



Application for Certificate of Compliance for Medical Marijuana

Community Services
405-670-7314
3701 SE 15th Street
Del City OK 73115
www.cityofdelcity.com
Fax: 405-670-7368

Application Information (Must Match OMMA License Application)

Business Name: _____

Applicant Name: _____

Applicant's Current Address: _____

City: _____ State: _____ Zip: _____

Applicant Contact Phone: Office: _____ Cell: _____

Applicant E-mail Address: _____

Please Mark All That Apply:

<u>Type</u>	<u>Fee</u>	
<input type="checkbox"/> Dispensary	<input type="checkbox"/> \$615.00	*** All Fees are Non-Refundable.
<input type="checkbox"/> Grow Facility	<input type="checkbox"/> \$750.00	
<input type="checkbox"/> Processing Facility	<input type="checkbox"/> \$750.00	
<input type="checkbox"/> Research Facility	<input type="checkbox"/> \$750.00	

Additional Items Required:

- Any recent renovations or alteration at this location? ____ Yes ____ No Provide Information Below.

- Attach one (1) floor plan for building drawn to scale and in detail.
- Attach detailed business description, including hours of operation, product information (lines, etc.).
- Attach Signage Plan. Include temporary signage, window signage and permanent signage

SIGNATURE

DATE

PRINT NAME

APPLICANT CERTIFICATIONS

I certify that the information contained in this form, and in any attachments thereto, is complete, true, and accurate.
_____ (initial)

I understand that, by submitting this application, I agree to comply with all adopted codes and applicable laws/
ordinances. _____ (initial)

I agree that I must obtain a Certificate of Occupancy before opening for business and if I make any changes to my
business operations that are not reflected in my business description, I will resubmit all appropriate applications.
_____ (initial)

I hereby submit this application for Certificate of Compliance.

Applicant Signature

Date



Before me, the undersigned, a Notary Public in and for the State/Commonwealth of _____
,County/Parish of, _____, on this _____ day of _____, 20 _____
, personally appeared _____ to me known to be
the identical person (s) who executed the within and foregoing instrument, and acknowledged to me that (s) he / they
executed the same as his / her / their free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

(seal)

My commission expires on the _____ day of _____, 20 _____.

PROPERTY OWNER CERTIFICATIONS

I certify that the information contained in this form, and in any attachments thereto, is complete, true, and accurate.
_____ (initial)

I understand that, by submitting this application, I agree to comply with all adopted codes and applicable laws/
ordinances. _____ (initial)

I hereby submit this application for Certificate of Compliance.

Applicant Signature

Date



Before me, the undersigned, a Notary Public in and for the State/Commonwealth of _____
, County/Parish of, _____, on this _____ day of _____, 20 _____
, personally appeared _____ to me known to be
the identical person (s) who executed the within and foregoing instrument, and acknowledged to me that (s) he / they
executed the same as his / her / their free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

(seal)

My commission expires on the _____ day of _____, 20 _____.