



Ohio Department of Commerce



Medical Marijuana Control Program

1L Medical Marijuana Business in Other Jurisdictions Form

3796:3-1-02(B)(2)(g)

To be Completed by Applicant			
Business Name of Applicant:			
Provide information regarding all other medical marijuana licenses, permits, or registrations ever held, current or expired, by the Applicant in any other U.S. jurisdiction (Attach copies of this form to list any additional entities):			
<input type="checkbox"/> N/A: The applicant is not affiliated with any medical marijuana businesses in other jurisdictions.			
State	Type	Dates of Issue/Expiration	Number
<input type="checkbox"/> I certify that, to the best of my knowledge, no owner or officer has received any revocation or suspension for any licensure related to the distribution of marijuana. (3796:3-1-02(B)(2)(j)(iii))			
<input type="checkbox"/> I hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Ohio Medical Marijuana Control Program any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of marijuana in any form, including the following: <ul style="list-style-type: none"> a. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and b. A copy of documentation so indicating; or c. A statement that the applicant was so licensed or authorized and was never sanctioned. (3796:3-1-02(B)(2)(j)(ii)) 			
Signature:			Date