



### Dispensary Change in Non-Owner Associate Key Employee Request

#### **INSTRUCTIONS:**

1. Complete this form in its entirety.
2. A separate form must be completed for each removal and/or addition of an Associated Key Employee.
3. Once completed, log into the Dispensary's eLicense account.
4. From the Dispensary's license tile – select 'SUBMIT ADDITIONAL DOCUMENTATION.'
5. Upload the completed PDF form, including any attachments

Once the completed Application is received and reviewed, the Dispensary's primary point of contact will be notified via e-mail—at the e-mail address provided in Section A.



Section A – Current Licensee Information	
A-1. Name of Dispensary:	A-2. Dispensary License No.:
A-3. Dispensary Address:	
A-4. City:	A-5. State:
A-4. Zip Code:	A-5. Phone Number:
A-6. Primary Contact Name:	A-7. Primary Contact E-mail Address:
A-8. Primary Contact Phone Number:	A-9. Anticipated Date of Change:

Section B – Removal of Associated Key Employee
B-1. Associated Key Employee Name:
B-2. Associated Key Employee License Number:
B-3. Associated Key Employee Current Title:
<p><b>B-4. Reason for Associated Key Employee Removal:</b></p> <p>Termination of employment:      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><b>IF YES, Complete and attach <a href="#">Employee Separation Form</a></b></p> <p><b><u>If NO, in a separate attachment provide all of the following:</u></b></p> <p>(1) The Individual’s New Job Title</p> <p>(2) The Individual’s New Job Duties, including whether the individual has the power to influence management and operational decision-making or otherwise will exercise substantial control over the Dispensary</p>



If Other, explain:

B-5. Please list Associate Key Employee's ownership interest in Dispensary:

**Section C – Addition of an Associated Key Employee**

C-1. Associated Key Employee Name:

C-2. Associated Key Employee Title:

C-3. Please list Associate Key Employee's ownership interest in Dispensary:

C-4. Required Attachments:

- [Tax Authorization Form](#) for each AKE
- Updated Organization Chart, including an explanation of the Associated Key Employee's Duties

Please note any new Associated Key Employee applicant must also complete the [Associated Key Employee application](#) and pay the required fee of \$500 at [www.license.ohio.gov](http://www.license.ohio.gov)



## Ohio Medical Marijuana Control Program



I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719., 3796., 4752., AND 4729. OF THE OHIO REVISED CODE THAT I AM AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE ENTITY LISTED IN SECTION A OF THIS APPLICATION. I HEREBY CERTIFY THAT THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE. I HEREBY ACKNOWLEDGE ALL APPLICANTS AND LICENSEES ARE SUBJECT 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., 4752., AND 4729. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.

I FULLY UNDERSTAND, ACKNOWLEDGE, AND AGREE THAT SUBMISSION OF THIS FORM WITH THE STATE OF OHIO BOARD OF PHARMACY CONSTITUTES EXPRESS WRITTEN CONSENT FOR AN AUTHORIZED BOARD AGENT TO ENTER AND PERFORM AN ON-SITE INSPECTION OF THE LICENSED DISPENSARY IN ACCORDANCE WITH RULE 3796:6-2-06 OF THE OHIO ADMINISTRATIVE CODE.

**This form must be signed in ink by an individual defined as an "owner" under [rule 3796:6-2-03 of the Ohio Administrative Code](#). Digital signatures will NOT be accepted.**

<b>SIGNATURE OF CURRENT OWNER</b>	<b>DATE SIGNED</b>
<b>PRINTED NAME OF CURRENT OWNER</b>	

A photocopy, facsimile or other electronic version of this document shall be accepted as an original signature. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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