



## MEDICAL MARIJUANA BUSINESS LICENSE – DISPENSARY

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

Are you moving into an existing facility? YES \_\_\_ NO \_\_\_

Will you be making modifications to the space (mechanical, electrical, plumbing or building)? YES \_\_\_ NO \_\_\_

Please Describe: \_\_\_\_\_  
\_\_\_\_\_

Square footage of space: \_\_\_\_\_ Square footage of sales area: \_\_\_\_\_

Number of public restrooms: \_\_\_\_\_

Do you have a Fire Sprinkler system? YES \_\_\_ NO \_\_\_      If not, will you be installing one? YES \_\_\_ NO \_\_\_

Have you received approval from OKC County Health Department for Food Handler's License? YES \_\_\_ NO \_\_\_

If no, are you selling edibles? \_\_\_\_\_

Is your business located in a building with other tenants? YES \_\_\_ NO \_\_\_

If "yes," please describe the location as it relates to other tenants on the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be installing a new sales counter? YES \_\_\_ NO \_\_\_ *If "yes," an accessible portion will need to be provided.*

***Upon application, inspections of your facility will be scheduled.***

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If you have any questions about this form, contact the Office of Building & Fire Code Services

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