

### Medical Marijuana Business Change

*(Under OAR 333-008-2030(3) this form must be used whenever a registrant proposes to change its corporate structure, ownership structure or financial interest with any individual.)*

#### Section 1 — Current business information

Business name (as registered by the secretary of state):		
Trade name (as registered by the secretary of state):		
Mailing address:		
City:	State:	ZIP:
Physical address (if different than above):		
City:	State:	ZIP:
Primary PRP or primary PRD name:	Email address:	
Main phone number:	Cell phone number:	

#### Section 2 — Proposed business change

Check one of the boxes below: <input type="checkbox"/> Corporate structure <input type="checkbox"/> Ownership structure <b>OR</b> <input type="checkbox"/> Financial interest with any individual
Describe the current situation related to the above proposed change. If it involves the financial interest change of an individual, include that person's full legal name. You may attach documents for more information:
Describe the proposed change:

### Section 3 — Signature (required)

I understand that OHA cannot review this form unless I submit the information this form requires under OAR 333-008-2030.

I certify that I am the primary person responsible for the dispensary (primary PRD) or primary person responsible for the processing site (primary PRP) as defined under OAR 333-008-1010 and OAR 333-008-1610.

By signing below, I certify that the information on this form is true and correct to the best of my knowledge. I understand that if any of the statements on this form are found to be false, OHA may deny, suspend or revoke my registration.

Signature (*required*)

Printed name

Date

### Section 4 — Instructions

You must submit this form and any criminal background check documents and fees,\* if applicable, **before** making the change. If you do not submit this form in line with the rules, you may incur civil penalties or the dispensary or processing site's registration may be suspended or revoked.

**Note:** Per **OAR 333-008-2030(3)(c)** a form will not be accepted if the registration is expiring in less than 90 days or if the Oregon Health Authority (OHA) has issued a notice to the registrant, dispensary or processing site representative of an alleged violation that has not been resolved.

OHA will review the form and other submitted information. The change will be approved if it would not result in an initial or renewal application denial under OAR 333-008-1060 or 333-008-1670, or serve as the basis of a registration suspension or revocation. The registrant may proceed with the proposed change after receiving OHA's written approval.

\*If the change is the financial interest of any individual in the business, the following items **must** also be submitted with this form:

- The \$35 criminal background check fee as check or money order payable to the Oregon Health Authority for each new individual listed;
- Fingerprints for each new individual listed, per instruction on OHA's webpage (<http://mmj.oregon.gov>);
- A **Criminal Background Check Request** (OHA 9327) for each new individual listed;
- A **Medical Marijuana Individual History** form (OHA 9251) for each new individual listed; and
- A copy of a government issued photo ID (*Oregon driver license, state ID card or military ID*).

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