

Medical Marijuana Dispensary and School Proximity Form

Name of primary person responsible for dispensary (*primary PRD*) (*last, first, middle*):

Mailing address: _____ Apartment number: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Email: _____

Proposed dispensary address: _____ Suite number: _____

City: _____ State: _____ ZIP: _____

By signing below, I attest I:

- Have read OAR 333-008-1000 through 333-008-1248 and OAR 333-008-2000 through OAR 333-008-3010.
- Have closely reviewed the definitions of “elementary school” and “secondary school.”
- Understand a school’s characteristics (per OAR 333-008-0010).
- Know this medical marijuana dispensary must close if a school or registered dispensary is found within 1,000 feet of the proposed dispensary.

I also attest I have completed the following actions (*check all that apply*):

- Reviewed the school and dispensary locator map found at <https://geo.maps.arcgis.com/apps/webappviewer/index.html?id=4e3bca84f9734001b4d99a7f871593301> and the Oregon Department of Education (ODE)’s Public and Private School Directory (*private schools are not required to register with ODE*) to locate possible schools or registered dispensaries near the proposed dispensary.
- Canvassed the area within 1,000 feet of the proposed dispensary for possible schools or registered dispensaries.

Based on the actions above (*check one*):

- I have not found any registered dispensaries, public or private elementary or secondary schools within 1,000 feet of my proposed dispensary.
- The registered dispensary or school listed below could possibly be within 1,000 feet of the proposed dispensary.

Name of registered dispensary	Dispensary address
Name of school	School address

Print name

Date

Signature

Date