



LINCOLN COUNTY PLANNING AND DEVELOPMENT

210 SW 2nd Street
Newport, OR 97365
(541) 265-4192

MEDICAL MARIJUANA DISPENSARY FACILITY AUTHORIZATION

Instructions: Please complete this form to demonstrate compliance with Lincoln County Ordinance #479, authorized under 2014 Oregon Senate Bill 1531.

APPLICANT INFORMATION

Applicant Name		Telephone Number
Owner Name (if other than applicant)		Alternate Telephone Number
Mailing Address	City	Zip
Email Address		

PROPERTY INFORMATION

Township	Range	Section	Tax Lot
Site Address		City	Zip
Structure(s) Currently on Property			Zone

SPECIAL STANDARDS

Please initial in the space provided that you understand and will comply with the special standards outlined below:

- _____ All state requirements will be met and maintained, including but not limited to licensing and state locational requirements.
- _____ All applicable building and fire codes will be met and maintained for any structures used for dispensing medical marijuana.
- _____ Other standards and conditions applicable under Chapter 1 of Lincoln County Code, or otherwise under state or local laws or rules, including but not limited to setbacks, lot coverage, parking, special standards and signage apply to these uses in the same manner as any other use in the underlying zone.
- _____ Except in a Planned Industrial I-P zone, manufacture or production of extracts, oils, resins or similar derivatives of marijuana on the premises of the Medical Marijuana Dispensary Facility (MMDF) is prohibited. No open flame shall be allowed in the preparation of any product.
- _____ The MMDF may not be co-located within the same building or on the same property with a Medical Marijuana Grow Site or marijuana social club or smoking club.
- _____ The MMDF must utilize an air filtration and ventilation system that confines all odors associated with the MMDF to the premises. For the purposes of this provision, the standard for judging "objectionable odors" shall be that of an average, reasonable person with ordinary sensibilities after taking into consideration the character of the neighborhood in which the odor is made and the odor is detected.

_____ Hours of operation are limited to 10:00 am to 7:00 pm.

_____ Entrances and off-street parking areas to MMDF must be well lit and not visually obscured from public view/right-of-way.

_____ All employees and volunteers of the MMDF must submit to a criminal background check by Lincoln County or its designees pursuant to ORS 181.533 and OAR 257-010-0025(1)(a). It is a violation of these standards to employ or allow a volunteer in the MMDF operation if the employee or volunteer has been convicted of the manufacture or delivery of a controlled substance in Schedule I or Schedule II within five years of the date of the background check, or if the employee or volunteer has been convicted more than once at any time, or if the employee or volunteer has been convicted of any felony involving children or crime prohibited within 1000 feet of a school.

_____ The property where the MMDF is located must be located at a distance of 1000 feet or more from any property containing a pre-school or pre-kindergarten, head start program, community learning center, or certified child care facility; any public park; and any other registered MMDF.

SUBMITTALS

Please submit the following documentation along with this authorization form:

- Plot plan drawn to scale showing the location of all existing and proposed structures, required setbacks to property lines, and any other information required by the Department of Planning and Development.
- Floor plan of the proposed MMDF.
- Criminal background report by Oregon State Police for all employees and volunteers.

I HAVE CAREFULLY EXAMINED THE COMPLETED AUTHORIZATION FORM, and do hereby certify that all information herein is true and correct and I further certify that any and all work performed shall be done in accordance with the Ordinances of Lincoln County and the Laws of the State of Oregon pertaining to the work described herein, and that **NO CHANGE OF USE** will be made of any structure without first obtaining the proper permit(s) from the Building Division.

NAME (Please print)	SIGNATURE OF OWNER	DATE
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APPLICANT NAME* (Please print)	SIGNATURE OF APPLICANT*	DATE
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* If other than owner

OFFICE USE ONLY	
Authorization Number:	
Authorized By:	Date:
Case File # (if applicable):	