



COMMERCIAL LICENSE APPLICATION CHECKLIST

CHECKLIST 1-10 - NOTE: CHECKLIST & INSTRUCTIONS ARE SUBJECT TO CHANGE.

Please refer back to the OMMA website for the most current, up-to-date information.

To speed up the application process, please review this checklist prior to submitting a Commercial License Application online. The checklist provides detailed information on the items you will need to provide when the online application is available on August 25, 2018. All the following criteria must be met prior to submission.

1

FIRST TIME REGISTRATION: To start the online application process you must first create a new user account in the system. The following information is required:

<input type="checkbox"/>	First & last name – the individual responsible for the account and license information.
<input type="checkbox"/>	Email address – this email will be used to send the registration email as well as a follow-up notices about unclear or incomplete information on the application (if any). It will be important to monitor this email inbox for notices regarding your online account and online application.
<input type="checkbox"/>	Phone number – accessible number that may be used if questions arise in setting up the account.
<input type="checkbox"/>	Password – required to access and track all application and license information for the future. The password should be a strong password that the account manager will remember.
<input type="checkbox"/>	Acceptance of terms and conditions for the website.

2

ACCOUNT RECOGNITION: Monitor the email account; an email will be sent directly to the email entered in the registration. Once the email is received, click on the link to confirm your email address. You may then start the application process.

3

ONLINE APPLICATION: GENERAL INFORMATION – After logging into the application system, select the COMMERCIAL license option and Create New Application. The application starts with general information about the commercial establishment.

<input type="checkbox"/>	Individual owner name or primary entity name for the commercial establishment
<input type="checkbox"/>	Type of commercial license: Dispensary, Grower, Processor, or Transporter (each commercial business type and/or separate location must have a separate application submitted)
<input type="checkbox"/>	Trade name of the business – name of the commercial establishment
<input type="checkbox"/>	Phone number, fax number, and website
<input type="checkbox"/>	Business structure type: Sole Proprietor (Individual Owner) / Limited Liability Company (LLC) / Corporation (Inc. or Corp.) / Limited Partnerships / Limited Liability Partnerships / etc.
<input type="checkbox"/>	Office/operating hours (optional): Anticipated office or operation hours for the commercial establishment

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ONLINE APPLICATION: ALL OWNERS AND PRINCIPAL OFFICERS – See Title 63 at Sections 421, 422 and 423, and OAC 310:681-5-3. See also the Ownership Disclosure instructions on the OMMA Business Application website. For each qualifying owner and members, managers, and board members, the following information must be provided.

<input type="checkbox"/>	Name – first, middle, last and suffix
<input type="checkbox"/>	Phone number and email
<input type="checkbox"/>	Type of ID Document being uploaded – OK Driver's License / OK State ID / Passport / Tribal ID
<input type="checkbox"/>	ID number & ID expiration date
<input type="checkbox"/>	Date of birth
<input type="checkbox"/>	Entity or Entities in which this person has affiliation
<input type="checkbox"/>	Direct and indirect ownership shares by entity or entities defined above
<input type="checkbox"/>	Relationship to licensee, i.e. member, manager, board member, or owner. For relationships in sub- entities with an ownership interest in the applicant please list "owner".
<input type="checkbox"/>	Residence address (Street Address, Apt#, City, State, Zip)
<input type="checkbox"/>	Mailing address if different (Street Address, Apt#, City, State, Zip)

5

ONLINE APPLICATION: LOCATION INFORMATION – Information specific to the physical location.

<input type="checkbox"/>	Physical address of the commercial establishment – Street Address, Unit Number, City, County, State, Zip
<input type="checkbox"/>	GPS coordinates (latitude & longitude) of the physical location of the commercial establishment (you may search for a GPS coordinate finder on the internet & type in the address)
<input type="checkbox"/>	Mailing address for the establishment (if different) – Street Address, Unit Number, City, State, Zip

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ONLINE APPLICATION: PRIMARY CONTACT AND REGISTERED AGENT - Registered Agent is found on the Certificate of Good Standing for those businesses with that requirement.

<input type="checkbox"/>	Primary point of contact (PPOC) name (First, Middle, Last, Suffix)
<input type="checkbox"/>	PPOC title
<input type="checkbox"/>	PPOC phone number
<input type="checkbox"/>	PPOC email
<input type="checkbox"/>	PPOC address



7. ONLINE APPLICATION: QUESTIONS & VERIFICATIONS

<input type="checkbox"/>	Do you attest that the commercial entity will not be located on tribal lands?
<input type="checkbox"/>	On behalf of the commercial establishment, do you pledge not to divert marijuana to any individual or entity that is not lawfully entitled to possess marijuana?
<input type="checkbox"/>	Do you attest you are authorized to make application on behalf of the applicant?
<input type="checkbox"/>	Do you attest that the information provided in this application is true and correct?
<input type="checkbox"/>	Do you understand the name, address, city, county, and phone number of the licensed establishment will be published on the OMMA website?
<input type="checkbox"/>	If applicable, do you attest that the dispensary is more than 1,000 feet from any entrance of any public or private school?
<input type="checkbox"/>	Do you attest that the business has obtained all applicable local licenses and permits?
<input type="checkbox"/>	Do you attest that no individual with ownership interest in the business is a sheriff, deputy sheriff, police officer or prosecuting officer, or an officer or employee of OMMA or a municipality in which the commercial entity is located?
<input type="checkbox"/>	I understand it is my responsibility to notify OMMA within 14 days of any transporter agent identification card associated with the transporter license that needs to be terminated. I also understand that I am responsible to destroy or return by mail such identification cards to OMMA within 14 days.
<input type="checkbox"/>	I understand that I am responsible for implementing appropriate security measures to deter and prevent the unauthorized entrance into areas containing medical marijuana and/or medical marijuana products and to prevent the theft and diversion of marijuana on all licensed premises and vehicles used for transportation of medical marijuana and/or medical marijuana product.



ONLINE APPLICATION: DOCUMENT UPLOADS – It is recommended applicants should begin collecting all the information below and have it readily accessible prior to starting the application process.

<input type="checkbox"/>	AFFIDAVIT OF LAWFUL PRESENCE DOCUMENTATION (The form can be found on the Business Application website): Complete the form, and if not a US citizen, please also upload the appropriate documentation demonstrating you are an approved alien under the federal Immigration and Nationality Act.
<input type="checkbox"/>	FOR DISPENSARIES – Upload a map demonstrating proposed dispensary location than 1,000 feet from any entrance of any public or private school.
<input type="checkbox"/>	PROOF OF OKLAHOMA RESIDENCY FOR THOSE PERSONS REPRESENTING THE 75% OWNERSHIP SHARE THAT MUST BE OKLAHOMA RESIDENTS - Applicants must supply proof of residency for the 2 years preceding the date of application or 5 continuous years out of the last 25 years preceding the date of application Acceptable forms of proof include: <ul style="list-style-type: none"> • An Oklahoma driver's license; • An Oklahoma identification card; • An Oklahoma voter identification card; • A utility bill for the calendar month preceding the date of application (excluding cellular telephone and internet bills); • A residential property deed to property in the State of Oklahoma; or • A current rental agreement for residential property located in the State of Oklahoma.
<input type="checkbox"/>	BACKGROUND CHECK (upload separately for EACH owner identified): To acquire a background check report follow this link to the Oklahoma State Bureau of Investigation web page for name based criminal history searches [www.ok.gov/osbi]. Request a report. All background check fees are the responsibility of the applicant at the time of the background check submission. Submit the report for each person of interest identified in the application.
<input type="checkbox"/>	IDENTIFICATION (upload separately for EACH person of interest identified): Front and back copies of an approved identification document which may include: • OK driver's license • OK state ID • Passport, or • Tribal ID
<input type="checkbox"/>	CERTIFICATE OF COMPLIANCE - All business applicants will be required to submit a Certificate of Compliance from the political subdivision that has jurisdiction where the business is located (usually a city or county). Businesses are encouraged to contact their city or county for more information on this process before submitting their application
<input type="checkbox"/>	CERTIFICATE OF GOOD STANDING: Unless the business entity is a Sole Proprietorship or General Partnership, submit a copy of the Oklahoma Secretary of State's certificate of good standing document. For more information, you may visit the Oklahoma Secretary of State at www.sos.ok.gov .
<input type="checkbox"/>	OKLAHOMA TAX PERMIT - (For Processors & Dispensaries ONLY) The Tax permit will need to be obtained through the Oklahoma Tax Commission prior to application submission. Please provide the STS number (including all dashes and letters) when filling out the digital application.
<input type="checkbox"/>	OWNERSHIP DISCLOSURE DOCUMENTATION - Please provide documentation of all ownership interests in the business. Documentation may include copies of bylaws, articles of organization, operating agreements, limited partnership agreements, or equivalent documents related to ownership.
<input type="checkbox"/>	OWNERSHIP LIST: Upload the completed Excel template file titled "Ownership List." This file is available on the OMMA Business Application Information website along with an instructions document titled "Ownership Disclosure Instructions."



ONLINE PAYMENT: Each commercial license is \$2,500 annually. The payment method available online will accept: •Visa • Mastercard Note: A credit card processing fee will also apply.



ONLINE APPLICATION REVIEW: A review tab is available to help identify complete information. If any items are marked with a red X, you must complete before submitting the application. At any time during the application process, you may save your work and login at a later time using the email username and password entered at the very beginning of this process. For additional licenses for the same username, you should use the same email username and password to start a new application process.

SUBMIT APPLICATION WHEN COMPLETE

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