



**OKLAHOMA STATE BUREAU OF NARCOTICS
AND DANGEROUS DRUGS CONTROL**

419 N.E. 38th Terrace
Oklahoma City, Oklahoma 73105
TELEPHONE 405-521-2885 • 1-800-522-8031

OBNDD Policy Statement on Granting Marijuana Growing Registrations

Preamble

In the spring of 2022, the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) issued a peer reviewed white paper outlining the challenges in registering marijuana businesses. Since that time, every such challenge has become more daunting and the widespread organized criminal activity has been verified at every turn. Furthermore, the pervasive noncompliance at many growing facilities has demonstrated a near cultural flaunting of the laws and regulations put in place to ensure Oklahoma's public safety. The *Uniform Controlled Dangerous Substance Act* (UCDSA) directs the OBND Director decline to register applicants when "the Director determines that the issuance of such registration is inconsistent with the public interest." 63 O.S. Sect. 2-303. OBND has encountered some in the growing industry making all reasonable and good faith efforts to comply with Oklahoma law under the medical marijuana paradigm – while such individuals and entities are the exception and not the rule, it is patently inequitable for those in lawful compliance to be undermined by criminal actors exploiting the laws of our great state. It should be noted that this widespread illegal conduct has had a visible negative impact on rural Oklahoma. To that end, this policy statement is an attempt by OBND to outline the application process for growing licenses with clarity and transparency.

Process

1. **Step One:** An applicant for a registration to manufacture/cultivate marijuana submits the application form.
2. **Step Two:** Applicant will then download and complete a Supplemental Application Packet which contains requests for additional documentation.
3. **Step Three:** Upon the timely return of the preceding Supplemental Application Packet, OBND will schedule a face-to-face interview with all applicant(s) on the application.
4. **Step Four:** At the completion of the interview, OBND may grant the registration or conduct a further criminal and/or administrative investigation.

Failure to complete any of the above steps may result in your application being rejected as incomplete.

*Committed to honor, integrity, and excellence, the Oklahoma Bureau of Narcotics will
Serve the citizens of Oklahoma in the quest for a drug-free state.*

**OKLAHOMA STATE BUREAU OF NARCOTICS AND
DANGEROUS DRUGS CONTROL**

SUPPLEMENTAL APPLICATION PACKET

Business Name: _____

Application No. _____

Return Complete Supplemental Application Packet to:
Oklahoma Bureau of Narcotics
c/o Registration Division
419 NE 38th Terrace
Oklahoma City, OK 73105

Checklist:

- ☐ Affidavit
 - *An affidavit needs to be completed for each owner*
- ☐ Articles of Incorporation, Operating Agreement, and all Management Agreements
- ☐ Self-Inspection Assessment
 - *Include all requested pictures or documentation as attachments*
- ☐ Owner and Property Information Form
- ☐ Employee Identification Form
- ☐ Site Plan for Medical Marijuana Registration
- ☐ Certificate of Occupancy
 - *Certificate of Occupancy for all structures where controlled dangerous substances will be maintained and employees or agents will be working*

**ALL OF THE ABOVE INFORMATION MUST BE RETURNED
TO OBND D AS ONE SUPPLEMENTAL APPLICATION
PACKET TO BE CONSIDERED COMPLETE**

AFFIDAVIT FOR MEDICAL MARIJUANA REGISTRATION

- Each owner must complete an Affidavit and include in a single packet to return to OBNDD. Make as many copies of the Affidavit as necessary to complete

AFFIDAVIT OF OBNDD REGISTRATION APPLICANT

STATE OF OKLAHOMA)

COUNTY OF _____)

I, _____, am applying for the registration of a medical marijuana business with the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control (OBNDD). The name of the business is _____.

(Initial to Affirm)

I understand that I am required to notify OBNDD within fourteen (14) calendar days of any change to information on the registration pursuant to OAC 475:10-1-21. This includes the addition of any structures or changes to the facility that are subject to physical security requirements.

(Initial to Affirm)

I attest that the ownership of this business meets the minimum requirements for medical marijuana business licensure as defined in 63 O.S. § 427.14(E)(7) and that at least seventy-five percent (75%) of the ownership interest is owned by Oklahoma residents pursuant to 63 O.S. § 427.14(E)(7)(c).

(Initial to Affirm)

I attest that my ownership interest in the business applying is _____ percent and I understand that each owner is required to complete an affidavit. Every application must have an affidavit from 100% of the ownership to be complete.

(Initial to Affirm)

I understand that "owner" means **direct beneficial owner** as defined in 63 O.S. § 427.2(46) including, but not limited to:

- a. all shareholders owning an interest of a corporate entity and all officers of a corporate entity,
- b. all partners of a general partnership,
- c. all general partners and all limited partners that own an interest in a limited partnership,
- d. all members that own an interest in a limited liability company,
- e. all beneficiaries that hold a beneficial interest in a trust and all trustees of a trust,
- f. all persons or entities that own interest in a joint venture,
- g. all persons or entities that own an interest in an association,
- h. the owners of any other type of legal entity, and
- i. any other person holding an interest or convertible note in any entity which owns, operates or manages a licensed facility

(Initial to Affirm)

I understand that Oklahoma law does not allow for straw ownership wherein a person is recorded as an owner in name only. I understand that the submission of an application for registration recording a straw owner is a false and fraudulent material misrepresentation to the OBNDD in violation of 21 O.S. § 463 and 63 O.S. § 2-406 and may subject the applying individuals to criminal liability.

(Initial to Affirm)

I attest that I am not a straw owner of the applying business.

(Initial to Affirm)

I understand that the registered entity, including all of the owners thereof, are responsible for all controlled dangerous substances held under the authority of the registration until such time that the controlled dangerous substances are lawfully transferred to another licensed entity or otherwise disposed of in accordance with Oklahoma law. Theft or loss of controlled dangerous substances shall be promptly reported to the OBNDD pursuant to OAC 475:20-1-5.

(Initial to Affirm)

I understand that only registered entities are authorized to manufacture, distribute, dispense, prescribe, administer or use for scientific purposes any controlled dangerous substance pursuant to 63 O.S. § 2-302. I understand that the applying entity, once registered, will be permitted to engage in any of the above activities with controlled dangerous substances. Agents or employees of a registered entity are not required to obtain a separate registration, but no other entity may utilize the registration of a registered entity.

(Initial to Affirm)

I understand that the registered entity, including the owners thereof, are responsible for general security and providing effective controls and procedures to guard against the theft and diversion of controlled dangerous substances.

(Initial to Affirm)

I attest that each building at my facility has an adequate security alarm system pursuant to OAC 475:20-1-4(2).

(Initial to Affirm)

☐ Check this box if your facility has no buildings.

I attest that each building at my facility has all required self-closing, self-locking doors or other commensurate locking device on each door pursuant to OAC 475:20-1-4(3).

(Initial to Affirm)

☐ Check this box if your facility has no buildings.

I attest that my facility has all required fencing for greenhouses and outdoor areas pursuant to OAC 475:20-1-4(4).

(Initial to Affirm)

☐ Check this box if your facility has no greenhouses or outdoor areas.

I attest that all growing, processing, packaging, and manufacturing areas shall be accessible only to an absolute minimum number of authorized employees pursuant to OAC 475:20-1-4(5).

(Initial to Affirm)

I understand that I am required to maintain readily-retrievable inventory tracking, records, and reports of all controlled dangerous substances. "Readily-retrievable" means accessible to any OBNDD agent when performing an inspection or investigation. All records must be kept in accordance with OBNDD rules and discernible to be considered readily-retrievable.

(Initial to Affirm)

IF YOU HAVE PREVIOUSLY APPLIED WITH OBN

Provide the name of the entity you were previously associated with and the contact information for any Co-Owners of the previous entity. If there were more than two owners of the previous entity, please attach information for those owners on a separate sheet in substantially the same format.

☐ Check this Box
if this Section is
Not Applicable

Previous Entity Name: _____

Previous Owner No. 1

- Name: _____
- Home Address: _____
- Mailing Address: _____
- Cell Phone: _____
- Email: _____
- Ownership Interest: _____ %

Previous Owner No. 2

- Name: _____
- Home Address: _____
- Mailing Address: _____
- Cell Phone: _____
- Email: _____
- Ownership Interest: _____ %

Briefly explain why you are no longer with the previous entity and why you are applying with different ownership or a different entity now. If you have never applied for an OBN Registration with a previous entity, please write NOT APPLICABLE. **Failure to disclose association with a previous entity will be deemed a material omission.**

By signing this, I acknowledge that I may be subject to both **administrative** and **criminal penalties** if the registered business fails to comply with any provision of the Uniform Controlled Dangerous Substances Act found in Title 63 of Oklahoma Statutes or any rules of the Oklahoma Bureau of Narcotics and Dangerous Drugs Control found in Oklahoma Administrative Code Title 475.

(Initial to Affirm)

This may include a \$2,000 fine per administrative violation.

(Initial to Affirm)

I understand and acknowledge that this document is executed under oath, and knowing false statements constitute perjury, which is a felony punishable by imprisonment up to 5 years.

(Initial to Affirm)

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, _____.
(Month) (Year)

SEAL

Notary Public

**ARTICLES OF INCORPORATION, OPERATING
AGREEMENT, AND ALL MANAGEMENT AGREEMENTS**

- Include copies of each document as a clearly labeled attachment

SELF-INSPECTION ASSESSMENT

- Complete the included Self-Inspection Assessment and return to OBNDD with the completed supplemental packet

SELF-INSPECTION ASSESSMENT

Business Name: _____

Address: _____

Person Completing Inspection: _____

Inspection Date: ____/____/____

Instructions

Read thoroughly, and answer questions either “Yes” or “No” (or N/A where applicable). For all “No” answers please list the reason why the requirement has not been met on an attached sheet.

DO NOT LEAVE ANY BLANKS. Assessments submitted with any blank answers will be automatically denied a registration and the registrant must start the registration process over.

I, (print your name), _____ am providing this self-inspection assessment to OBNDD as required, to show that my medical marijuana business/facility meets compliance requirements as listed in Oklahoma Administrative Code Title 475 and State Statute. By completing this checklist, I am affirming that my medical marijuana business meets the requirements listed and that those requirements must be maintained throughout the existence of the business. If issued a registration, I understand that I must notify OBNDD of any changes that take place from the date of this inspection and if I fail to do so, I understand that there may be fines or penalties that occur.

RECORDS | 475:25-1-2 & 475:25-1-20

1. Will records be onsite? **Yes** ☐ **No** ☐
2. Will records be in paper or electronic format? **Yes** ☐ **No** ☐
3. Will records be readily accessible? **Yes** ☐ **No** ☐
4. Will records be available since business began? **Yes** ☐ **No** ☐
5. Will records include the total amount of marijuana harvested in pounds? **Yes** ☐ **No** ☐
6. Will records document every instance marijuana was sold, transferred, purchased, or obtained? **Yes** ☐ **No** ☐
7. Will records include the total amount of marijuana sold or otherwise transferred in pounds? **Yes** ☐ **No** ☐
8. Will records include the name, license #, address, & phone number of all licensees involved in each transaction? **Yes** ☐ **No** ☐
9. Will records include the date of each transaction? **Yes** ☐ **No** ☐
10. Will records include the monetary value of the marijuana / marijuana products involved in each transaction, including the total sale or purchase amounts? **Yes** ☐ **No** ☐
11. Will records include all point-of-sale and tax records? **Yes** ☐ **No** ☐
12. Is METRC tracking system in place? **Yes** ☐ **No** ☐

13. Is all in-process marijuana returned to the storage area at the termination of the process?
Yes ☐ **No** ☐ **N/A** ☐
14. If the process is not terminated at the end of the workday, is the processing area / tanks / vessels / bins / bulk containers containing marijuana securely locked with adequate security for the area or building? **Yes** ☐ **No** ☐ **N/A** ☐
15. Does each building have a security alarm system? **Yes** ☐ **No** ☐ **N/A** ☐
16. If someone makes unauthorized entry to the buildings, does the security alarm system transmit a signal to a central station protection agency, local / state police agency, or 24-hour control station operated by the registrant, or other source of protection approved by the OBN Director? **Yes** ☐ **No** ☐ **N/A** ☐
17. Is each building equipped with self-closing, self-locking doors? **Yes** ☐ **No** ☐ **N/A** ☐
18. Are building doors constructed of substantial material commensurate with the type of building construction? **Yes** ☐ **No** ☐ **N/A** ☐
19. In lieu of a self-closing, self-locking door, are the doors to the buildings kept closed and locked at all times when not in use and kept under direct observation of a responsible employee or agent of the registrant when in use? **Yes** ☐ **No** ☐ **N/A** ☐
20. Are the buildings doors either sliding or hinged? **Yes** ☐ **No** ☐ **N/A** ☐
21. Are door hinges to the buildings mounted on the inside of the building? **Yes** ☐ **No** ☐ **N/A** ☐
22. If hinges the buildings doors are mounted on the outside of the building, are hinges sealed, welded, or otherwise constructed to inhibit removal? **Yes** ☐ **No** ☐ **N/A** ☐
23. Are locking devices to building doors either multiple-position combination, keyless entry, or key-lock type? **Yes** ☐ **No** ☐ **N/A** ☐
24. If using key-lock on building doors, is a key control system in place that limits access to a limited number of employees? **Yes** ☐ **No** ☐ **N/A** ☐
25. If using multiple-position combination or keyless entry system on building doors, does the system limit to a minimum the number employees with access or knowledge of the combination? **Yes** ☐ **No** ☐ **N/A** ☐
26. If using multiple-position combination or keyless entry system on building doors, can the system/combination be changed upon termination of an employee having knowledge of the combination? **Yes** ☐ **No** ☐ **N/A** ☐
27. Are the buildings accessible only to an absolute minimum number of authorized employees?
Yes ☐ **No** ☐ **N/A** ☐
28. Are outdoor or greenhouse facilities completed surrounded by a fence with entry gate?
Yes ☐ **No** ☐ **N/A** ☐
29. Is the fence metal chain link with wire diameter of at least 9 gauge or larger diameter?
Yes ☐ **No** ☐ **N/A** ☐
30. Is the fence at least 8' tall and meet the "6+2" requirement? **Yes** ☐ **No** ☐ **N/A** ☐
31. Are fence support posts steel and securely anchored? **Yes** ☐ **No** ☐ **N/A** ☐
32. Is the entry gate to fenced area metal chain link with wire diameter of at least 9 gauge or larger diameter? **Yes** ☐ **No** ☐ **N/A** ☐
33. Is the entry gate to fenced area at least 8' tall and meet the "6+2" requirement?
Yes ☐ **No** ☐ **N/A** ☐
34. Is the entry gate to fenced area kept closed and securely locked at all times when not in use and when in use kept under direct observation of a responsible employee or agent of the registrant? **Yes** ☐ **No** ☐ **N/A** ☐
35. Are the fence and entry gates in good repair? **Yes** ☐ **No** ☐ **N/A** ☐

36. Do the fence and entry gates obscure the outdoor or greenhouse facility so that it is not easily viewed from outside the fence or entry gates? **Yes** ☐ **No** ☐ **N/A** ☐
37. Are the outdoor or greenhouse facilities accessible only to an absolute minimum number of authorized employees? **Yes** ☐ **No** ☐ **N/A** ☐

Attach photographs and documentation of structures, storage areas, greenhouses, security system, fencing, door-locks, and the entry to the facility.

I attest that the information contained above in this Self-Inspection Assessment of my medical marijuana business is truthful, correct, and complete. I understand that if any of the above information is found to be false, I will be denied a medical marijuana registration and may be subject to administrative and criminal penalties.

Signature of Applicant

EMPLOYEE IDENTIFICATION FORM

- Complete the form to include all agents or employees presently employed by the applying entity with attached copies of photo identifications and return to OBNDD
- You are required to keep and maintain an up-to-date copy of this form at the business available for inspection by OBNDD Agents pursuant to OAC 475:20-1-5(g)

EMPLOYEE IDENTIFICATION FORM

[illegible]

- **Any person with a nonviolent felony conviction in the last two (2) years or any other felony conviction in the last five (5) years requires a waiver from the Director of OBNDD to be employed in a business working with controlled dangerous substances.**
- **Attach photo identification for each agent or employee listed on this document.**

PROPERTY AND OWNER IDENTIFICATION FORM

OWNERSHIP INFORMATION

If more than two owners exist, please attach information for those owners on a separate sheet in substantially the same format. Ownership interest percentage shall combine to equal 100% or be considered incomplete.

Owner No. 1

- Name: _____ Ownership Interest: _____ %
- Home Address: _____
- Mailing Address: _____
- Cell Phone: _____ Email: _____

Owner No. 2

- Name: _____ Ownership Interest: _____ %
- Home Address: _____
- Mailing Address: _____
- Cell Phone: _____ Email: _____

LANDOWNER INFORMATION

Business Address: _____

Parcel Identification Number: _____

Landowner Name: _____

Landowner Phone Number: _____

Landowner Mailing Address: _____

Is the applicant renting or leasing the business location? **Yes** ☐ **No** ☐

- *If yes, attach the rental or lease agreement as an attachment to this document.*

Signature below indicates approval of all parties for the location to be used as a medical marijuana business.

Applicant:

Landowner:

Print Name

Print Name

Signature

Signature

SITE PLAN FOR MEDICAL MARIJUANA REGISTRATION

SITE PLAN FOR MEDICAL MARIJUANA REGISTRATION

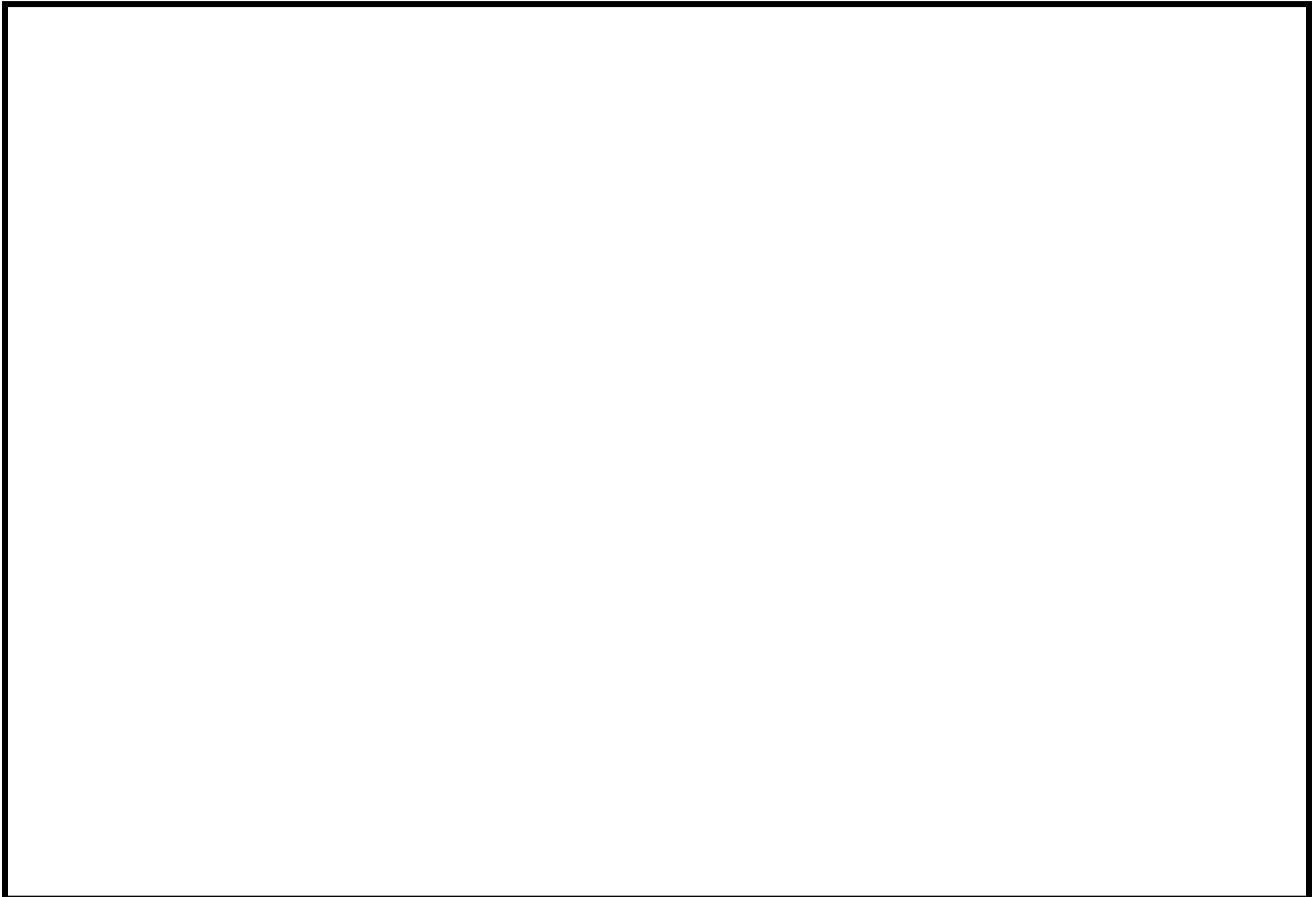
Business Name: _____

Business Address: _____

Parcel Identification Number: _____

Number of Permanent Structures: _____

Please indicate the following: Property Dimensions, Growing and Storage Areas, Street Names, Driveway Locations, and Existing Structures. You are required to notify OBNDD of any changes to the following site plan. All areas should be properly labeled. The top of this plan is **NORTH**.



I certify that the above information is true and accurate.

Print Name

Signature

Date

CERTIFICATE OF OCCUPANCY

- Include a copy of the Certificate of Occupancy for all structures where controlled dangerous substances will be maintained and employees or agents will be working