

COMMERCIAL MEDICAL MARIJUANA GROWER LICENSE BOND

OKLAHOMA MEDICAL MARIJUANA AUTHORITY NUMBER IF APPLICABLE	SURETY BOND NUMBE	ER	CERTIFIED MAIL TRACKING NUMBER IF APPLICABLE UNDER OAC 442:10-5-3.3 (4)
KNOW ALL MEN BY THESE PRESENTS	<u>:</u>		
NAME OF LICENSEE ("Principal")			
FACILITY ADDRESS/PERMIT AREA ADDRESS			
MAILING ADDRESS			
CONTACT PERSON			
PHONE NUMBER		EMAIL	
NAME OF SURETY ("Surety")			
MAILING ADDRESS			
PHONE NUMBER		EMAIL	
unto the Oklahoma Medical Marijuana Auth	ority ("Obligee") in the d truly be made, we bin	penal sum up to an amoun d ourselves, and each of u	within the State of Oklahoma, are held firmly bound t not exceeding \$, lawful money of s, and each of our heirs, executors, administrators or
	120 et seq.; 63 O.S. §§ 4	127.1 et seq.; 63 O.S. §§ 42	ove ("the Property"), shall while this bond is in effect 28 et seq.; and OAC Title 442, and (2) pay all
above, or (3) after receiving notice of a viola necessitates remedial action. All claims shall 1 year after the bond is cancelled. The Surer this bond shall be limited to the cost of rest	tion of 63 O.S. §§ 420 e be made in writing to t ty shall have at least 30 pration of the Property,	et seq.; 63 O.S. §§ 427.1 et he Surety and the Principal days to investigate and res including but not limited to	the Obligee revokes the Principal's license set forth seq.; 63 O.S. §§ 428 et seq.; or OAC Title 442 that , and no claim may be made on this bond more than pond to the Obligee. Damages recoverable under b, removing equipment, destruction of waste, a buildings, or determination of the final disposition
Further, regardless of the number of years this bond.	nis bond remains active,	the aggregate liability of t	he Surety shall in no event exceed the penal sum of
	ons or inactions of the P	rincipal after the Cancellati	gee and Principal. The cancellation of this bond on Date. No claim shall be made on the surety bond
Witness our hands and seals, this	day of,	20Signature of	of Principal
		Type or Pri	nted Name
Witness our hands and seals, this	day of,	20 Signature o	of Surety
		Type or Pri	nted Name
		Job Title	
		Name of S	urety

Oklahoma.gov/OMMA Updated 9.27.2023