



City of Ardmore
 Department of Community Development
 15 1st Avenue SE, Ardmore OK 73401 (580) 223-3477

**Commercial Medical
 Marijuana Permit**

**CITY OF ARDMORE
 COMMERCIAL MEDICAL MARIJUANA
 MODIFICATION APPLICATION**

SITE LOCATION / ADDRESS: _____

TYPE OF BUSINESS:

Dispensary Production / Manufacturing Cultivation

APPLICANT INFORMATION:

NAME: _____ OK STATE PATIENT LIC # _____

Company Name: _____

ADDRESS: _____

Telephone Number: _____ Email: _____

PLEASE USE ADDITIONAL APPLICANT FORM FOR MULTIPLE APPLICANTS / OWNERS.

PLEASE DESCRIBE ANY AND ALL CHANGES TO THE APPLICATION OR PLANS SUBMITTED WITH YOUR ORIGINAL APPLICATION.

PLEASE LIST ANY ITEMS YOU ARE SUBMITTING FOR REVIEW. (i.e. new ventilation plan, construction changes)

I hereby certify that this application and all statements are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility to comply with all state and local laws and regulations which govern Medical Marijuana within the state of Oklahoma. Signing this application constitutes consent by the applicant, and all owners, managers, and employees of the business, and the owner of the property to permit the Community Development Director or their designee to conduct routine inspections of the medical marijuana business to ensure compliance with this chapter or any other applicable law, rule, or regulation. The owner or manager on duty shall retrieve and provide the records of the business pertaining to the inspection.

 Signature Printed Name Date

DATE/TIME RECEIVED _____

STAMP