



Certificate of Compliance for Medical Marijuana Application

Community Development
405-670-7314
3701 SE 15th Street Del City
OK 73115
www.cityofdelcity.com
permits@cityofdelcity.org

Application Information (Must Match OMMA License Application)

| | |
|---------------------------|---------------------------------------|
| Business Name: | _____ |
| Applicant Name: | _____ |
| Current Business Address: | _____ |
| | City: _____ State: _____ Zip: _____ |
| Applicant Phone: | _____ Applicant E-mail Address: _____ |

Please Mark All That Apply:

| <u>Type</u> | <u>Fee</u> | |
|---------------------|------------|---|
| DISPENSARY | \$615.00 | *** All Fees are Non-Refundable. |
| GROW FACILITY | \$750.00 | |
| PROCESSING FACILITY | \$750.00 | |
| RESEARCH FACILITY | \$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 the information contained in this form, and in any attachments thereto, is complete, true, and accurate.

_____ (initial)

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

I agree I must obtain a Certificate of Occupancy before opening for business and if I make any changes to my business operations which 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.

(seal)

Notary Public

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

PROPERTY OWNER CERTIFICATIONS

I certify the information contained in this form, and in any attachments thereto, is complete, true, and accurate.

_____ (initial)

I understand, 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 _____ 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.

(seal)

Notary Public

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