



OREGON LIQUOR CONTROL COMMISSION

Supplemental Form: Medical Marijuana Patient Waiver

What is this form?

This form is intended for Producer applicants that have indicated on the **Marijuana Cultivation Plan** form that

- The proposed premises of the Producer license is at the same physical location or address of a registered marijuana grow site; and
- It is the intent of the applicant(s) to sell excess medical marijuana and immature plants to recreational marijuana licensees

[OAR 845-025-2400 \(3\)](#) requires the applicants described above to provide proof that each patient for whom the applicants are producing marijuana at the grow site proposed to be licensed has granted permission for the applicants to apply for a license and sell excess usable marijuana and immature plants to licensees of the Commission.

Use this form to provide proof as described above.

If additional signature lines are needed, attach additional copies of this form.

How do I collect this information?

Applicants will need to contact the individual patients to obtain permission and sign this form.

Section 1 – Business Information

Record the information for the party or entity that will be doing business named on the application.

Business Name:					
Trade Name:					
Mailing Address:					
City:		State:		ZIP:	
Physical Address:					
City:		State:		ZIP:	
Primary Contact:					
Main Phone:		Cell Phone:			
Email:					



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Section 2 – Patient Information and Statement

Number of patients for whom marijuana is produced at the medical marijuana grow site referenced above and on the Marijuana Growing Operation Plan.

Patient statement:

By signing below, I acknowledge that:

The physical address of the location listed on Section 1 of this form is a registered medical marijuana grow site at which medical marijuana is produced for my use as a registered patient.

I grant my permission for the applicants of this license to sell excess medical marijuana and immature plants produced from the registered grow site to licensees of the Oregon Liquor Control Commission.

Patient Name <i>(First, Last. Print or type.)</i>	Signature	Date <i>(MM-DD-YYYY)</i>



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Section 2 – Patient Information and Statement

(continued)

Patient statement:

By signing below, I acknowledge that:

The physical address of the location listed on Section 1 of this form is a registered medical marijuana grow site at which medical marijuana is produced for my use as a registered patient.

I grant my permission for the applicants of this license to sell excess medical marijuana and immature plants produced from the registered grow site to licensees of the Oregon Liquor Control Commission.

Patient Name <i>(First, Last. Print or type.)</i>	Signature	Date <i>(MM-DD-YYYY)</i>