

STAY OF PLANT LIMIT NOTIFICATION

This Notice requests a stay of plant limits imposed under ORS 475B.428. (OL 2016, Ch. 83, Sec. 22)

In order to be eligible for a stay of plant limits a completed application for a producer license must have been filed with the Oregon Liquor Control Commission (OLCC) on or before April 1, 2016.

INSTRUCTIONS AND INFORMATION

- The applicant must, before requesting a stay of plant limits, send a notice to each patient for whom marijuana is being produced at the address by certified mail with return receipt requested. (OL 2016, Ch. 83, Sec. 22)(3)). That notice must be in the form prescribed by OMMP and must explain that:
 - The seeds, marijuana plants and usable marijuana produced by the patient's grower, are the patient's property and that the patient may request that the grower transfer any seeds, marijuana plants and usable marijuana to the patient, a processing site or a dispensary; and
 - The patient's possessory rights to the seeds, marijuana plants and usable marijuana terminate on the date that the applicant receives a license under ORS 475B.070 from OLCC.
- The notice for a stay of plant limits must include the following information or it will be considered incomplete:
 - The name and signature of every grower located at the grow site address;
 - An attestation of every grower at the grow site address that he or she consents to the intent to hold an OLCC production license under 475B.070.
 - The name of each patient for whom marijuana is being produced at the address.
- An applicant must, in addition to the notice for a stay of plant limits, submit to OMMP:
 - A copy of each notice sent to each patient, as required above; and
 - Copies of the certified mail return receipt requested for each patient that proves each patient was provided with the notice.



Oregon Medical Marijuana Program

PO Box 14450, Portland, OR 97293-0450

Phone: (971) 673-1234

www.healthoregon.org/ommp

GROW SITE INFORMATION

Physical Grow Site Address:

City:

State: OR

Zip:

County:

PERSON SUBMITTING THIS NOTICE

Name (last, first, middle initial):

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 notice.
- 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:			
Name of patients grower is growing for at this grow site and the patient's OMMP card number:			
1. Name _____		Card No. _____	
2. Name _____		Card No. _____	
3. Name _____		Card No. _____	
4. Name _____		Card No. _____	
I, _____ hereby attest that I consent to the intent to hold an OLCC production license at the grow site indicated above, per ORS 475B.070.			
Grower signature:		Date:	

Make copies of this form to list additional growers.