



STATE OF OKLAHOMA)
) ss
_____ COUNTY)

I, (INDIVIDUAL AFFIANT'S NAME) _____, being of lawful age and having first been duly sworn upon my oath, do here by state upon my personal knowledge:

- I attest that this affidavit is submitted on behalf of the following:
 Licensee Applicant: _____ ("Applicant")
 License Type: _____
 License Number: _____
 Application No.: _____ ("Application")
- The Applicant understands that Oklahoma law requires the construction or alteration of buildings or structures classified as occupancies under the building codes adopted by the Oklahoma Uniform Building Code Commission to obtain a certificate of occupancy issued by the Oklahoma State Fire Marshal or by an authority with a jurisdiction agreement on file with the Oklahoma State Fire Marshal.
- I attest that all operations of the Applicant conducted on the Licensed Premises, as defined by OAC 442:10-1-1-4, and authorized under a licensed commercial outdoor medical marijuana grower license, exclusively occur outdoors or in areas not classified as occupancies under the building codes adopted by the Oklahoma Uniform Building Code Commission.
- I have included, in support of the Applicant's Application, **photographs** of the Licensed Premises and a **description of current operations and plans for**, as applicable, the growing, harvesting, drying, curing, packaging, creation of non-infused pre-rolls, sale, transfer, and transportation of medical marijuana, in conformity with an exclusively outdoor commercial medical marijuana grower license application.
- I understand that knowingly procuring or offering a false or forged affidavit to be filed, registered, or recorded in any Oklahoma public office may constitute a crime. I further understand that the Applicant's Application must be true and accurate in every detail, and that any misstatements, omissions, misrepresentations, or untruths in the Applicant's Application may result in administrative actions against the Applicant's License.

By my signature below I hereby declare and attest that the above statements of facts are true and correct.

Name: _____

Title: _____

Applicant: _____

License Number: _____

Application No.: _____

 SIGNATURE OF AFFIANT: _____

Subscribed and sworn before me on the _____ day of _____, 20_____.

Notary Public: _____