



Marijuana Permit & Renewal Application

APPLICANT INFORMATION

Name: _____ Phone: _____

Email: _____

LOCATION INFORMATION

Business Name: _____ Zoning Classification: _____

Address: _____ City: _____ State: _____ Zip: _____

Zoning Districts Allowed:

Permit Requested:	<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:** _____