



# CRB Checking Account Application

## Customer Information

Approved to open by: \_\_\_\_\_ On: \_\_\_\_\_ Tier: \_\_\_\_\_

Business/ Entity Name:

Doing Business As:

Name to be displayed on sign in front of building (if applicable)

Business Tax ID # (SS-4):

Physical Address(es) of **all locations** utilizing account:

Is business located within Oklahoma county or surrounding Yes No

Business mailing address (if different from above):

Business email: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business phone #:

Business contact person name:

How did you hear about us:

## Cannabis-related Business (CRB) Information

License Type: Grow Hazardous Processor Non-Hazardous Processor Dispensary Transporter  
Research/Education Facility Waste Disposal Laboratory Non-Licensed CRB

Registered with the OBNDD? Yes No N/A License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Registered with the OMMA? Yes No N/A License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Obtained Oklahoma State Health Department Permit? Yes No License #: \_\_\_\_\_  
Does not sell or produce edibles or their ingredients.

Obtained Oklahoma Department of Agriculture License? Yes No License #: \_\_\_\_\_  
Does not sell live plants (Nursery License) or seeds (Seed License).

Obtained Liquefied Petroleum Gas License? Yes No License #: \_\_\_\_\_  
Does not utilize any liquefied petroleum gases.

**Note: A separate license is required for each business (address) location on the account.**

Please list additional business locations not on the account:

List other financial institutions you have CRB bank account(s) with (Required if applicable):

Describe the products and services offered by the CRB (Required):

Is your business currently in operation? Yes No

If no, when do you plan to be operational?

**Expected or Estimated Account Activity Information**

Average anticipated account balance range: Low \$ High \$  
Expected Account Deposits: \$ Frequency:  
Expected cash withdrawals: \$ Frequency:  
Anticipated denomination requirements for withdrawals:

**ATM Activity Information**

Is there an ATM on site of business location? Yes No Cash dispensing Cashless  
ATM monthly transaction amount: \$  
ATM is owned by the business ATM is owned by 3rd party contractor  
ATM registration provided Provided copy of lease agreement  
What is the source of the funds to replenish the ATM?

**Business Ownership Information - 25% or more (from greatest to smallest percentage)**

Name of Business Owner: SSN: Ownership Percentage: %  
Physical Address:  
Name of Business Owner: SSN: Ownership Percentage: %  
Physical Address:  
Name of Business Owner: SSN: Ownership Percentage: %  
Physical Address:  
Name of Business Owner: SSN: Ownership Percentage: %  
Physical Address:

**Authorized Signer Information**

Name: Occupation:  
DOB: SSN: Phone #:  
Physical Address:  
Mailing Address:  
Email: Verbal Password:  
Name: Occupation:  
DOB: SSN: Phone #:  
Physical Address:  
Mailing Address:  
Email: Verbal Password:  
Name: Occupation:  
DOB: SSN: Phone #:  
Physical Address:  
Mailing Address:  
Email: Verbal Password:

**Driver's License or State ID required for all authorized signers and beneficial owners.**



## Cannabis-related Business (CRB) Certification

By signing below, I hereby certify that I am the controlling owner of the Business requesting banking services from First Enterprise Bank and/or that I am authorized to complete all items on this questionnaire and that all information provided herein is true and accurate including the following questions:

1. Items formerly referred to as the “Cole Priorities” are being followed.
  - i. The CRB is not distributing marijuana to minors;
  - ii. No revenue from the sale of Marijuana is going to criminal enterprises, gangs, and cartels;
  - iii. The CRB is not diverting Marijuana from the states where it has been legalized to states that have not legalized it;
  - iv. The CRB is not a cover or pretext for trafficking of other illegal drugs or other illegal activity;
  - v. The use of violence or firearms is not associated with the CRB’s cultivation and distribution of Marijuana;
  - vi. Drugged driving and exacerbation of other adverse public health consequences are not associated with the CRB;
  - vii. The CRB is not growing marijuana on public land;
  - viii. And the CRB is not promoting the possession or use of Marijuana on federal property.
2. The CRB complies with all laws, including U.S. federal and State laws.
3. The Business agrees to make timely notification to First Enterprise Bank prior to making any significant changes, such as but not limited to, new ownership, the services provided, adding new CRB activities, conducting business at any other location(s).
4. The business agrees to promptly provide annual license renewals. Failure to do so may result in accounts being frozen until the account has been updated and in compliance with all requirements.

**I acknowledge the above statements are true and correct and I understand that completing this application and providing the requested documentation does not guarantee account acceptance or retention of any accounts and/ or services for the Business. The Business will update First Enterprise Bank (FEB) in the event that an answer to any of the items herein shall change, and alert FEB in the event that the Business, any officer, director, general partner of any such owner, is indicted for or convicted of any felony under state, federal or foreign law, or has entered into a settlement agreement, or delayed prosecution agreement with respect to any felony under state, federal or foreign law.**

Signature of Controlling Owner / Designated Representative

Date

Print Name

Title / Position

First Enterprise Employee’s Initials

Date

**For Internal use only - Comments and Discussion**