



City Of Cache
Application for City Medical Marijuana License

License applied for: (check only one, if applying for more than one category and business Location, a separate application shall be filed for each category and/or location of license)

_____ 7-300 Medical Marijuana Dispensary

_____ 7-400 Medical Marijuana Growing and /or Processing

_____ 7-500 Medical Marijuana Wholesale and/or Storage Facility

Name of Applicant or Business Entity: _____

Name of Establishment/DBA: _____

Business Address: _____

Mailing Address: _____

Business Telephone: _____

Owner Name: _____

Owner Address: _____

Owner Telephone: _____

ALL LICENSES ARE SUBJECT TO COMPLIANCE WITH ALL CODES AND ORDINANCES OF THE CITY OF CACHE, OKLAHOMA.

The following **MUST** be submitted with this application before the City License will be issued: Certificate of Occupancy, Oklahoma Tax Permit. State Issued Medical Marijuana License. Non-refundable License Fee (\$750.00)

APPLICANT SHALL BE REQUIRED TO IMMEDIATELY NOTIFY THE CITY OF ANY CHANGES OR REVOCATION OF STATE ISSUED LICENSE.

Applicant Signature: _____ Date: _____

Internal Use Only

Date license issued: _____

Notes: