

OKLAHOMA MEDICAL MARIJUANA AUTHORITY (OMMA) GROWER SURETY BOND APPLICATION

BOND INFORMATION

TYPE OF BOND:	BOND AMOUNT:	EFFECTIVE DATE:	
WHO IS REQUIRING YOU TO GET THIS BOND (OBLIGEE):	OBLIGEE ADDRESS:		

OWNER(S) INFORMATION

APPLICANT NAME (OWNER):			SOCIAL SECURITY NUMBER:	
SPOUSE NAME:			SOCIAL SECURITY NUMBER:	
PERSONAL ADDRESS:		CITY:	STATE:	ZIP:
DO YOU OWN YOUR HOME? Yes No	CELL PHONE:	EMAIL:		NET WORTH:

APPLICANT NAME (PARTNER):			SOCIAL SECURITY NUMBER:	
SPOUSE NAME:			SOCIAL SECURITY NUMBER:	
PERSONAL ADDRESS:		CITY:	STATE:	ZIP:
DO YOU OWN YOUR HOME? Yes No	CELL PHONE:	EMAIL:		NET WORTH:

BUSINESS INFORMATION

BUSINESS NAME:				OMMA LICENSE NUMBER:	
BUSINESS ADDRESS:			CITY:	STATE:	ZIP:
TAX ID (FEIN):	DATE BUSINESS BEGAN:	DATE LICENSE GRANTED:	YEARS EXPERIENCE:	BUSINESS PHONE NUMBER:	
BUSINESS EMAIL:		WHAT INSURANCE DOES THE COMPANY CARRY (MARK ALL THAT APPLY):			
		No Insurance	Commercial Property	General Liability	Products Liability
CONVICTED OF A CRIME? Yes No	ANY PAST BANKRUPTCIES? Yes No	ANY PAST LOSS TO A SURETY? Yes No	ANY LIENS, CLAIMS OR JUDGEMENTS? Yes No	HAD A LICENSE SUSPENDED? Yes No	

Applicant Signature

Date