**PUBLIC HEALTH DIVISION**
**CENTER FOR HEALTH PROTECTION**
**Oregon Psilocybin Services**
http://oregon.gov/psilocybin

# Property Owner Consent for Manufacture of Psilocybin

ORS 475A was amended by the Oregon Legislature in 2025 and requires that an applicant for a new or renewal psilocybin manufacturer license submit documentation of legal address and ownership of the premises identified in the application.

- An **applicant who owns** the premises must complete and sign Section One of this form.
- An **applicant who is not the owner** of the premises must:
  - Inform the owner in writing that the premises identified in the application is proposed to be used to manufacture psilocybin products under ORS 475A.290.
  - Complete Section Two of this form, which must be witnessed and signed by a notary public.

**TLC Application/License Number:**_____

**Name of Manufacturer Applicant(s)/Licensee(s):**

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## Section One—for applicants that own the real property proposed to be licensed.

The applicant named above owns the real property at this address:
*Please include the street number and name, unit/suite, city, state, and zip code*

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**I certify that I am the owner of the real property listed at the address above or have legal authority to act on behalf of the owner.**

Printed Name: _____

Signature: _____ Date: _____

## Section Two—for applicants that **do not** own the real property proposed to be licensed.

**This document must be completed and signed by the property owner of the premises or an individual with legal authority to sign on behalf of the property owner.**

Full Name of Property Owner (including legal entity is applicable):

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The property owner named above owns the real property at this address:
*Please include the street number and name, unit/suite, city, state, and zip code*

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The property owner consents to use of the named property as a licensed psilocybin manufacturer until (expiration date):

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**By signing this form, I certify I am the owner of the real property at the address above or have legal authority to act on behalf of the owner, and I consent to the manufacture of psilocybin products at the address above until the specified expiration date.**

Printed Name: _____

Signature: _____ Date: _____

**Notary Acknowledgement**

State: _____

County: _____

Subscribed and sworn before me this _____ day of _____, 20____

by: _____

_____
Signature of Notary Public

_____
Name of Notary Public

Seal: