



APPLICATION FOR MEDICAL MARIJUANA COMPLIANCE INSPECTION

TYPE OF FACILITY:

DISPENSARY _____
GROWER _____

PROCESSER _____
TRANSPORTER _____

A \$150.00 fee will be charged for inspection

Name of Business _____

Oklahoma Medical Marijuana Authority Name (DBA) _____

Location Address _____

Business Telephone Number _____

Name of Owner (Corporation, Partnership, or Sole Ownership name) _____

Mailing Address _____

Oklahoma Medical Marijuana Authority License Number _____

State Sales Tax Permit Number (Dispensaries Only) _____

Contact Telephone Number _____

Email Address _____

Issuance of this Certificate of Compliance does not foreclose occupant's responsibility to ensure proper occupancy and use of the subject premises. Occupant is responsible to verify that its occupancy, operations and use comply with, and that it has obtained proper inspections pursuant to, the City Code, including but not limited to applicable building and fire codes.

Requirements: Must submit copy of State Application as well as all information submitted to the Oklahoma Department of Health and/or the Oklahoma Medical Marijuana Authority prior to inspection.

Applicant's Signature

City of Enid
401 W. Garriott Road
Enid, OK 73701
Phone (580) 616-7213
Fax (580) 249-4017