSION

Supplemental Form:

Wholesaler Medical Purposes Registration

What is this form?

A recreational marijuana wholesaler may register with the OLCC for the sale of marijuana for medical purposes. This allows the wholesaler to purchase medical-grade cannabinoid products from wholesalers and processors who are registered to sell marijuana for medical purposes; and allows the wholesaler to sell medical-grade cannabinoid products to other wholesalers, processors, and retailers who are registered to sell medical-grade cannabinoid products.

Section 1 – Wholesaler Information

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

Section 2 – Acknowledgement

A registered wholesaler **may** purchase and distribute cannabinoid products with higher concentrations of THC as described in OAR 333-007-0220 if these items are purchased from another wholesaler or processor registered to sell marijuana for medical purposes.

A registered wholesaler **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 wholesaler must be obtained only from other OLCC recreational marijuana licensees.

A registered wholesaler **may not** sell medical-grade cannabinoid products to anyone other than a licensed OLCC recreational wholesaler, processor, or retailer that is registered with the OLCC to sell marijuana for medical purposes.

A registered wholesaler **must** separate medical-grade cannabinoid products and must separately package and label those items subject to the packaging and labeling requirements and must clearly identify those items as medical-grade.

I WISH TO REGISTER TO SELL MARIJUANA FOR MEDICAL PURPOSES. I acknowledge that I have read OAR 845-025-3600, including the requirements summarized above.

Signature: _____

Date: _____

Name: _____

Title: _____

OLCC USE ONLY	Registration approved by: _____	Date: _____
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