



Dispensary Employee Change of Employment Request Form

Pursuant to Rule [3796:6-2-09\(B\)](#) of the Ohio Administrative Code, an employee's license authorizes the employee to work at any dispensary issued a certificate of operation to the same collective owners, as defined under Rule 3796:6-2-03 of the Ohio Administrative Code. Any employee that changes employment under new collective owners must submit the following form to the Board.

Submission Instructions and next steps:

1. Log into your eLicense account.
2. From your license tile, select 'OPTIONS' then 'SUBMIT ADDITIONAL DOCUMENTATION.'
3. Upload and submit completed form.
4. Once received by the Board, the requisite fee (\$250 for Key Employees and \$100 for Support Employees) will be applied to your eLicense cart. You will be notified via e-mail with instructions for payment.
5. Once fee is paid, the Change of Employment application will be processed by Board staff.

Section A – Current Licensee Information		
A-1. Name of Employee		A-2. Employee License No.
A-3. Address		A-4. City
A-5. State	A-6. Zip Code	A-7. Phone Number
A-8. Email Address		

Section B – Employer Information		
B-1. Name of Former Dispensary	B-2. Dispensary License No.	B-3. End Date of Employment
B-4. Name of New Dispensary	B-5. Dispensary License No.	B-6. Start Date of Employment

Signature of Employee	Date Signed
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