



CERTIFICATE OF COMPLIANCE FOR OMMA BUSINESSES

Instructions: This form is to be completed and submitted with the application or renewal of your OMMA business license. Your application or renewal will not be processed if the Certificate of Compliance is not completed and submitted.

Please visit [HERE](#) and type in the business address to determine whether the appropriate political subdivision to fill out and sign the form is the city or the county in which the business is located. After entering the address, the link provided will supply the information reflected in the EXAMPLE below. If the name of the city appears in the blank under the caption "City Name", then the city identified in the blank is the appropriate political subdivision to complete and sign the form. If the city name does not appear, but instead "UNINCORPORATED" appears in the blank under the caption "City Name", then the county is the appropriate political subdivision to sign and complete the form, and you should contact an appropriate county official, such as the Board of County Commissioners Chairperson.

EXAMPLE

Business Name	2000-2000	ANTHONY	CR	B	72110	43	OKLAHOMA	5555	55
City Name	Midwest City								

→ - If "City Name" shows a city, please contact your city official(s).

Business Name	1-00	VIGAN	TER	B	74004	43			
County Name	POTTAWATOMIE								
City Name	Unincorporated								

→ - If "UNINCORPORATED," contact your county as listed under "county name."

APPLICANT INFORMATION — PLEASE PRINT OR TYPE CLEARLY

(Choose one) **NEW APPLICATION** **RENEWAL APPLICATION** License # (if applying for renewal) _____

Business Name _____

License Type **GROWER** **PROCESSOR** **DISPENSARY** **TRANSPORTER**

Current Physical Street Address of Business _____ City _____ State _____ Zip _____

Mailing Address of Business (if different from above) _____ City _____ State _____ Zip _____

County in which Business is Located _____ Email Address of Business _____ Phone Number of Business _____

Name of Business Owner(s) separated by commas _____

CITY/COUNTY OFFICIAL INFORMATION — To be completed by the City or County Official

(Choose one) **CITY** **COUNTY** Contact Name & Title _____

Email Address _____ Phone Number _____ Date Completed _____

COMPLIANCE CERTIFICATIONS

Based upon information provided by applicant(s) to the political subdivision at this time.

1 The proposed uses satisfy the political subdivision's applicable zoning classifications and ordinances.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> The political subdivision has no applicable codes for which to certify compliance at this time.	DATE:
Printed Name of Official		Title	Signature of Official

2 All applicable safety codes of the political subdivision are satisfied.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> The political subdivision has no applicable codes for which to certify compliance at this time.	DATE:
Printed Name of Official		Title	Signature of Official

3 Any other applicable fire codes of the political subdivision have been satisfied.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> The political subdivision has no applicable codes for which to certify compliance at this time.	DATE:
Printed Name of Official		Title	Signature of Official

4 All electrical, plumbing, waste (including environmental waste) codes required by the political subdivision have been satisfied.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> The political subdivision has no applicable codes for which to certify compliance at this time.	DATE:
Printed Name of Official		Title	Signature of Official

5 All applicable building or construction codes of the political subdivision have been satisfied.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> The political subdivision has no applicable codes for which to certify compliance at this time.	DATE:
Printed Name of Official		Title	Signature of Official

6 Any other ordinances/requirements of the political subdivision that are applicable at this time have been satisfied by the applicant.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> The political subdivision has no applicable codes for which to certify compliance at this time.	DATE:
If YES, Description of Requirement:			
Printed Name of Official		Title	Signature of Official

7 And see, as applicable, the additional information provided by the political subdivision attached here:

<input type="checkbox"/> YES The political subdivision provided additional attachments.	<input type="checkbox"/> NO The political subdivision did not provide additional attachments.
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