



# THE CITY OF DURANT CERTIFICATE OF COMPLIANCE Application

**Business Information:**

Business Name:	Office #	Fax #	
Contact Person:	Title	Cell #	
Address:	City	State	Zip

Business type	Hours of Operation
OK Tax #	ABLE #
Commercial Dispensary License #	OK Bureau of Narcotics #

**Letter to be addressed to:**

Name:			
Address	City:	State:	Zip:

I understand that I am responsible for ensuring that all applicable sales and use taxes are paid for all materials purchased. I also understand that I will be required to submit documentation to the Community Development Department showing proof of payment, either to the vender or directly to the Oklahoma Tax Commission. Certificate of Compliance will not be issued until such documentation has been received and verified.

Owner or Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official : \_\_\_\_\_  
Signature certifies that the above address meets all zoning and other code requirements.

Office Use Only

	Pass	Fail	Comments	Signature	Date
<b>Zoning</b>					
<b>Fire</b>					
<b>Safety</b>					
<b>Health</b>					
<b>OK Tax</b>					

Building Official: 580-931-6612

Fire Marshall: 580-924-2358