



# Business License Application - Marijuana License

265 Strand St, St. Helens, OR 97051 | 503-397-6272 office | [www.sthelensoregon.gov](http://www.sthelensoregon.gov)

Business Name: \_\_\_\_\_ Business DBA: \_\_\_\_\_ Phone: \_\_\_\_\_

## TYPE OF BUSINESS

## PRODUCTION SIZE (SQUARE FEET)

### Producers

### Indoor

### Outdoor

Micro Tier I

1 - 625

1 - 2,500

Micro Tier II

626 - 1,250

2,500 - 5,000

Tier I

1,251 - 5,000

5,001 - 20,000

Tier II

5,001 - 10,000

20,001 - 40,000

Medical Canopy

Processors

Wholesalers

Retailers

## Applicant & Business Information

All Names, Addresses, and Titles of Officer/Partner/Agents MUST BE LISTED

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

## Business License Information: (Please include copies)

OLCC License or OHA Certificate No: \_\_\_\_\_

St. Helens Business License No: \_\_\_\_\_

Secretary of State Registration No: \_\_\_\_\_

## Is your business a:

Sole Proprietorship

Partnership

Corporation

Association

Other: \_\_\_\_\_

Provide a detailed description of the proposed accounting and inventory systems for your business as well as a description of the type, nature, and extent of your proposed business:

I hereby certify under penalty of perjury and false swearing that the information I have provided is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Signature

## FOR OFFICE USE ONLY

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

City Administrator Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_