



Upon a request by OMMA to conduct an in-person interview of medical marijuana commercial business applicant owner, this form must be utilized to schedule an in-person interview with the OMMA Office of Investigations and Enforcement. Interviews shall be conducted in accordance with 63 O.S. § 427.14(G)(1) and/or OAC 442:10-5-4(h) to determine if the applicant meets the qualifications for licensure as set forth in the Oklahoma Medical Marijuana Patient Protection Act and OAC 442:10.

When interviews are requested by OMMA, each owner should submit this form upon resubmission of the rejected application. This form should be uploaded into the 'Ownership Disclosures' portion of resubmission. After receipt of this Interview Intake Form, OMMA will provide the owner(s) with instructions regarding the interview through the contact information provided.

Failure to resubmit an application within thirty (30) days for reconsideration shall result in the application be cancelled. Failure to submit this form or otherwise participate and cooperate in a requested interview may be grounds for application denial, suspension, nonrenewal, and/or revocation.

APPLICANT INFORMATION – PLEASE PRINT OR TYPE CLEARLY

Application Number _____ (Choose one) **INITIAL APPLICATION** **RENEWAL APPLICATION**

Full Legal Name _____

Is the contact information provided in this application for this Person of Interest accurate: **Yes** **No**

If the contact information provide in this application for this Person of Interest is not or no longer is accurate, provide the following information for the Person of Interest:

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____

Email _____

Please provide your availability for an in-person interview at OMMA's Central Office in Oklahoma City.

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
8 a.m. – 12 p.m.					
12 p.m. – 5 p.m.					



Where the above owner is listed as an owner on additional pending OMMA medical marijuana commercial business application(s), provide the below information regarding the additional applications. Use additional pages as needed to list all currently pending license applications on which this individual is listed as an owner. If there are no additional pending medical marijuana commercial business application on which this individual is listed as an owner, mark this section as not applicable:

Application Number	Application Type	License Number (if applicable)
	<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION	
	<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION	
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	<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION	

By signature below, the owner identified herein verifies that the information provided herein is accurate to the best of their knowledge and submits this form for the purpose of participating in an interview with the OMMA Office of Investigations and Enforcement for the purpose of determining if the applicant for licensure meets the qualifications for licensure as set forth in the Oklahoma Medical Marijuana Patient Protection Act and OAC 442:10

 Printed Name



 Signature

 Date (mm/dd/yyyy)