

COMMERCIAL MEDICAL MARIJUANA PERMIT APPLICATION



Applicant Name (if different than business name) _____

OMMA Business License Number _____

OTC Sales Tax Permit Number _____

Business Address _____

Business Owner's Name and Address _____

Type of Permit

Dispensary
(\$1,000 annual fee)

Grower
(\$1,250 annual fee)

Processor
(\$1,500 annual fee)

THE FOLLOWING MUST BE ATTACHED TO THIS FORM

Application Fee (\$100.00) - ALL FEES NON-REFUNDABLE

Oklahoma Medical Marijuana Authority Business License
(License will be Verified but Copy Shall Not be Retained.)

Copy of Oklahoma Sales Tax Permit

Operating Plan

Description of Products and Services to be Provided

Dimensioned Floor Plan

Layout of the Structure

Principle uses of the floor areas

Areas where services other than distribution of medical marijuana will occur

Separation of areas that are open to patients and areas open to non-patients

For Indoor Cultivation Facilities

A plan that specifies the method to prevent mold, humidity and other related problems

Lighting/Security Plan

Fire Separation Plan

Fire Suppression Plan

Plan for Disposal of Medical Marijuana Infused Products not Sold to Patients

Ventilation Plan

Description of all Government Regulated Toxic, Flammable or Other Dangerous Materials (MSDS)

I swear that the statements herein and the documents attached hereto are true and correct to the best of my knowledge. I acknowledge that by submitting this application, I am authorizing the City of Altus to review and verify the information contained herein and attached hereto. Additionally, I hereby authorize the City of Altus to inspect the business premises, at any reasonable time, prior to the issuance and during the term of any permit issued by the City of Altus.

Applicant's Signature _____ Date Submitted _____

PLANNING DEPARTMENT USE ONLY

Signature of Person Receiving Application _____ Date _____

Signature of Person Reviewing/Verifying Application and Attached Documents _____ Date _____

Signature of Inspector _____ Date _____

Signature of Fire Marshal _____ Date _____

PERMIT

APPROVED

DISAPPROVED (Reasons for Disapproval are as Follows:)

Signature of Approving/Disapproving Officer _____ Date _____