OKLAHOMA Medical Marijuana Authority

CERTIFICATE OF COMPLIANCE FOR OMMA BUSINESSES

Instructions: This form is to be completed and submitted with the application or renewal of your OMMA business license. Your application or renewal will not be processed if the Certificate of Compliance is not completed and submitted.

Please visit **HERE** and type in the business address to determine whether the appropriate political subdivision to fill out and sign the form is the city or the county in which the business is located. After entering the address, the link provided will supply the information reflected in the EXAMPLE below. If the name of the city appears in the blank under the caption "City Name", then the city identified in the blank is the appropriate political subdivision to complete and sign the form. If the city name does not appear, but instead "UNINCORPORATED" appears in the blank under the caption "City Name", then the county is the appropriate political subdivision to sign and complete the form, and you should contact an appropriate county official, such as the Board of County Commissioners Chairperson.

EXAMPLE

Address Range	Dir	Street Name	Type	Even/Odd or Both	ZIP	State Rate	County Name	County Code	County Rate	City Name
2000-2099		ANTHONY	CIR	B	73110	4.5	OKLAHOMA	5588	0.0	Midwest City

→ - If "*City Name*" shows a city, please contact your city official(s).

Address Range	Dir	Street Name	Type	Even/Odd or Both	ZIP	State Rate	County Name	County Code	County Rate	City Name
1-99		VIVIAN	TER	B	74804	4.5	POTTAWATOMIE	6388	1.495	Unincorporated

→ - If "*UNINCORPORATED*," contact your county as listed under "county name."

APPLICANT INFORMATION — *PLEASE PRINT OR TYPE CLEARLY*

Please choose one:

☐ **NEW APPLICATION**   ☐ **NAME CHANGE**   ☐ **RENEWAL APPLICATION**   ☐ **LOCATION CHANGE APPLICATION**

License # (if applying for renewal or location change)

Business Name

License Type   ☐ **GROWER**   ☐ **PROCESSOR**   ☐ **DISPENSARY**   ☐ **TRANSPORTER**   ☐ **LABORATORY**   ☐ **RESEARCH**   ☐ **EDUCATION**

If you selected processor, please indicate method(s) of extraction

Current Physical Street Address of Business _____ City _____ State _____ Zip _____

Mailing Address of Business (if different from above) _____ City _____ State _____ Zip _____

County in which Business is Located _____ Email Address of Business _____ Phone Number of Business _____

Name of Business Owner(s) separated by commas

CITY/COUNTY OFFICIAL INFORMATION — *To be completed by the City or County Official*

(Choose one)   ☐ **CITY**   ☐ **COUNTY**   Contact Name & Title

Email Address _____ Phone Number _____ Date Completed _____

COMPLIANCE CERTIFICATIONS

Licensee Name   Business Name

Based upon information provided by applicant(s) to the political subdivision at this time.

Application Number

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1 | **The proposed uses satisfy the political subdivision's applicable zoning classifications and ordinances.**

☐ YES ☐ NO ☐ The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

| Printed Name of Official | Title | Signature of Official |

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2 | **All applicable safety codes of the political subdivision are satisfied.**

☐ YES ☐ NO ☐ The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

| Printed Name of Official | Title | Signature of Official |

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3 | **Any other applicable fire codes of the political subdivision have been satisfied.**

☐ YES ☐ NO ☐ The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

| Printed Name of Official | Title | Signature of Official |

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4 | **All electrical, plumbing, waste (including environmental waste) codes required by the political subdivision have been satisfied.**

☐ YES ☐ NO ☐ The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

| Printed Name of Official | Title | Signature of Official |

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5 | **All applicable building or construction codes of the political subdivision have been satisfied.**

☐ YES ☐ NO ☐ The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

| Printed Name of Official | Title | Signature of Official |

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6 | **Any other ordinances/requirements of the political subdivision that are applicable at this time have been satisfied by the applicant.**

☐ YES ☐ NO ☐ The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

If YES, Description of Requirement:

| Printed Name of Official | Title | Signature of Official |

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7 | **And see, as applicable, the additional information provided by the political subdivision attached here:**

☐ YES The political subdivision provided additional attachments.

☐ NO The political subdivision did not provide additional attachments.