



## Medical Marijuana Dispensary Employment Attestation & Signature

### Associated Key Employee

**Updated 4-3-2018**

Individuals who are owners or who exercise substantial control over a prospective dispensary or licensed dispensary as defined in Ohio Administrative Code [3796:6-2-03](#) must be licensed as Medical Marijuana Dispensary Associated Key employees.

The applicant, by submission of this form, is stating that the submitted application is true, correct, and complete. This form must be manually signed in ink. Digital signatures will **NOT** be accepted.

Applicant Name	Dispensary Name
Dispensary License Number	Designated Representative

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the individual identified as the Applicant in this Application and that this Application is true, correct, and complete. I hereby acknowledge that if the license applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this State for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

Print or Type Name	Date Signed
Signature of Applicant	

Sworn to and signed before me this date:
Date
Signature of Notary
(SEAL)