CITY OF ADA, OKLAHOMA

231 SOUTH TOWNSEND * ADA, OKLAHOMA 74820 * PHONE 580-436-6300

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY PERMIT

IMPORTANT: Please review the information on page two (2) of this Application prior to completion and submittal.

☐ Initial Application ☐ Renewal Application

BUSINESS INFORMATION		
Business Name:		
Operating Hours:		Phone:
Proposed Permitted Premises Address:		
City:	State:	Zip Code:
Property Owner Name:		
State of Oklahoma Commercial Dispensary License ID #:		
State of Oklahoma Commerical Dispensary License Expiration Date:		
(If other than Applicant submit attached Authorization of Property Owner)		
APPLICANT INFORMATION		
Applicant Name (first, middle, last & suffix):		
Residence Address:		Phone:
City:	State:	Zip Code
Mailing Address:		
City:	State:	Zip Code:
Date of Birth:	Email:	

DISCLAIMER AND SIGNATURE

* I attest that my answers are true and correct.

* I attest that I am authorized to make application on behalf of the following business organization:

Business Name:
Mailing Address:
Type of Organization:

* I attest not to divert marijuana to any individual or entity that is not lawfully entitled to possess marijuana.

Applicant's Signature: Date:

OFFICE USE ONLY

An application processing fee in the amount of $_____ has been paid in the office of the City Clerk of Ada.

City Clerk / Deputy City Clerk Signature: Date:

Zoning: ☐ Approved ☐ Not Approved (Attach Reasons)

Director of Community Development Signature: Date:

Building Codes: ☐ Approved ☐ Not Approved (Attach Reasons)

Building Official Signature: Date:

Fire Codes: ☐ Approved ☐ Not Approved (Attach Reasons)

Fire Official Signature: Date:

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REQUIREMENTS

1. All operators of a Dispensary within the City of Ada must submit an Application for permit to the Community Development Department and upon approval, obtain a Dispensary permit from the City Clerk prior to commencing operation.

2. The Application processing fees for a Dispensary Permit is $1,250.00. The Application processing fees for the annual renewal of a Permit is $1,250.00. Application fees and annual renewal fees are non-refundable. The application fees shall be paid at the time of the submission of an application for a Dispensary permit and are not prorated.

3. All operators of a Dispensary within the City of Ada must maintain a valid commercial establishment license from the Oklahoma Department of Health. Applicants shall provide the City of Ada with verification of their commercial establishment license issued by the Oklahoma Department of Health with their Application to the City of Ada for a Dispensary Permit and shall further provide the City with verification of their renewal of the commercial establishment license with any Permit Renewal Application to the City.

4. Applicants for a Dispensary permit shall provide one copy of the following with their Application:

a. All documentation showing the proposed Permit Holder's valid tenancy, ownership or other legal interest in the proposed Permitted Premises. If the Applicant is not the owner of the proposed Permitted Premises, a notarized statement from the owner of such property authorizing the use of the property for a Medical Marijuana Dispensary. See attached Authorization of Property Owner.

b. A list indicating the name and title of all owners, directors, officers and managers of the proposed Facility; a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.

c. Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations.

d. Any other information reasonably requested by the City of Ada to be relevant to the processing or consideration of the Application.

ADDITIONAL INFORMATION

Location restrictions:

A Dispensary Permit will not be granted to any applicant where the proposed location would be located within one thousand (1,000) feet from any public or private school entrance. The distance specified shall be measured from any entrance of the school to the nearest property point of the dispensary.

A Permit will not be granted to any applicant where the proposed location is not allowed by the City of Ada Zoning Ordinances.

A Permit will not be granted to any applicant where the proposed location would be located within three hundred (300) feet of any church property primarily and regularly used for worship services and religious activities, with said distance measured from the nearest property line of such church to the nearest perimeter wall of the premises of the proposed Dispensary.

Conditions of operation of dispensary

All activities of a Dispensary must occur indoors. The facility's operation and design shall minimize any impact to adjacent uses, including the control of any odor by maintaining and operating an air filtration system so that no odor is detectable outside the Permitted Premises.

No Dispensary shall be permitted to operate from a moveable, mobile or transitory location except as allowed under the Oklahoma State Department of Health rules that authorize and license the transportation of medical marijuana.

The Permit Holder, owner and operator of the Dispensary shall use lawful methods in controlling waste or by-products from any activities allowed under the Permit.

It is the sole and exclusive responsibility of each Permit Holder or person applying to be a Permit Holder to immediately provide the City of Ada with all material changes in any information submitted on an Application and any other changes that may materially affect any Commercial Establishment License or City of Ada Permit.

Prior to issuance of permit:

Prior to issuance of a Dispensary Permit, the physical address of the proposed Dispensary is subject to a property inspection by an authorized City Inspector to insure compliance with City Codes. The inspection will be scheduled at a time approved by both the applicant and City Inspector. ***The applicant is required to be present during the inspection.*** All structures, equipment and apparatuses shall comply with all building and fire codes adopted by the State of Oklahoma and City of Ada.

Permit renewals:

Permits and renewal permits shall remain valid only until December 4th. Renewal Applications shall be submitted to and and received by the Community Development Department not less than sixty (60) days prior to the expiration of the annual Permit.

NOTE: For additional information please see City of Ada Ordinances, Chapter 42, Licenses and Business Regulations, Article XV – Medical Marijuana.

CITY OF ADA
A Municipal Corporation

231 SOUTH TOWNSEND
ADA, OKLAHOMA 74820
PHONE 580-436-6300

Authorization from Property Owner to use Rental Property for a Medical Marijuana Dispensary / Grower / Processor

Property Address: _____

Name of Lessee: _____

Lessee's Business Name: _____

As owner of the property described above, I hereby consent to the use of said property for the purpose(s) of operating the following, so long as the use is authorized under and in accordance with applicable state and local laws:

☐ Medical Marijuana Dispensary
☐ Medical Marijuana Grower
☐ Medical Marijuana Processor

Term of Approval: _____
(Examples: Indefinitely; to coincide with term of lease; specific date to specific date; certain amount of time from issuance of license.)

I understand that the lessee must operate the business on the property described above according to the provisions of City of Ada Ordinances, Chapter 42, Licenses and Business Regulations, Article XV, Medical Marijuana, as same may be amended from time to time. I further understand that in issuing a Permit, the City of Ada assumes no legal liability or duty of care regarding the licensee's business operation or possession of the property.

I hereby release and hold harmless the City of Ada, its officers, elected officials, employees, attorneys and agents from all liability of any kind for any claim or loss, damage, expenses, injury, death or destruction of property of any kind whatsoever, present or future, to the extent that such is caused or alleged to be caused in whole or in part by the actions, inactions or conduct of the lessee/licensee, including its officers, officials, employees or agents upon or within the above described property.

_____
Signature of Property Owner or Authorized Agent

_____
Printed Name/Property Owner or Authorized Agent

_____
Date

_____
Company Name

_____
Address

State of Oklahoma)
)
County of _____)

_____ _____ _____
State Zip Code Telephone

Subscribed before me on this _____ day of _____, 20___ by _____.

_____
Notary Public

My commission Expires: _____