

MEDICAL MARIJUANA BUSINESS LICENSE – PROCESSING FACILITIES

Business Name: _____

Are you moving into an existing facility? YES ___ NO ___

Is your business located in a building with other tenants? YES ___ NO ___

If "yes," please describe the location as it relates to other tenants on the property: _____

Square footage of space _____ Square footage of extraction room (if separate): _____

Have you modified the space? (mechanical, electrical, plumbing or building) YES ___ NO ___

Will you modify the space? (mechanical, electrical, plumbing or building) YES ___ NO ___

If "yes," to either of the previous two questions, please detail any modifications: _____

Will you upgrade the electrical system? YES ___ NO ___ If "yes," please list existing and future service sizes:

Type of lighting: _____

Do you have a Fire Sprinkler system? YES ___ NO ___ If not, will you be installing one? YES ___ NO ___

What are you using for wall & ceiling coverings? (i.e. plastic, sheetrock, foam insulation) _____

Please list all hazardous materials used (CO2 enrichment, fumigation, fertilizers or pesticides) and the maximum quantity that will be stored on site for each one. _____

What type(s) of processing will be taking place? _____

Please list all equipment used for extraction: _____

ADDITIONAL REQUIREMENTS:

Manufacturer's installation instructions for all extraction equipment (new and renewal) at the time of application.

An Engineers certification for your mechanical (ventilation, exhaust & filtration) and electrical systems must be provided by applicant prior to approval of certificate of compliance.

MEDICAL MARIJUANA BUSINESS LICENSE – GROW FACILITIES

Business Name: _____

Are you moving into an existing facility? YES ___ NO ___

Is your business located in a building with other tenants? YES ___ NO ___

If "yes," please describe the location as it relates to other tenants on the property: _____

Square footage of space _____ Square footage of grow area _____

Have you modified the space? (mechanical, electrical, plumbing or building) YES ___ NO ___

Will you modify the space? (mechanical, electrical, plumbing or building) YES ___ NO ___

If "yes," to either of the previous two questions, please detail any modifications: _____

Will you upgrade the electrical system? YES ___ NO ___ If "yes," please list existing and future service sizes:

Type of lighting: _____

Do you have a Fire Sprinkler system? YES ___ NO ___ If not, will you be installing one? YES ___ NO ___

What are you using for wall & ceiling coverings? (i.e. plastic, sheetrock, foam insulation) _____

Please list all hazardous materials used (CO2 enrichment, fumigation, fertilizers or pesticides) and the maximum quantity that will be stored on site for each one. _____

Will plants be grown on vertical rack systems? YES ___ NO ___ If "yes," what is your tallest rack? _____

An Engineers certification for your mechanical (ventilation, exhaust & filtration) and electrical systems must be provided by applicant prior to approval of certificate of compliance.

MEDICAL MARIJUANA BUSINESS LICENSE – DISPENSARY

Business Name: _____

Inspection Contact Name & Telephone Number:

Are you moving into an existing facility? YES ___ NO ___

Will you be making modifications to the space? (mechanical, electrical, plumbing or building). YES ___ NO ___

Please Describe: _____

Square footage of space: _____ Square footage of sales area: _____

Number of public restrooms: _____

Do you have a Fire Sprinkler system? YES ___ NO ___ If not, will you be installing one? YES ___ NO ___

Have you received approval from OKC County Health Department for Food Handler's License? YES ___ NO ___

If no, are you selling edibles? _____

Is your business located in a building with other tenants? YES ___ NO ___

If "yes," please describe the location as it relates to other tenants on the property: _____

Installing a new sales counter? YES ___ NO ___ If "yes," an accessible portion will need to be provided.

Upon application, inspections of your facility will be scheduled.
