



Request for Major Modifications / Renovations

Pursuant to Rule [3796:6-3-02\(H\)](#) of the Ohio Administrative Code, the State of Ohio Board of Pharmacy requires that no major renovation or modification shall be undertaken without prior approval from the Board and submission of the five thousand-dollar (\$5,000) application fee. Please follow the steps below to submit a request for a major modification / renovation:

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 the form is received, the five thousand-dollar (\$5,000) fee will be applied to the dispensary's eLicense cart. The employee responsible for the modification / renovation will be notified via e-mail—at the addresses provided in Section A—to process payment.
5. The modification / renovation proposal will be reviewed after the fee is paid. Please be aware the Board may contact licensees for additional information in order to better understand submitted proposals.

Section A – Licensee Information

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|---|----------------------|---------------------------------------|--|
| A-1. Dispensary Name: | | A-2. Dispensary License No.: | |
| A-3. Street Address: | | A-4. City: | |
| A-5. Zip Code: | A-6. District | A-7. County | |
| A-8. Designated Representative (DR) Name | | A-9. DR Email Address | |
| A-10. Employee Responsible for Modification / Renovation | | A-11. Employee's Email Address | |



Section B –Modification / Renovation Details

B-1. Purpose of proposed modification / renovation:

Describe in detail the purpose of the proposed modifications / renovations. Attach necessary plans/photographs to fully articulate your proposed modification / renovation when submitting this form. All attachments must be legible and/or high quality to be considered.

B-2. Description of proposed modification / renovation:

Describe, in detail, the proposed modification / renovation. Attach plans prepared by a licensed architect of both floorplans of the licensed dispensary as it currently exists and floorplans including the proposed modification / renovation. Each floorplan should include at a minimum the overall square footage and the square footage of individual spaces of the facility. Photographs may be submitted where helpful.

B-3. Communicating transition plans to patients and caregivers:

Describe plans to cease dispensary operations as a result of the proposed modification / renovation and / or any intent to modify hours of operation. Include with the description, a plan for communicating patients and caregivers in compliance with [rule 3796:6-3-03 of the Administrative Code](#).



Ohio Medical Marijuana Control Program



Major Modification / Renovation Attestation

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 Designated Representative identified in Section A of this form and that this form is true, correct, and complete. I hereby acknowledge that if the authority sought is granted, the Employee 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. This form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable.

| | |
|------------------|---------------|
| DR Printed Name: | Phone Number: |
| DR Signature: | Date Signed: |

BOARD OF PHARMACY USE ONLY

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|-------------|------------------------|-------------------------------|
| <i>Date</i> | <i>Staff Signature</i> | <i>Approved</i> <i>Denied</i> |
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