



OREGON LIQUOR & CANNABIS COMMISSION

**Supplemental Form:
PRD Information Disclosure**

What is this form?

Use this form **only** if you are a person responsible for a marijuana dispensary (PRD) other than the primary PRD and are disclosing your registry information and contact information for a submitted **Form MJ 16-5201 Retailer Inventory Transfer Request**.

Section 1 – Business Information

Enter information for the business seeking to be licensed, as identified on the license application.

Application ID:					
Business Name:					
License Type:					
Trade Name:					
Premises Address:					
City:		State:		ZIP:	

Section 2 – PRD Disclosure

PRD Name:	<input type="text"/> <i>last name</i>	<input type="text"/> <i>first name</i>	<input type="text"/> <i>middle initial</i>
MMD #:	<input type="text"/>	Date of Birth (MM-DD-YYYY):	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		ZIP:	<input type="text"/>
Is this PRD an applicant for the license?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	