



OKLAHOMA MEDICAL MARIJUANA AUTHORITY CHANGE REQUEST FORM

OWNERSHIP CHANGE COMMERCIAL LICENCEES

All commercial licensees must notify OMMA in writing within 14 days of any changes in contact information. [OAC 310:681-5-2(d)(1)].

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 initial 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 receive a response from OMMA within 10 business days.

Important Note – Ownership changes that affect licensee's qualifications for licensure as stated in Title 63 O.S. § 420A et seq. and OAC 310:681-5-3(e)(5) may result in the loss of license.

COMMERCIAL ENTITY INFORMATION

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

Entity Name: _____

Requested Changes

Select which changes are being requested and follow the additional instructions for each section.

Removing Owners and/or Changing Percentage of Ownership

1. Complete Section A on page 2.
2. Provide updated ownership disclosure documentation along with this change request. Commercial entities must maintain and document that 75% ownership is held by Oklahoma residents.

Adding New Owners

1. Complete Section B on page 3.
2. Provide the following documentation for **each** additional owner:
 - Affidavit of lawful presence
 - Background check (within 30 days of the date change request was submitted)
 - Proof of identity
 - Proof of residency (for Oklahoma residents)
 - Updated ownership disclosure documentation

OKLAHOMA MEDICAL MARIJUANA AUTHORITY

CHANGE REQUEST FORM - OWNERSHIP SECTION A

COMMERCIAL ENTITY INFORMATION

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

Entity Name: _____

Removing Owners and/or Changing Percentage of Ownership

You must provide updated ownership disclosure documentation along with this change request. Commercial entities must maintain and document that 75% ownership is held by Oklahoma residents.

Provide updated information in the fields below:

Remove	Change %	_____	_____	_____	_____
		First Name	Middle Name	Last Name	
Remove	Change %	_____	_____	_____	_____
		First Name	Middle Name	Last Name	
Remove	Change %	_____	_____	_____	_____
		First Name	Middle Name	Last Name	
Remove	Change %	_____	_____	_____	_____
		First Name	Middle Name	Last Name	
Remove	Change %	_____	_____	_____	_____
		First Name	Middle Name	Last Name	
Remove	Change %	_____	_____	_____	_____
		First Name	Middle Name	Last Name	

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; and
- I understand that changes that affect the licensee's qualifications for licensure may result in loss of license.



Signature (required): _____ Date: _____

OKLAHOMA MEDICAL MARIJUANA AUTHORITY

CHANGE REQUEST FORM - OWNERSHIP SECTION B

COMMERCIAL ENTITY INFORMATION

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

Entity Name: _____

Adding New Owners

You must provide the following documents for each additional owner: Affidavit of Lawful Presence; Background Check (within 30 days of the date change request was submitted); Proof of Identity; Proof of Residency (for Oklahoma residents); and an updated Ownership Disclosure documentation.

Provide information in the fields below for each new owner. Attach separate pages if needed.

OK Resident Other: _____ Effective Ownership % in Applicant: _____ Role: _____
State

First Name _____ Middle Name _____ Last Name _____ Date of Birth (mm/dd/yyyy) _____

Primary Phone Number _____ Email Address _____

Street Address _____ City/State/Zip _____

Mailing Address (if different than street address) _____ City/State/Zip _____

Proof of Identity (select one): OK Driver's License U.S. Passport/U.S. Photo I.D. OK I.D. Card Tribal I.D. Card

ID Number: _____ Issuing State: _____ Expiration Date: _____

Associated Entity/Entities: _____ Percentage of Ownership in Associated Entity/Entities: _____

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; and
- I understand that changes that affect the licensee's qualifications for licensure may result in loss of license.

 Signature (required): _____ Date: _____