



Wagoner County  
Planning Commission

# Certificate of Compliance Medical Marijuana

This form is to be completed and submitted with the application or renewal for Oklahoma Bureau of Narcotics (OBN). Your application or renewal will not be processed if the Certificate of Compliance is not completed and submitted online.

This form is not for Oklahoma Medical Marijuana Authority (OMMA) new or renewal applications. Please visit their website for the OMMA Certificate of Compliance form.

## APPLICANT INFORMATION

Please choose one:

New Application      Renewal Application      Location Change Application

License Type:

Grower      Processor      Dispensary

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Business Name

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License Number (renewal or location change)

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Physical street address of business      City      State      Zip Code

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Mailing street address of business      City      State      Zip Code

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County in which business is located

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Email Address of Business      Phone Number of Business

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Name of Business Owner(s)

# Compliance Certifications

Based upon information provided by applicant(s) to the parcel at this time.

\_\_\_\_\_  
Business Name

The proposed uses satisfy the parcels applicable zoning classifications and ordinances.

YES            NO

All applicable safety codes of the parcel are satisfied.

YES            NO

Any other applicable fire codes of the parcel have been satisfied.

YES            NO

All electrical, plumbing, waste (including environmental waste, EPA) codes required by the parcel have been satisfied.

YES            NO

All applicable building or construction codes of the parcel have been satisfied.

YES            NO

\_\_\_\_\_  
Printed Name of Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official