



**City Of Cache**  
***Application for City Medical Marijuana License***

License applied for: (check only one, if applying for more than one category and business Location, a separate application shall be filed for each category and/or location of license)

\_\_\_\_\_ 7-300 Medical Marijuana Dispensary

\_\_\_\_\_ 7-400 Medical Marijuana Growing and /or Processing

\_\_\_\_\_ 7-500 Medical Marijuana Wholesale and/or Storage Facilities

Name of Applicant or Business Entity: \_\_\_\_\_

Name of Establishment/DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_

ALL LICENSES ARE SUBJECT TO COMPLIANCE WITH ALL CODES AND ORDINANCES OF THE CITY OF CACHE, OKLAHOMA.

The following **MUST** be submitted with this application before the City License will be issued:  
Certificate of Occupancy, Oklahoma Tax Permit. State Issued Medical Marijuana License. Non-refundable License Fee (\$750.00)

**APPLICANT SHALL BE REQUIRED TO IMMEDIATELY NOTIFY THE CITY OF ANY CHANGES OR REVOCATION OF STATE ISSUED LICENSE.**

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

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Internal Use Only

Date license issued: \_\_\_\_\_

Notes: