



# CERTIFICATE OF COMPLIANCE FOR OMMA BUSINESSES

**Instructions:** This form is to be completed and submitted with the application or renewal of your OMMA business license. Your application or renewal will not be processed if the Certificate of Compliance is not completed and submitted.

Please visit [HERE](#) and type in the business address to determine whether the appropriate political subdivision to fill out and sign the form is the city or the county in which the business is located. After entering the address, the link provided will supply the information reflected in the EXAMPLE below. If the name of the city appears in the blank under the caption "City Name", then the city identified in the blank is the appropriate political subdivision to complete and sign the form. If the city name does not appear, but instead "UNINCORPORATED" appears in the blank under the caption "City Name", then the county is the appropriate political subdivision to sign and complete the form, and you should contact an appropriate county official, such as the Board of County Commissioners Chairperson.

**EXAMPLE**

Business Name	2000-2000	ANTHONY	CR	B	72110	43	OKLAHOMA	5555	55
City Name	Midwest City								

→ - If "City Name" shows a city, please contact your city official(s).

Business Name	1-00	VIGAN	TER	B	74004	43	POTTAWATOMIE	4300	1-00
County Name	POTTAWATOMIE								
City Name	Unincorporated								

→ - If "UNINCORPORATED," contact your county as listed under "county name."

**APPLICANT INFORMATION** — PLEASE PRINT OR TYPE CLEARLY

(Choose one)    **NEW APPLICATION**    **RENEWAL APPLICATION**    License # (if applying for renewal) \_\_\_\_\_

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

License Type     **GROWER**     **PROCESSOR**     **DISPENSARY**     **TRANSPORTER**

Current Physical Street Address of Business \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address of Business (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County in which Business is Located \_\_\_\_\_ Email Address of Business \_\_\_\_\_ Phone Number of Business \_\_\_\_\_

Name of Business Owner(s) separated by commas \_\_\_\_\_

**CITY/COUNTY OFFICIAL INFORMATION** — To be completed by the City or County Official

(Choose one)    **CITY**    **COUNTY**    Contact Name & Title \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Date Completed \_\_\_\_\_

# COMPLIANCE CERTIFICATIONS

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

## 1 The proposed uses satisfy the political subdivision's applicable zoning classifications and ordinances.

YES

NO

The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

Printed Name of Official

Title

Signature of Official

## 2 All applicable safety codes of the political subdivision are satisfied.

YES

NO

The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

Printed Name of Official

Title

Signature of Official

## 3 Any other applicable fire codes of the political subdivision have been satisfied.

YES

NO

The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

Printed Name of Official

Title

Signature of Official

## 4 All electrical, plumbing, waste (including environmental waste) codes required by the political subdivision have been satisfied.

YES

NO

The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

Printed Name of Official

Title

Signature of Official

## 5 All applicable building or construction codes of the political subdivision have been satisfied.

YES

NO

The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

Printed Name of Official

Title

Signature of Official

## 6 Any other ordinances/requirements of the political subdivision that are applicable at this time have been satisfied by the applicant.

YES

NO

The political subdivision has no applicable codes for which to certify compliance at this time.

DATE:

If YES, Description of Requirement:

Printed Name of Official

Title

Signature of Official

## 7 And see, as applicable, the additional information provided by the political subdivision attached here:

YES The political subdivision provided additional attachments.

NO The political subdivision did not provide additional attachments.