



**The City of
Oklahoma City
License Division**

**Application for Certificate of Compliance
Medical Marijuana 63 O.S. §427(E)**

Name of Applicant: _____
(Individual, Corporation, Association, etc.)

Name of Business: _____

Street Address of Business: _____

City and State: _____ Zip Code: _____ Email: _____

Contact Person: _____ Telephone Number: _____

Type of license applying for (fee):

- ☐ Dispensary (\$615)
- ☐ Processing Facility (\$750) Chemical (Y/N) _____, list type _____
- ☐ Grow Facility (\$750) CO2 (Y/N) _____
- ☐ Research Facility (\$750)
- ☐ Transporter (\$100) Product storage (Y/N) _____
- ☐ Education Facility (750)
- ☐ Testing Laboratory (\$750)

Certificate of Compliance fees are non-refundable.

1. Is this a renewal of previous license at this location? (Y/N) _____
2. Any recent renovations or alterations at this location?
YES: _____ Building permit number: _____ NO: _____
3. Square footage of space utilized for license: _____
4. Attach one (1) floor plan for building or space drawn to scale and in detail.
5. Legal description of property (attach if necessary): _____

All license types with the exception of dispensary:

6. Contact the Oklahoma City Fire Department for permitting requirements, 405-297-3584 or
<https://www.okc.gov/departments/fire/permits-inspections-code-enforcement/ahj-policies-procedures>

Dated this _____ day of _____, 20_____.

Signature of Applicant