

## **COMMERCIAL MEDICAL MARIJUANA GROWER LICENSE BOND**

OKLAHOMA MEDICAL MARIJUANA AUTHORITY NUMBER IF APPLICABLE	SURETY BOND NUMBER	CERTIFIED MAIL TRACKING NUMBER IF APPLICABLE UNDER OAC 442:10-5-3.3 (4)
KNOW BY ALL MEN BY THESE PRESENTS:		
NAME OF LICENSEE ("Principal")		
FACILITY ADDRESS/PERMIT AREA ADDRESS		
MAILING ADDRESS		
CONTACT PERSON		
PHONE NUMBER	EMAII	L
NAME OF SURETY ("Surety")		
MAILING ADDRESS		
PHONE NUMBER	EMAII	
bound unto the Oklahoma Medical Marijuana Au	thority ("Obligee") in th nent will and truly be m	ade, we bind ourselves, and each of us, and each of our heirs,
The condition of this obligation is that the Princip in effect (1) comply with all provisions of 63 O.S. § (2) pay all amounts of money, not in excess of the	§§ 420 et seq.; 63 O.S.	ermit area defined above ("the Property"), shall while this bond is §§ 427.1 et seq.; 63 O.S. §§ 428 et seq.; and OAC Title 442, and Obligee.
forth above, or (3) after receiving notice of a viola or OAC Title 442 that necessitates remedial actio made on this bond more than 1 year after the bo Obligee. Damages recoverable under this bond s	tion of 63 O.S. §§ 420 en. All claims shall be mand is cancelled. The Sushall be limited to the codiation of environmenta	been abandoned, (2) the Obligee revokes the Principal's license set set seq.; 63 O.S. §§ 427.1 et seq.; 63 O.S. §§ 428 et seq.; ade in writing to the Surety and the Principal, and no claim may be used in the set of restoration of the Property, including but not limited to, all hazards, prohibiting public access, addressing improperly coded of.
Further, regardless of the number of years this bosum of this bond.	and remains active, the a	aggregate liability of the Surety shall in no event exceed the penal
The Surety may cancel this bond by giving 30 day bond discharges the Surety of any liability for acti the surety bond named herein more than one (1)	ons or inactions of the I	tified mail to the Obligee and Principal. The cancellation of this Principal after the Cancellation Date. No claim shall be made on Date of Cancellation of this bond.
Witness our hands and seals, this day	of, 20	Signature of Principal
		Type or Printed Name
Witness our hands and seals, this day	of, 20	Signature of Surety
		Type or Printed Name
		Name of Surety

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