

COMMERCIAL MEDICAL MARIJUANA GROWER LICENSE BOND

OKLAHOMA MEDICAL MARIJUANA AUTHORITY LICENSE NUMBER	SUR	ETY BOND NUMBER
KNOW ALL MEN BY THESE PRESENTS:		
NAME OF LICENSEE ("Principal")		
FACILITY ADDRESS/PERMIT AREA ADDRESS		
MAILING ADDRESS		
CONTACT PERSON		
PHONE NUMBER	EMA	AIL
NAME OF SURETY ("Surety")		
MAILING ADDRESS		
PHONE NUMBER	EMA	AIL
unto the Oklahoma Medical Marijuana Authority ("Obligee") in	the penal sum up	thorized to do business within the State of Oklahoma, are held firmly bound to an amount not exceeding \$, lawful money of the United f us, and each of our heirs, executors, administrators or successors, and
		ea defined above ("the Property"), shall while this bond is in effect (1) 8 O.S. §§ 428 et seq.; and OAC Title 442, and (2) pay all amounts of money,
(3) after receiving notice of a violation of 63 O.S. §§ 420 et seq remedial action. All claims shall be made in writing to the Suret is cancelled. The Surety shall have at least 30 days to investigat	.; 63 O.S. §§ 427. by and the Principa te and respond to removing equipr	andoned, (2) the Obligee revokes the Principal's license set forth above, or 1 et seq.; 63 O.S. §§ 428 et seq.; or OAC Title 442 that necessitates al, and no claim may be made on this bond more than 1 year after the bond of the Obligee. Damages recoverable under this bond shall be limited to the ment, destruction of waste, remediation of environmental hazards, cion of the final disposition of any seized property.
Further, regardless of the number of years this bond remains ac	ctive, the aggrega	ate liability of the Surety shall in no event exceed the penal sum of this bond.
	scharges the Sure	and Principal. Written notice to the Obligee must be submited via email to ty of any liability for actions or inactions of the Principal after the Date of an one (1) year after the Date of Cancellation of this bond.
Witness our hands and seals, this day of	, 20	SIGNATURE OF PRINCIPAL
		TYPE OR PRINTED NAME
Witness our hands and seals, this day of	, 20	SIGNATURE OF SURETY
		TYPE OR PRINTED NAME
		JOB TITLE
		NAME OF SURETY

Oklahoma.gov/OMMA Updated 4.30.2024