

PERSONAL USE MEDICAL MARIJUANA OUTDOOR GROW REGISTRATION



Applicant Name and Address

OMMA License Number _____

Type of Permit

Personal Use
(\$20.00 fee)

Caregiver
(\$20.00 fee)

THE FOLLOWING MUST BE ATTACHED TO THIS FORM

Registration Fee (\$20.00) - ALL FEES NON-REFUNDABLE

Oklahoma Medical Marijuana Authority License
(License will be Verified, but copy shall not be retained.)

Copy of Deed
(Proof of Possession of Premises will be Reviewed/Verified, but copy shall not be retained.)

Photo Identification
(Proof of Identification will be Reviewed/Verified, but copy shall not be retained.)

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 outdoor growing area, at any reasonable time, prior to the issuance and during the term of any registration approved 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 _____

REGISTRATION

APPROVED

DISAPPROVED (Reasons for Disapproval are as Follows:)

Signature of Approving/Disapproving Officer _____ Date _____