

This petition requests the OHA to approve a marijuana grow site address as a grandfathered grow site:

- Under Section 82(3)(b), chapter 614, Oregon Laws 2015, permitting up to 24 mature marijuana plants on March 1, 2016, for an address within city limits and zoned residential; or
- Under Section 82(4)(b), chapter 614, Oregon Laws 2015, permitting up to 96 mature marijuana plants on March 1, 2016, for an address within city limits but not zoned residential, or outside city limits.

INSTRUCTIONS AND INFORMATION

GENERAL

- Every grower must have maintained continuous status as a grower at the grow site address since December 31, 2014.
- If the grandfathering petition is granted, a grower can only grow for the number of patients the grower had at the grow site on December 31, 2014.
- If the petition is granted, the grow site address will be permitted to have up to 24 or 96 mature marijuana plants, depending on zoning, but the actual number of plants permitted will be based on the number of patients registered at the grow site address on December 31, 2014.
- If the petition is granted, no additional growers or patients may be added to a grandfathered grow site address unless the grandfathered grow site approval has been terminated.

GROWERS

- The OMMP will conduct a criminal history check on every grower whose name is submitted.
- The grower information on this petition may be shared with the other growers associated with this grow site address.
- Every grower must be 21 years of age or older.

GROW SITE

- A grow site must have a physical address within Oregon.
- A grow site cannot be at the same address as a dispensary or an OLCC grow site.
- All grandfathered grow sites are subject to inspection under section 81(9), chapter 614, Oregon Laws 2015, and ORS 475.323.

MAINTAINING AND TERMINATING GRANDFATHER STATUS

- If a patient terminates a grower or a grower ceases growing at that address, the grow site allowed plant maximum will be reduced.



Oregon Medical Marijuana Program

PO Box 14450, Portland, OR 97293-0450

Phone: (971) 673-1234

www.healthoregon.org/ommp

GRANDFATHER GROW SITE INFORMATION

Physical Grow Site Address:

City:

State: OR

Zip:

County:

Zoning (*enclose copy of zoning proof in the form of documentation from a local government*):

PERSON SUBMITTING THIS PETITION

Name (first, middle initial, last):

Date of birth (MM/DD/YYYY): / /

Phone: ()

Mailing address:

City:

State:

Zip:

County:

E-mail address:

Check One:

- I am one of the growers listed in this petition.
- I am not one of the growers listed in this petition. My association with this grow site address is:

_____.

Signature:

Date:

If more than one person is submitting this petition, include this information for each person submitting on a separate piece of paper.



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GROWER _____			
Name (first, middle initial, last):			
Date of birth (MM/DD/YYYY): / /		Phone: ()	
Mailing address:			
City:	State:	Zip:	County:
E-mail address:			
Government issued photo ID # (<i>enclose copy</i>):			
Number of patients Grower was growing for at this grow site on 12/31/2014: _____			
Number of patients Grower is currently growing for at this grow site: _____			
Enclose copies of the following; see instructions for more information. <input type="checkbox"/> Oregon residency proof. <input type="checkbox"/> All current grow site registration cards issued for this grower at this grow site address. I attest and affirm that I was registered at this grow site address on 12/31/2014 and have been continuously registered at this grow site address since that date.			
Grower signature:			Date:

GROWER _____			
Name (first, middle initial, last):			
Date of birth (MM/DD/YYYY): / /		Phone: ()	
Mailing address:			
City:	State:	Zip:	County:
E-mail address:			
U.S. state or federal issued photo ID # (<i>enclose copy</i>):			
Number of patients Grower was growing for at this grow site on 12/31/2014: _____			
Number of patients Grower is currently growing for at this grow site: _____			
Enclose copies of the following; see instructions for more information. <input type="checkbox"/> Oregon residency proof. <input type="checkbox"/> All current grow site registration cards issued for this grower at this grow site address. I attest and affirm that I was registered at this grow site address on 12/31/2014 and have been continuously registered at this grow site address since that date.			
Grower signature:			Date:

Make copies of this form to list additional growers.