



Marijuana Processor Application

Form Instructions

What is this form?

This document collects most of the necessary information that is required as part of your OLCC Processor license application. Read each page carefully. If you have already submitted your application in the online licensing system, send the completed form to OLCC staff when it is requested. If you have not yet submitted an application in the online licensing system, upload the completed packet as a supporting document to your recreational marijuana application online at: <https://apps.oregon.gov/OLCC/Marijuana/elicense/>

In addition to the information included in this packet, you will also be required to provide the following documents:

- A copy of a **completed** [Land Use Compatibility Statement](#) from the city or county that authorizes land use in the city or county in which your proposed premises is located.
- A map or sketch of the premises proposed for licensure, including the defined boundaries of the premises, the location of any primary residence located on the same tax lot as the licensed premises, and a scaled floor or plot plan sketch of all enclosed areas. See the [Premises Map Instructions](#) for detailed information about what to include.
- Information on the structure of the business proposed to be licensed:
 - A [Marijuana Applicant Questionnaire](#) containing a complete list of individuals and legal entities who qualify as applicants for the license.
 - An [Individual History form](#) for each individual.

If you are applying for the Extract endorsement, you will also need to submit:

- Proof that the facility has a Certificate of Occupancy for the intended use; and
- An [Extract Processing Equipment](#) form identifying all equipment used in extraction; and
- Extractors using hydrocarbon solvents must provide proof that the installed hydrocarbon extraction equipment has been inspected by a certified mechanical or electrical engineer, industry recognized third party, or manufacturer.

What if I am buying an existing licensed business?

If you are buying an existing licensed business, you will still submit all the information listed above. Once you have submitted your application, the current licensee will need to submit a [Change of Ownership](#) request.

Remember, you cannot begin operating the business until your license has been approved and issued by OLCC.



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Section 1 – Business Information

Licensee Name:					
Premises Address:					
City:		State:	OR	ZIP:	

Section 2 – Premises Information

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed premises on any federal or public land?
<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed premises at the same address or physical location as a business with a liquor license or pending application for a liquor license?
<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed premises on any reservation or tribal trust land of a federally recognized Indian tribe?
<input type="checkbox"/>	<input type="checkbox"/>	Is there an existing recreational marijuana license or license application for this premises?
<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed premises at the same address or physical location as a medical marijuana grow site, processing site, or dispensary?
<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed premises at the same address or physical location as a business with a psilocybin product manufacturer or service center license or pending application for a psilocybin manufacture or service center license?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an ODA Hemp Grower registration or license?

Section 3 – Processor Endorsements

Please select the endorsement(s) you are requesting; see OAR [845-025-3210](#) for definitions and details. If this differs from the information you submitted in the online licensing system, OLCC staff may update your application in the online licensing system.

Extract*	Concentrate	Edible	Topical	Industrial Hemp
<input type="checkbox"/>				

You are responsible for knowing and understanding what types of products you may process with the endorsements you request. Processing products that you do not have the privilege to process can be a serious violation.

*Note that the Extract endorsement carries additional requirements. If you check this box, you must provide the following:

- Proof that the facility has a Certificate of Occupancy for the intended use; and
- An [Extract Processing Equipment](#) form identifying all equipment used in extraction; and
- Extractors using hydrocarbon solvents must provide proof that the installed hydrocarbon extraction equipment has been inspected by a certified mechanical or electrical engineer, industry recognized third party, or manufacturer.

Section 4 – Additional Privileges

A Processor may request the following additional privileges. Licensees are responsible for knowing and following all rules applicable to their license, including the rules for any additional privileges they are granted. Please answer the following:

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	I am seeking a Medical Purposes Registration (OAR 845-025-3300) in order to process and sell medical-grade cannabinoid products (subject to concentrations of THC as described in OAR 333-007-0220).
<input type="checkbox"/>	<input type="checkbox"/>	I am seeking the Processing for Cardholders privilege (OAR 845-025-3305) to receive usable marijuana from a patient or the patient's designated primary caregiver and, for a fee, process that usable marijuana into cannabinoid products, concentrates and extracts for transfer to the patient or designated primary caregiver.



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I am applying to be licensed under an **Alternating Proprietor** (“shared kitchen”) arrangement (OAR [845-025-3255](#)). I understand I must be applying for the Edible or Topical endorsement to qualify for this type of license. I understand this type of license will not be granted if I submitted my application on or after January 1, 2019; if the proposed premises was not licensed under an Alternating Proprietor arrangement prior to January 1, 2019; or if I am requesting the Extract endorsement. I understand this type of license will not be granted unless I submit a [Processor Alternating Proprietors Registration](#) form and a copy of the proposed access schedule.

Section 5 – Attestations

By signing this form, you attest that each of the following statements are true. I understand the Commission may require a licensee to provide proof of any of the below or below referenced documents at any time.

Section 5.1 – Right to Occupy the Premises

I have a legal right to occupy the premises. I understand that at all times I must retain control of, or the right of access to, all or any part of the licensed premises. Except as provided in OAR [845-025-1160](#)(5), failure to retain such control or right of access is a Category I violation and may be grounds for immediate suspension or cancellation of the license.

If there is no direct access to the property where the premises is located from a public right-of-way, this means that I must have an easement to allow licensee representatives and Commission staff to access the property. I understand that without such an easement, the property owner who is entitled to control access to the premises has an ownership interest as described in OAR [845-025-1045](#) and must be an applicant for the license.

Section 5.2 – Business Structure

By signing this form, I attest that I have provided OLCC with:

- A [Marijuana Applicant Questionnaire](#) containing a complete list of every individual and legal entity that is an applicant for this license as described in OAR [845-025-1045](#).
- An [Individual History](#) form for each individual who is an applicant for this license as described in OAR [845-025-1045](#).

I understand that “applicant” includes each individual or legal entity who meets any of the following criteria:

- Any individual or legal entity who holds or controls any interest of 20% or more in the business, whether that interest is held directly or indirectly. This includes anyone who may be entitled to 20% or more of profits, proceeds, or revenues from the business.
- Any individual or legal entity that has an “ownership interest” in the business, including:
 - Any individual or legal entity (other than an employee acting under the direction of the owner) is entitled to exercise control over the business, incur debt or similar obligations on behalf of the business, or enter into contracts or similar obligations on behalf of the business.
 - Any individual or legal entity identified as the lessee of the premises proposed to be licensed.
- For any applicant that is a legal entity, the following persons within a legal entity are also applicants:
 - Principal officers if the applicant is a corporation.
 - LLC managers if the applicant is a manager-managed LLC.
 - General partners in a limited partnership.

I understand that, if the Commission approves my license, the Commission’s approval relies in part upon the completeness and accuracy of the information that I provide. If I have not completely and accurately disclosed every individual and legal entity who is an applicant for this license, that may constitute grounds to revoke my license.

Section 5.3 – Cannabis Tracking System (CTS)

As required by OAR [845-025-7500](#), prior to licensure, at least one licensee or licensee representative has completed or will complete required CTS training through <https://www.metr.com/oregon> using their true, legal name. Once licensed and for as long as the license remains active, at least one licensee will keep an active CTS administrator account in their name for the premises. If the licensee designates a licensee representative to complete training on their behalf, that representative must also keep an active CTS administrator account in their name for the premises.



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Section 5.4 – Premises Map

By signing this form, I attest that I have provided OLCC with maps or sketches of the premises that clearly show:

- The location of my proposed premises on the property;
- The boundaries of my proposed premises;
- The boundaries of my limited access area(s);
- For each indoor area, a scaled floor plan that identifies all walls and all areas of ingress and egress; and
- The location of any primary residences on the tax lot, if applicable.

I understand that, if the Commission approves my license, the Commission's approval relies in part upon the completeness and accuracy of the information that I provide. If I have not completely and accurately identified my licensed premises, or if my premises is not located at the address identified in Section 1 of this form and on my signed Land Use Compatibility Statement, that may constitute grounds to revoke my license.

I understand that I will only be entitled to exercise my license privileges within the boundaries of my licensed premises. I understand that marijuana may never enter any part of my premises that is not designated as a limited access area, and that if I have failed to designate my limited access area I will not have the privilege to allow marijuana to enter the premises.

I attest that my proposed premises does not include a primary residence.

Section 6 – Operating and Security Plan

An Operating Plan and Security Plan are required for all license types. The Commission has set minimum standards for the security of a licensed recreational marijuana premises. Licensees are responsible for the security of all marijuana items on the premises and those in transit on behalf of the licensee. Adherence to the minimum requirements does not release a licensee from this responsibility.

OAR [845-025-1405](#) allows any licensee or applicant to request a waiver of any of the security requirements described in OAR 845-025-1400 to 845-025-1470. A request for a security waiver must document the specific rule to be waived and document a proposed alternative method to meet the objective of the rule. Waiver requests are subject to approval by the Commission and may be denied. Broad requests to waive all of the security requests will be denied.

By signing this form, you agree to comply with all security and operational requirements specified in rule for which you do not have a waiver specifically approved by the Commission. You can find the full text of the OLCC's recreational marijuana administrative rules in the Oregon Secretary of State Oregon Administrative Rule Database: [Oregon Administrative Rules Chapter 845 Division 25](#).

Section 6.1 – Premises Enclosure

If my licensed premises is not fully enclosed by permanent walls and doors, I agree to abide by the following control plan to maintain security within an unenclosed area in order to comply with OAR [845-025-1230\(5\)](#):

The only portion of the premises not enclosed by permanent walls and doors is an unenclosed pathway between portions of the premises that are enclosed by permanent walls and doors. Marijuana items will only enter the unenclosed pathway while being actively moved between the portions of the premises that are enclosed by permanent walls and doors. Marijuana items in the unenclosed pathway will at all times be in the possession of a licensee representative.

Section 6.2 – Minor Control Plan

A minor control plan is required for all operations. By signing this form, you agree to comply with the following plan unless you have an alternate plan explicitly approved by the Commission:

All doors and gates will be locked at all times. Prior to allowing any person access to the property, age will be verified by checking ID. Employee identification will be checked prior to hiring and no person will be employed who does not have a valid marijuana worker permit. Signs will be clearly posted at all entry points indicating that minors are not permitted on any portion of the premises. If a minor attempts to gain access to the premises, they will be immediately told to leave and if they do not, law enforcement will be contacted.



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Section 7 – Acknowledgement

I understand that if my answers are not true and complete, OLCC may deny my license application.

Signature: _____

Date: _____

Name: _____

Title: _____