



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 Licenses Applying For (Fee):

- Dispensary (\$615)
- Processing Facility (\$750)
- Grow Facility (\$750)
- Research Facility (Testing laboratory) (\$750)

Certificate of Compliance fees are non-refundable.

1. Any recent renovations or alterations at this location?
 Yes ___ Building Permit Number _____ No ___
2. Square footage of space utilized for license _____
3. Attach one (1) floor plan for building drawn to scale and in detail.
4. Legal Description of Property (Attach if necessary): _____

All license types with the exception of Dispensary:

5. 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