



# COMMUNITY DEVELOPMENT

## MARIJUANA BUSINESS LAND USE APPLICATION CHECKLIST

---

**Property Information** – For a business with multiple locations, complete one checklist per site

Site Address: \_\_\_\_\_ Tax map & lot number: \_\_\_\_\_

Comprehensive Plan Designation: \_\_\_\_\_ Zoning District: \_\_\_\_\_

---

**Select all uses that apply to your business operations at this site address:**

- |  |   |
|--|---|
| <input type="checkbox"/> Marijuana Retailer        | <input type="checkbox"/> Medical Marijuana Dispensary       |
| <input type="checkbox"/> Wholesale                 | <input type="checkbox"/> Processor of Concentrates/Products |
| <input type="checkbox"/> Processor of Extracts     | <input type="checkbox"/> Grow/Production – Recreational     |
| <input type="checkbox"/> Grow/Production – Medical | <input type="checkbox"/> Testing, research & development    |

Are you an existing Medical Marijuana Dispensary converting to a Marijuana Retailer?  Yes  
 No

---

### Business Information

Business Name: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Building square footage per use: \_\_\_\_\_

---

### Required Applications and Licenses

**All new marijuana businesses, conversions from medical to recreational marijuana or expansions of existing marijuana businesses must file for and obtain the following licenses and approvals:**

**City of Bend Land Use Application (Check all applicable boxes)**

- Site Plan Review    Minimum Development Standards Review    Conditional Use Permit

**Required Applications and Licenses (continued)**

**City of Bend Operating License:** All new marijuana businesses must obtain a marijuana operating license within 30 days of obtaining the land use permit, and annually thereafter. One operating license is required for each business type (retail/dispensary, wholesale, processing, production, laboratory).

**OHA/OLCC License:** Proof of a license from the State (either OHA or OLCC) confirming the security plan and all other required improvements is required prior to final occupancy.

**Which state agency are you seeking licensure from?**

- OHA                       OLCC

---

**Business Owner Information**

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Do you own the property where the business will be located?**  Yes  No - If you are NOT the property owner, please fill out the information below.

---

**Property Information**

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

---

To the best of my knowledge, all statements and information contained in this application and attached exhibits are true and correct.

By signing this document, I acknowledge that I have read all the regulations relating to the operation of a Marijuana Businesses under Bend Development Code 3.6.300.P Marijuana Businesses and Chapter 7.50 Marijuana Business Operating License.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions regarding Marijuana Business Land Use applications, please contact the City of Bend Planning Division at (541) 388-5580 ext 3, or via email to [BendPlanning@bendoregon.gov](mailto:BendPlanning@bendoregon.gov).**

*Please note: This checklist is for the Marijuana Business Land Use Application, not the Operating License. Visit <http://www.bendoregon.gov/marijuana> for more information.*