



# MEDICAL MARIJUANA BUSINESS LICENSE – PROCESSING FACILITIES

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

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

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Square footage of space \_\_\_\_\_ Square footage of extraction room (if separate): \_\_\_\_\_

Have you modified the space? (mechanical, electrical, plumbing or building) YES \_\_\_ NO \_\_\_

Will you modify the space? (mechanical, electrical, plumbing or building) YES \_\_\_ NO \_\_\_

If “yes,” to either of the previous two questions, please detail any modifications: \_\_\_\_\_

\_\_\_\_\_

Will you upgrade the electrical system? YES \_\_\_ NO \_\_\_ If “yes,” please list existing and future service sizes:

\_\_\_\_\_

Type of lighting: \_\_\_\_\_

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

What are you using for wall & ceiling coverings? (i.e. plastic, sheetrock, foam insulation) \_\_\_\_\_

\_\_\_\_\_

Please list all hazardous materials used (CO2 enrichment, fumigation, fertilizers or pesticides) and the maximum quantity that will be stored on site for each one. \_\_\_\_\_

\_\_\_\_\_

What type(s) of processing will be taking place? \_\_\_\_\_

\_\_\_\_\_

Please list all equipment used for extraction: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL REQUIREMENTS:**

*An existing (and proposed, if applicable) floor plan shall be submitted for review and inspection.*

*For existing facilities, an Engineers design for your required mechanical (ventilation, exhaust & filtration) system must be provided by applicant prior to inspection and approval of Certificate of Compliance. Facilities that have yet to be built out will require this at the time of permit application.*

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

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