



## Marijuana Permit & Renewal Application

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### LOCATION INFORMATION

Business Name: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Zoning Districts Allowed:**

|                          |   |            |   |
|--------------------------|---|------------|---|
| <b>Permit Requested:</b> | <input type="checkbox"/> Dispensary     | \$500.00   | CC, CR, CSC, CAR, CBD, I-1, I-2, I-3 (distance req. 147-22) |
|                          | <input type="checkbox"/> Grower         | \$1,000.00 | A-1, CR, CAR, CBD, I-1, I-2, I-3                            |
|                          | <input type="checkbox"/> Transporter    | \$1,000.00 | CAR, I-1, I-2, I-3  |
|                          | <input type="checkbox"/> Processor      | \$1,500.00 | I-2, I-3  |
|                          | <input type="checkbox"/> Laboratory     | \$1,500.00 | I-2, I-3  |
|                          | <input type="checkbox"/> Waste Disposal | \$1,500.00 | I-2, I-3 (if including open burning, I-3 with CUP)          |

**YES      NO**

- Have you applied for a Business License?
- Did you attach the annual marijuana permit fee?
- Are you located in the appropriate zoning district?
- Are you located **BEYOND** 1,000 feet of any private or public school?
- Are you located **BEYOND** 300 feet of a playground, place of worship, any public pool, park, or recreation facility, and any juvenile or adult halfway house, correctional facility, or substance abuse rehabilitation or treatment center.
- Do you have a ventilation/ air filter system (**no odors are detectable off premises**)?
- Do security cameras cover, at a minimum, all doors, windows, garage doors/ loading docks, and general parking areas?



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**Community Development  
Department**

101 N. Choctaw El Reno, OK 73036 • (405)-295-9317

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- Does the camera system retain a recording of each camera for a period of no less than one week?
- Do you have an operable alarm system?

**Please provide the following with your application:**

- Business License
- Payment of annual medical marijuana permit fee
- A copy of the Commercial License issued from the State of Oklahoma
- Completed Fire Marshall Facility Permit Checklist

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_