



MEDICAL MARIJUANA BUSINESS PERMIT APPLICATION

City of Tishomingo, 1130 East Main St., Tishomingo, OK 73460

Telephone: (580) 371-2369; Fax: (580) 371-2105; tishomingo.com

Permit Status (can only choose one):	
New Application	Renewal Application
Location Change	Permit Transfer

Type of Business (can only choose one):	Fee:	
	Initial:	Renewal:
Dispensary	\$500.00	\$400.00
Processor	\$750.00	\$500.00
Grower	\$750.00	\$500.00
Research Facility	\$750.00	\$500.00
Education Facility	\$750.00	\$500.00
Testing Laboratory	\$750.00	\$500.00
Storage Facility	\$750.00	\$500.00

Applicant Information:			
OMMA License No. (if applicable):			
Name of Applicant:			
Name of Business:			
Physical Street Address of Business:			
City:	State:		Zip Code:
Mailing Address of Business (if different from Physical Address):			
City:	State:		Zip Code:
Contact Person:		Telephone No.	
Email Address:			

Additional Information:	Yes	No
Has the Applicant received a notice of violation of City Code?		
Has the Business received a notice of violation of City Code?		
Has Applicant attached sales tax information, if applicable?		

Building Information:		Yes	No
1.	Are you moving into an existing facility?		
2.	Is your business located in a building with other tenants?		
3.	If yes, please describe the location as it relates to other tenants on the property:		
4.	Square footage:		
5.	Have you modified the space (mechanical, electrical, plumbing, or building)?		
6.	If yes, building permit number issued by the City:		
7.	Will you modify the space (mechanical, electrical, plumbing, or building)?		
8.	If you have or will modify the space, please detail the completed or planned modifications:		
9.	Does the facility have a fire sprinkler system?		
10.	If not, will you be installing one?		

Applicant Certification:	
I hereby affirm and certify that all information in this application is true and correct to the best of my knowledge. I understand that any false statements may result in the revocation of my Municipal License.	
Signature:	Date:

FOR OFFICE USE ONLY

Review Checklist:		Yes	No
1.	Complete City Application		
2.	Fee Payment		
3.	Zoning Compliance		
4.	Sales Tax Information Submitted (if applicable)		
5.	Building Inspection Completed and Approved		
6.	Fire Inspection Completed and Approved		
7.	Previous violations of City Code by Applicant?		
8.	Submission of OMMA application?		
9.	Submission of Safety Data Sheets (if applicable)?		
10.	Demonstration of 2-hour fire separation (if applicable)?		
11.	Submission of ventilation plan?		
12.	Public complaints received regarding business/Applicant?		

Nonconforming Special Use Permit?		Yes	No
If yes, the following conditions SHALL apply:			
1.	Compliance with 14.03.351 and 14.03.352 regarding nonconforming building, structures, and land uses;		
2.	Any violation of a local or state rule, regulation, or law shall be grounds for revocation of the permit. Subsequent special use permits shall not be issued after revocation to Medical Marijuana Businesses not conforming with the City's zoning districts.		
3.	No additional Medical Marijuana Business requiring a separate permit from the state regulatory authority and/or the City shall be authorized under a nonconforming special use permit.		

Other Conditions on Permit:		Yes	No
If yes, the following conditions SHALL apply:			

City Permit Number:	Valid Until:
Applicant must comply with all identified conditions and all applicable City Code.	
Signature:	Date: