



City of Sand Springs
 Neighborhood Services
 100 East Broadway - PO Box 338
 Sand Springs OK 74063
 918-246-2572
neighborhoodservices@sandspringsok.gov

Application for Certificate of Compliance Medical Marijuana

Name of Applicant: _____
(Individual, Corporation, Association, etc)

Name of Business: _____

Street Address of Business: _____

Mailing Address of Business: _____ City and State: _____ Zip Code: _____

Contact Person: _____ Phone _____

Email: _____

Type of license applying for:

- Dispensary
- Processing Facility.....Chemical (Y/N)_____, list type _____
- Grow Facility.....CO2 (Y/N)_____
- Transporter.....Product Storage (Y/N)_____

**\$200 non-refundable fee is due upon submission of application for Certificate of Compliance.
 Processing can be delayed if proper documentation is not submitted with application.**

1. Is this an annual renewal of previous license at this location?(Y/N)_____ If no, please explain: _____
2. Any recent renovations or alterations at this location? (Y/N)_____ If yes, please include
 Building Permit number: _____ **Please attach floor plan of interior business space.**
3. Square footage of space utilized for license: _____
4. OMMA License Number: _____ Expiration date: _____ **Please attach copies of OMMA License**
5. OBND License Number: _____
6. Federal Tax ID# _____ **Please attach a copy of State of Oklahoma Sales Tax Permit**
7. Annual City of Sand Springs Business License number: _____

Please attach any other permits, certificates or licensing required for operation of your business.

Dated this _____ day of _____, 20_____. _____
(Signature of Applicant)

(office use only)

Planning: _____ Date Received: _____ Date Approved: _____

Inspections: _____ Date Received: _____ Date Approved: _____

Fire Marshall: _____ Date Received: _____ Date Approved: _____

Notes: _____

