

Early Retail Sales Notification Form

MMD number (*one MMD number per form*): _____

Dispensary name: _____

PRD email address: _____

It is the intent of this dispensary to sell limited marijuana retail product.

I have reviewed OAR 333-008-1500 through 333-008-1502 and understand the requirements for early retail sales in a medical marijuana dispensary.

I understand if I fail to comply with any of the rules, action may be taken against the registration per OAR 333-008-1500(14).

Primary PRD printed name: _____

Primary PRD signature (*required*):

Date

The program will send you an email notifying you that your form has been received. If you do not receive an email, please contact the program at 1-855-244-9580. Please allow 5–7 business days for processing before official email notification is given.

If your local jurisdiction has opted out of allowing retail sales, your dispensary is NOT allowed early sales.