



COMMERCIAL MEDICAL MARIJUANA PERMIT APPLICATION

NEW

RENEWAL

Permit # _____

Applicant Name (If different than business name) _____

OMMA Business License Number _____

OTC Sales Tax Number _____

Business Address

Business Owner's Name and address

Phone # _____

Type of PERMIT:

Dispensary

Grower

Processor

(\$1,000 annual Fee)

(\$1,250 annual Fee)

(\$1,500 annual Fee)

THE FOLLOWING MUST BE ATTACHED TO THIS FORM

Application Fee **NEW** (\$100.00) All fees Non-Refundable

Renewal (\$50.00 annual Fee) Non-Refundable Renewal Late Fee (\$250.00)

Certificate of Compliance for OMMA Business

Copy of Oklahoma Medical Marijuana AUTHORITY Business License that includes the Business License Number. (N & R)

Copy of Oklahoma Sales Tax Permit (N & R)

Operating Plan

Description of Product 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.
- A plan that specifies the method to prevent mold, humidity

For Indoor Cultivation Facilities: A plan that specifies the method to prevent mold, humidity.

- 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 (MSDA)

I certify 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 the reasonable time, prior to the issuance and during the term of any permit issued by the City of Altus.

Applicant's Signature _____ **Date Submitted** _____

RENEWAL QUESTIONS:

Have you made or propose to make any charged to this Business Operating Plan? If so, describe the changes

Have any of the owners/employees been charged or accused of violations of any Laws since obtaining the original permit? If so explain

I certify that the statements herein and the documents attached hereto are true and correct to the best of my knowledge. By signing the Renewal Application, I certify that any and all required business permits have not been Suspended or Revoked.

Applicant's Signature _____ **Date** _____

PLANNING DEPARTMENT USE ONLY

Signature of Person Reviewing/Verifying Application and Attached Documents

Name: _____ Date _____

Signature of **Inspector Building** _____ **Date** _____

APPROVED

DISAPPROVED (Reason for Disapproved are Follows) _____

Signature of **Fire Marshal** _____ **Date** _____

APPROVED

DISAPPROVED (Reason for Disapproved are Follows) _____
