



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  
ADDITIONAL APPLICANT INFORMATION FORM**

**SITE LOCATION / ADDRESS:** \_\_\_\_\_

TYPE OF BUSINESS:

Dispensary       Production / Manufacturing       Cultivation

ADDITIONAL APPLICANT INFORMATION:

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

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

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

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

ADDITIONAL APPLICANT INFORMATION:

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

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

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

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

ADDITIONAL APPLICANT INFORMATION:

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

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

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

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

ADDITIONAL APPLICANT INFORMATION:

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

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

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

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