Notice of Measure Election

6-200

SEL 802

rev 01/18 OR5 250.035, 250.041,

City			250.275, 250.285, 254.095, 254.465
Notice			
Date of Notice August 9, 2022	Name of City or Citles City of North Bend		Date of Election November 8, 2022
	llowing is the final ballot title of the measure le challenge process has been completed.	to be submitted to the city's voters. T	he ballot title notice has been
Caption 10 words which i	easonably identifies the subject of the meas	ure.	
Prohibits psilocybin-r	related businesses within the City	of North Bend.	t
Question 20 words which	n plainly phrases the chief purpose of the me	easure.	
Shall the City of Nort	h Bend prohibit all psilocybin-rela	ted businesses within the Cit	:y?
Summary 175 words whi	ch concisely and impartially summarizes the	measure and its major effect.	
products and provide drug found in certain ordinances to be refe and psilocybin servic of North Bend is refe psilocybin service cer Approval of this mea	rsons licensed, controlled and rege psilocybin services to persons 22 mushrooms. State law authorized are to the voters that prohibit the center operators within the are rring to the voters an ordinance parter operators within the City. Sure would prohibit the establishmenter operators within the area sulpher operators.	I years of age and older. Psilons the governing bodies of city he establishment of psilocybin a subject to the city's or cour prohibiting psilocybin product ment of psilocybin	ccybin is the psychedelic cies and counties to adopt in product manufacturers nty's jurisdiction. The City t manufacturers and
Explanatory Statemen	nt 500 words that impartially explains the m	easure and its effect.	
→ any measure referred	g a voters' pamphlet an explanatory stat by the city governing body; or endum, if required by local ordinance.	tement must be drafted and attach Explanatory Statement Attache	
Authorized City Offici	al Not required to be notarized.		
Name		Title	nuc vn425-560 777 967 777 777 977
KayLee Marone		City Recorder	
Mailing Address		Contact Phone	
PO BOX B, North Ber	nd, OR 97459	541-756-8500	
By signing this documen	t:		1

ightarrow I hereby state that I am authorized by the city to submit this Notice of Measure Election; and

→ I certify that notice of receipt of ballot title has been published and the ballot title challenge process for this measure

Ellavore

completed.

89/2022

Date Signed