



Ohio Department of Commerce



Medical Marijuana Control Program

1K Individual Tax and Background Information Form

(3796:3-1-02(B)(2), 3796:3-1-03(A))

Check this box if the individual named below (1) has submitted a BCI&I and FBI criminal records check to the Department as part of another application for a cultivator or processor license, and (2) HAS NOT been arrested for or convicted of a crime, other than a minor misdemeanor, since the date the original criminal records check was submitted. (If checked, complete this form, but do not submit another criminal records check)

IMPORTANT: The submission of Form 1K is not a substitute for a FBI and BCI&I criminal records check, as required under O.R.C. and O.A.C. 3796. Every individual listed on Form 1I must submit to a criminal records check. Failure to comply with the criminal records check requirements shall result in an application being removed from consideration by the Department.

CRIMINAL RECORDS CHECK INSTRUCTIONS: The Department issued guidance during the cultivator application process on how to obtain a criminal records check. While the form numbers and letters may differ, the guidance is similar for processor applicants and can be found on the Medical Marijuana Control website at:

http://medicalmarijuana.ohio.gov/Documents/Cultivation/Cultivator%20Application/WebCheck%20Information%20for%20Cultivator%20Applicants.pdf

Each person submitting a criminal records check MUST instruct the superintendent to submit the completed report of the criminal records check directly to the Department of Commerce.

To be Completed by Every Individual Listed on Form 1I
Applicant Entity Name
Name of Individual Date of birth:
SSN: Role (Owner, Officer, etc.)
Mailing Address
City: State: Zip Code:
Phone Number: Email Address:
Signature of individual listed above on this Form 1K:



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Form 1K: Individual Tax and Background Information Form (Cont'd)

OTHER BUSINESS INTEREST IN PAST 3 YEARS

If Taxpayer has a controlling financial interest or had a controlling financial interest within the last three years in a business in the State of Ohio in an industry unrelated to marijuana, please list the applicable information below.

* If inadequate space is provided on this form, the Taxpayer shall provide the additional information on a separate form that clearly articulates and legibly states the information requested in this form.

Legal Business Name	FEIN	Address



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Form 1K: Individual Tax and Background Information Form (Cont'd)

Name of Individual	
<input type="checkbox"/> I certify that I have submitted for a BCI&I and FBI criminal records check and understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:3-1-02(B)(2)(f)).	
<input type="checkbox"/> I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:3-1-03(A)(2)(a)).	
<input type="checkbox"/> I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:3-1-03(A)(2)(b)).	
<input type="checkbox"/> I certify that I have no ownership, investment interest, or compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code, or an applicant for a license to conduct laboratory testing (3796:3-1-03(A)(5)).	
<input type="checkbox"/> I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or Testing Laboratory certificate of operation at any time (3796:3-1-04(D)). If any owner or officer is included on more than one applicant's application, the Department will deny both applications.	
<input type="checkbox"/> I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.	
<input type="checkbox"/> The above-named Taxpayer hereby authorizes the Ohio Department of Taxation and any of its agents and/or employees to release information to the Department of Commerce. This information shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. Taxpayer expressly waives the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure, and agrees to hold the Ohio Department of Taxation harmless with respect to the disclosure herein.	
By signing, I certify that, to the best of my knowledge, the documentation provided with Form 1K indicates Taxpayer applicant is in compliance with the applicable tax laws of this State.	
Signature of individual listed above on Form L:	Date

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)

 NOTARY PUBLIC