

## Proximity of Schools to Proposed Medical Marijuana Dispensary Form

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

Home mailing address: \_\_\_\_\_ Apartment number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed dispensary address: \_\_\_\_\_ Suite number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

By signing below, I attest that 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 is found within 1,000 feet of the dispensary.

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

- Reviewed the school and dispensary locator map found at [http://navigator.state.or.us/apps/schools\\_locator/index.html](http://navigator.state.or.us/apps/schools_locator/index.html) and the Oregon Department of Education (ODE)’s Public and Private School Directory (*Note: private schools are not required to register with ODE*) to locate possible schools near the proposed dispensary; and
- Canvassed the area within 1,000 feet of the proposed dispensary for possible schools.

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

- I have not found any public or private elementary or secondary schools within 1,000 feet of my proposed dispensary.
- Based on my research, the schools listed below could possibly be public or private elementary or secondary schools and within 1,000 feet of the proposed dispensary.

Name of school	School address

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_