



104 W. 3rd Street Grove, Oklahoma 74344
(918) 786-6107 Fax (918) 786-8939
www.cityofgroveok.gov

APPLICATION FOR MEDICAL MARIJUANA DISPENSARY LICENSE

Date: _____

License Fee: \$600.00

Establishment Name: _____

Establishment Address: _____

Establishment Phone Number: _____

Applicant's Name: _____

List First, Middle, Last and suffix (if applicable) plus any previously used names

Applicant's Street Address: _____

Applicant's Mailing Address: _____

Applicant's Date of Birth: _____

Applicant's Phone Number: _____

Applicant's E-mail Address: _____

I HEREBY ATTEST that the information provided herein is true and correct.

Applicant Signature

Applicant – Printed Name

I HEREBY ATTEST the applicant is authorized to make application on behalf of:

Full name of Business Organization

Type of Business

Address of Business Organization

Phone Number of Business Organization

Business Organization
Authorized Representative Signature

Business Organization
Authorized Representative Printed Name

CERTIFIED STATEMENT

I _____ hereby swear and affirm that I will not sell or provide marijuana to any individual that is not lawfully entitled and licensed to possess marijuana for medical usage in the State of Oklahoma.

Applicant's Signature

Date

STATE OF OKLAHOMA)
COUNTY OF Delaware)

Before me, _____, Notary Public in and for said County and State, on this _____ day of _____, 20____ personally appeared _____, to me known to be the identical person who executed the same as his/her free and voluntary act.

SEAL

Notary Public

My commission expires _____

My commission Number _____