

CITY OF NORMAN

APPLICATION FOR MEDICAL MARIJUANA FACILITY

TYPE OF FACILITY: (Check all applicable)

DISPENSARY _____ LABORATORY _____
GROWER _____ EDUCATION _____
PROCESSOR _____ RESEARCH _____
STORAGE _____

(Storage Facility only required for locations where no other Marijuana Establishment license is obtained)

Name of Business (Doing Business As) _____

Location Address _____

Zip Code

Business Telephone Number _____

Name of Owner (Corporation, Partnership, or Sole Ownership name)

Mailing Address _____

City _____ State _____ Zip Code _____

State Sales Tax Permit Number (Dispensaries Only) _____

Contact Telephone Number _____

Email Address _____

Issuance of this license does not foreclose occupant's responsibility to ensure proper occupancy and use of the subject premises. Occupant is responsible to verify that its occupancy, operations and use comply with, and that it has obtained proper inspections pursuant to, the City Code, including but not limited to applicable building and fire codes. For questions regarding requirements applicable to a subject premise, please contact the Development Services Division, 405-366-5432.

Requirements: Must submit copy of State License(s) as well as the Certificate of Compliance submitted to the Oklahoma Department of Health and/or the Oklahoma Medical Marijuana Authority prior to issuance of City License(s).

Applicant's Signature

(Office Use Only)

City License No. _____ Date Issued _____

TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS (Name)

MAILING ADDRESS

TELEPHONE NUMBER
