



# Certificate of Compliance for Medical Marijuana Application

**Community  
Development**  
**405-670-7314**  
3701 SE 15th Street  
Del City OK 73115  
www.cityofdelcity.gov  
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>	
<input type="checkbox"/> DISPENSARY	<input type="checkbox"/> \$615.00	<b>*** All Fees are Non-Refundable.</b>
<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:**

1. Any recent renovations or alteration at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No (*Provide Information Below).
_____
_____
_____
2. Attach one (1) floor plan for building drawn to scale and in detail.
3. Attach detailed business description, including hours of operation, product information (lines, etc.).
4. 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 \_\_\_\_\_.