



IMPORTANT NOTE: This form must be submitted by an owner of the commercial entity who is listed as a person of interest in the application. Commercial Licensee shall cease all operations upon submission of this surrender of its license. Any medical marijuana or medical marijuana products still in the licensee’s possession must be liquidated in accordance with OAC 442:10-5-2(d) or disposed of in accordance with OAC 442:10-5-10.

INSTRUCTIONS: Please complete this form in full with required attachments: (1) commercial license ; (2) a copy of proof of identity of the individual completing this form.

Email this form along with the required attachments to OMMALicenseSurrender@ok.gov. After you email this form and the required attachments, we will verify with the licensee when the license surrender has been accepted.

Remember you are required to also mail the license to OMMA, PO BOX 262266, Oklahoma City, OK 73126-2266.

COMMERCIAL ENTITY INFORMATION - PLEASE PRINT OR TYPE CLEARLY

OWNER FIRST & LAST NAME (person submitting this form) _____ License # _____

Business Name _____

License Type GROWER PROCESSOR DISPENSARY TRANSPORTER LABORATORY RESEARCH EDUCATION WASTE

CLOSE OF BUSINESS INFORMATION

Please provide the address in which business records will be retained:

Mailing Address _____

City _____ State _____ Zip _____

Please provide contact information for at least one person. Contact information for additional individuals can be provided on a separate page if needed.

Full Name _____

Email Address _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

Reason(s) for Surrender of License:

Full Name _____

Email Address _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

ATTESTATION

By my signature below I attest to the following:

- The information provided in this form is true and correct;
- I am authorized to submit this Surrender of License Form;
- I understand the business records identified in OAC 442:10-5-6(b) must be retained for at least seven (7) years from the date of creation and these records are subject to auditing;
- I understand that any medical marijuana or medical marijuana products still in the licensee’s possession must be liquidated in accordance with OAC 442:10-5-2(d) or disposed of in accordance with OAC 442:10-5-10.

 _____ Signature _____ Date (mm/dd/yyyy) _____