



## MEDICAL MARIJUANA BUSINESS PERMIT APPLICATION

After you have obtained your Oklahoma State issued permit, please fill out this information and submit a copy of your Oklahoma State Issued Permit along with your annual City of Crescent Marijuana Business Permit fee.

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ State ID/DL: \_\_\_\_\_

Business name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your business located at least 1000 ft away from the school? (Check one:) Yes  No

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Type of business (Check one):  Dispensary  Processor  Commercial Growing

State permit number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_