OKLAHOMA MEDICAL MARIJUANA AUTHORITY
CHANGE REQUEST FORM

LOCATION CHANGE
COMMERCIAL LICENCEES

In order to complete your request, please read the following instructions:

1. The form must be submitted by email from the primary contact person's email address as listed on the inital application.
2. Select the appropriate email address to submit the form: OMMAGrower@ok.gov, OMMAProcessor@ok.gov, or OMMADispensary@ok.gov
3. Submit the completed form electronically by email with a subject line that includes "Business Update" and the business license number.

You will recieve a response from OMMA within 10 business days. If your request is granted, the license with the old address must be destroyed once you receive your new license.

Important Note for Dispensaries – Dispensaries seeking to change their location must notify OMMA in writing 14 days in advance of that change. [OAC 310:681-5-2(d)(2)]. As with the initial application, dispensaries must provide documentation proving that the proposed location is at least 1,000 feet from any entrance to any public or private school. [OAC 310:681-5-3(e)(4). Change requests submitted without this documentation will be rejected. Location changes that affect a licensee's qualifications for licensure as stated in Title 63 O.S. § 420A et seq. and OAC 310:681-5-3(e)(4) may result in the loss of license. [OAC 310:681-5-2(d)(1)].

COMMERCIAL ENTITY INFORMATION

OMMA License Number: _____ Business Type *(select one)*: ○ Dispensary ○ Grower ○ Processor

Entity Name: _____

Current Business Location (as listed on application): _____

Requested Changes

New Business Address:

_____

_____

_____

DISPENSARIES

As with the initial application, dispensaries must provide location compliance documentation for the new location along with this change request.

GPS Coordinates: _____ Latitude _____ Longitude

CLEAR PRINT

ATTESTATION
By my signature below I attest to the following:

- The information provided in this form is true and correct;
- I am authorized to make this change request;
- If my request is granted, the old license will be destroyed; and
- I understand that changes that affect the licensee's qualifications for licensure may result in loss of license.

Signature *(required)*: _____ Date: _____