



## CANCELLATION OF COMMERCIAL MEDICAL MARIJUANA GROWER LICENSE BOND

OKLAHOMA MEDICAL MARIJUANA AUTHORITY LICENSE NUMBER

SURETY BOND NUMBER

DATE OF CANCELLATION (if later than 30 days after OMMA's receipt of this Cancellation Notice)

NAME OF LICENSEE ("Principal")

FACILITY ADDRESS/PERMIT AREA ADDRESS

MAILING ADDRESS

CONTACT PERSON

PHONE NUMBER

EMAIL

NAME OF SURETY ("Surety")

MAILING ADDRESS

PHONE NUMBER

EMAIL

Pursuant to OAC 442:10-5-3.3(4), no surety bond shall cancel prior to thirty (30) days after OMMA has received written notice of cancellation of such surety bond via email to [OMMABONDS@omma.ok.gov](mailto:OMMABONDS@omma.ok.gov). The Date of Cancellation shall be thirty (30) days after OMMA's receipt of this notice of cancellation unless a later Date of Cancellation is listed above. The notice of cancellation shall be submitted to OMMA via email to [OMMABONDS@omma.ok.gov](mailto:OMMABONDS@omma.ok.gov).

Cancellation of a surety bond discharges the surety from liability arising from actions or inactions of the Principal after the Date of Cancellation. No claim shall be made on the surety bond named herein more than one (1) year after the Date of Cancellation of this bond.

Failure of a licensee to provide proof to OMMA via email to [OMMABONDS@omma.ok.gov](mailto:OMMABONDS@omma.ok.gov) of a new, alternate bond meeting the requirements of 63 O.S. § 427.26 and OAC 442:10-5-3.3 on forms prescribed by OMMA before cancellation of the previous bond shall result in disciplinary action including, but not limited to, revocation, nonrenewal, or monetary penalties.

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

\_\_\_\_\_  
JOB TITLE

\_\_\_\_\_  
NAME OF SURETY