



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

**Commercial Medical  
 Marijuana Permit**

**CITY OF ARDMORE  
 COMMERCIAL MEDICAL MARIJUANA PERMIT**

This application is for one of the following:

- Dispensary       Production / Manufacturing       Cultivation

**Site Location / Address:** \_\_\_\_\_

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_ OK STATE PATIENT LIC # \_\_\_\_\_

Company Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE USE ADDITIONAL APPLICANT FORM FOR MULTIPLE APPLICANTS / OWNERS.**

**PROPERTY OWNER INFORMATION:**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Required Documentation (Please initial each item attached to the application):**

1. A site plan for the business. The site plan shall include the interior and exterior of the business and all principle uses. \_\_\_\_\_
2. A Ventilation Plan with specifications required by the ordinance from a licensed HVAC contractor. \_\_\_\_\_
3. A Fire Suppression Plan or Fire Separation Plan, whichever is required per the City ordinance. \_\_\_\_\_
4. A Disposal Plan for all expired or unused marijuana products. \_\_\_\_\_
5. A list of any and all toxic chemicals which will be used for the sale, production, or cultivation of marijuana at the business. \_\_\_\_\_
6. A full description of all products & services which will be provide at the business. This Includes both marijuana and non-marijuana related products and services. \_\_\_\_\_
7. For all cultivation facilities, A ventilation plan from a licensed HVAC contractor to prevent humidity and the growth of mold. \_\_\_\_\_



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## Commercial Medical Marijuana Permit

**Required Information (Please initial to indicate that you have read each item):**

1. I understand that the use, distribution, cultivation, production, possession, and transportation of medical marijuana remains illegal under federal law and marijuana remains classified as a “controlled substance” by federal law. \_\_\_\_\_
2. Application for a commercial medical marijuana business permit constitutes consent to inspection of the business as a public premise. \_\_\_\_\_
3. I understand that any all changes to the information I provided to the City must be submitted to the City on a Modification Application. Changes to the applicant, business owner, or property owner information must be submitted to the City on a Modification Application within 10 days of the change. Changes to the site plan, ventilation plan, fire suppression plan, fire separation plan, disposal plan, toxic chemical list, description of products or services, construction changes, or building repair must be submitted to the City on a Modification Application and approved prior to the commencement of any changes. \_\_\_\_\_

**Certification (Please read carefully and sign below):**

I hereby certify that this application and all statements are true, correct, and complete to the best of my knowledge. I also acknowledge that 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



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**Commercial Medical  
 Marijuana Permit**

**STAFF USE ONLY**

Please initial each line to ensure you are receiving a complete application.

Application is complete and signed by the applicant. \_\_\_\_\_

The applicant presented their OK State Business License and a government issued photo identification, which you made a color copy of and attached to this application. \_\_\_\_\_

A ventilation plan is attached. \_\_\_\_\_

A site plan is attached. \_\_\_\_\_

A fire suppression or fire separation plan is attached. \_\_\_\_\_

A disposal plan is attached. \_\_\_\_\_

A Toxic Chemical list or a signed statement indication no toxic chemical will be used is attached. \_\_\_\_\_

A description of all products and services to be provided at the business is attached. \_\_\_\_\_

Application fee has been paid. \_\_\_\_\_

APPLICATION ACCEPTED BY \_\_\_\_\_

DATE: \_\_\_\_\_

Cityworks Case # \_\_\_\_\_