



Ohio Department of Commerce



Medical Marijuana Control Program

Processor Application – Filing Packet Notarized Cover Sheet

Instructions are provided in a separate document: “Processor Application – Request for Applications / Instructions Packet (MMCP-P-1000)”

Acknowledgement and Notarized Signature (Please certify all of the following):

I hereby acknowledge that knowingly making a statement that is untrue or which is intended to mislead the Medical Marijuana Control Program (MMCP), the Department of Commerce, the State Board of Pharmacy, or the State Medical Board, or any person designated by the State of Ohio in the performance of their official function is a violation of Chapter 3796 of the Revised Code. As the duly authorized representative of the applicant, I hereby attest to the accuracy to the best of my knowledge of the submitted information on this application and make the submitted certifications on behalf of the applicant.

I hereby acknowledge that this application was formulated with the assistance of outside consultants. If applicable, please include the information requested below regarding the individuals or entities that provided this assistance.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and 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. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-referenced organization harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf

Please verify and submit the non-refundable application fee:

I am prepared to submit the application fee of \$10,000 at the time of submission of this application, and I understand that this fee is non-refundable.

Business Name of Applicant

Signatory Agent Printed Name

Signature

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

(SEAL)

NOTARY PUBLIC



Ohio Department of Commerce
Medical Marijuana Control Program



Application Assistance Form

Business Name of Applicant:	
<p>Please check one:</p> <p><input type="checkbox"/> I hereby acknowledge that this application was formulated with the assistance of outside consultants. If applicable, please include the information requested in the space allotted on this form regarding the individuals or entities that provided this assistance. (If more than one consultant was used in the formulation of this application, please include additional copies of this form for each consultant.)</p> <p><input type="checkbox"/> This application was not formulated with the assistance of outside consultants.</p>	
Application Assistance Information	
Name of Company Providing Application Assistance (If individuals, please provide information below)	
Address	
Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)	
Printed Name of Company Representative	
Title of Representative	
Signature of Responsible Party	Date



Ohio Department of Commerce
Medical Marijuana Control Program



Processor Application – Filing Packet Section 1 Identifiable Information Checklist

Section	Description	Completed (✓)
Application Cover Sheet		
-	Acknowledgement and Notarized Signature	
-	Application Assistance Form	
Section 1: Identifiable Information Section		
1A	Business Entity and Contact Information Form	
1B	Liquid Assets Form	
1C	Financial Responsibility Form – Insurance	
1D	Financial Responsibility Form – Escrow / Surety	
1E	Property Owner Approval for Use Form	
1F	500 Foot Compliance Cover Page	
1G	Notice of Proper Zoning Form	
1H	Zoning Permit Form	
1I	Owners and Officers Roster Form	
1J	Organizational Chart Cover Page	
1K	Individual Tax and Background Information Form (Include copy for each person listed on Attachment 1I)	
1L	Medical Marijuana Businesses in Other Jurisdictions Form	
1M	Copies of Licenses from Business in Other Jurisdictions Cover Page	
1N	Disadvantaged Group Applicant Form	
1O	Entity Identifier Legend Form	
1P	Trade Secret and Infrastructure Record Notification Form	
1Q	Tax Certification Page	

Processor Application – Filing Packet - Section 1: Identifiers

Instructions are provided in a separate document titled Processor Application – Request for Applications/ Instructions Packet (MMCP-P-1000).



Ohio Department of Commerce
Medical Marijuana Control Program



1A Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:3-1-02(B)(2)(a)):						
Trade Name of Applicant:						
Type of Organization/ Applicant Business Type (3796:3-1-02(B)(2)(b)):						
<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Association/ Cooperative	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other: _____
Ohio Secretary of State Business Identification Number (REQUIRED, 3796:3-1-02(B)(2)(c)):						
Business Address:						
City:				State:	Zip Code:	
Proposed Facility Physical Address (if different than above) (3796:3-1-02(B)(2)(d)):						
City (if different than above):				State:	Zip Code:	
				Ohio		
Business Phone Number:		Email Address:				
Primary Contact or Registered Agent Information						
First Name			M.I.	Last Name		
Title (i.e., Owner, President, etc.)						
Mailing Address (if different than Business Address):					City:	
State:	Zip Code:		Phone Number:			
Email Address (if different than Business Email):						



Ohio Department of Commerce
Medical Marijuana Control Program



(Optional) Alternate Contact Information		
<input type="checkbox"/> No alternate contact is listed below		
First Name	M.I.	Last Name
Title (i.e., Owner, President, etc.)		
Mailing Address (if different than Business Address):		City:
State:	Zip Code:	Phone Number:
Email Address (if different than Business Email):		
Identifying Tax Information		
FEIN (federal tax identification # of company)	CAT Account # (if applicable, or N/A)	
Vendor's License # (if applicable, or N/A)	Employer Withholding Account # (if applicable, or N/A)	
Other Accounts at the Department of Taxation (if applicable, or N/A)		



Ohio Department of Commerce
Medical Marijuana Control Program



1B Liquid Assets Form
 3796:3-1-03(A)(1), 3796:3-1-03(B)(5)(c)

To be Completed by Applicant	
Business Name of Applicant:	
To be Completed by Applicant or CPA	
<input type="checkbox"/> Independent Processor: I hereby certify the above listed Applicant has at least \$250,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets. (3796:3-1-02(B)(6)(c)(i))	
-OR-	
<input type="checkbox"/> Processor commonly-owned and co-located with cultivator: I hereby certify the above listed Applicant has at least \$100,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets, and that, at the time of submission of this application, the applicant has previously been issued a cultivator provisional license or cultivator certificate of operation and the proposed Processor will be located in the cultivator’s existing facility. (3796:3-1-02(B)(6)(c)(ii))	
Date of Certification (must be within 30 days of Application submission) (3796:3-1-03(B)(5)(c)(ii):	
Printed Name of CPA (if applicable, or N/A):	
CPA Company Name (if applicable, or N/A)	Phone Number of CPA (if applicable, or N/A)
Signature of Applicant or CPA	



Ohio Department of Commerce

Medical Marijuana Control Program



1C Financial Responsibility Form - Insurance

3796:3-1-03(B)(5)(d), 3796:3-1-05(B)(1)

To be Completed by Applicant	
Business Name of Applicant:	
<input type="checkbox"/> I hereby certify the intent to purchase insurance coverage and terms of insurance required and approved by the Department of Commerce, including, but not limited to, products liability and general liability, prior to the issuance of a Certificate of Operations, if such products are in existence at the time of issuance or the time of renewal.	
-OR-	
<input type="checkbox"/> I hereby certify insurance coverage has been purchased with terms of insurance required and approved by the Department of Commerce, including, but not limited to, products liability and general liability, prior to the issuance of a Certificate of Operations. Coverage documentation is ATTACHED to this application following this form.	
Signature:	Date:



Ohio Department of Commerce



Medical Marijuana Control Program

1D Financial Responsibility Form – Escrow / Surety

3796:3-1-02(B)(6)(d), 3796:3-1-05(B)

To be Completed by Applicant or CPA	
Business Name of Applicant:	
Type of Security (at least one box must be marked):	
<input type="checkbox"/> Escrow Account (3796:3-1-05(B)(2))	<input type="checkbox"/> Surety Bond (3796:3-1-05(B)(3))
<input type="checkbox"/> I hereby certify the ability of the above listed Applicant to establish and maintain an escrow account or surety bond in the amount of \$250,000, consistent with the Processor application requirements, prior to being awarded a Processor Certificate of Operations.	
Surety Insurance Company Name (if applicable) (3796:3-1-05(C)):	
Printed Name of CPA (if applicable, or N/A):	
CPA Company Name (if applicable, or N/A):	Phone Number of CPA (if applicable, or N/A):
Signature of applicant or CPA:	Date:



Ohio Department of Commerce



Medical Marijuana Control Program

1E Property Owner Approval for Use Form

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

To be Completed by the Applicant		
Business Name of Applicant:		
Physical Address of Proposed Medical Marijuana Processor Facility:		
City:	County:	
State: Ohio	Zip Code:	Phone Number:
Parcel ID# or Parcel Description:		
<input type="checkbox"/> The proposed location of the Processor IS within the same facility as a Cultivator that has been issued a provisional license or Certificate of Operations under O.R.C. 3796.		
<input type="checkbox"/> The proposed location of the Processor IS NOT within the same facility as a Cultivator that has been issued a provisional license or Certificate of Operations under O.R.C. 3796.		
To be Completed by the Owner of the Physical Address of the Proposed Processor		
Name of Property Owner :		
Length of Lease/ Expiration (if applicable and executed at the time of application):		
<input type="checkbox"/> The individual or entity applying for a Medical Marijuana Processor Certificate of Operations is the owner of the physical address of the proposed Medical Marijuana Processor.		
-OR-		
<input type="checkbox"/> The owner of the physical address of the proposed Medical Marijuana Processor gives permission to the individual or entity applying for a Medical Marijuana Processor Certificate of Operations to operate a Medical Marijuana Processor facility at the physical address.		
PROPERTY OWNER SIGNATURE	DATE SIGNED	



Ohio Department of Commerce

Medical Marijuana Control Program



1F 500 Foot Compliance Cover Page

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

Attach a location map of the area surrounding the proposed Processor facility. Include representation of the area within at least a 750 foot radius of the proposed facility in all directions. Identify the relative locations of any prohibited facilities on the map, establishing the facility is at least 500 feet from the boundaries of any parcel of nearby real estate having situated on it a prohibited facility, as measured under rule 3796:5-5-01 of the Administrative Code.

At a minimum, the location map should include representation of any of the following prohibited facilities, as defined in ORC 3796.30:

- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary school (as defined in ORC 5104.01 and 2950.034);
- Church (as defined in ORC 1710.01);
- Public library (as defined in ORC Chapter 3375);
- Public Playground (including state or local government property); and
- Public Park (including state or local government property).

Include this cover page with the appropriate attachment.

Map may be divided into 8.5x11 page sections or may be folded to fit into an 8.5x11 packet.

Map must be clearly labeled and legible.



Ohio Department of Commerce
Medical Marijuana Control Program



1G Notice of Proper Zoning Form

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

To be Completed by Applicant		
Business Name of Applicant:		
Physical Address and Name of Proposed Medical Marijuana Processor Facility:		
City:	County:	
State: Ohio	Zip Code:	Phone Number:
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government		
Moratorium (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Processor. (3796:3-1-03(A)(4))		
<input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Processor. (3796:3-1-03(A)(4)) (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time.		
<input type="checkbox"/> The area of _____ HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.		
Printed Name of Local Government Representative:	Title:	
Signature:	Date:	



Ohio Department of Commerce
Medical Marijuana Control Program



1H Zoning Permit Form

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

Check one of the boxes below:

- The Applicant HAS APPLIED for local zoning approval to operate a Medical Marijuana Processing facility at the address listed above.
- The Applicant HAS NOT YET APPLIED for local zoning approval to operate a Medical Marijuana Processing facility at the address listed above.

Check one of the boxes below:

- Applicant has received local zoning approval and has been issued a permit. Permit is attached after this cover page.
- No permit is attached.



Ohio Department of Commerce



Medical Marijuana Control Program

II Owners and Officers Roster Form

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

To be Completed by Applicant			
Business Name of Applicant:			
I certify, to the best of my knowledge, that the following requirements comply as to the date of the application:			
<input type="checkbox"/> No owner or officer is a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code.			
<input type="checkbox"/> No owner or officer has ownership, financial interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing.			
I certify, that I acknowledge the following condition of the review of my application:			
<input type="checkbox"/> No owner or officer may have a financial interest in more than one Processor provisional license or Processor certificate of operation at any time (3796:3-1-04(D)). If any owner or officer is included on more than one person's application or entity's application, the Department of Commerce will remove both applications from consideration.			
<i>Provide the following list for every individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in O.A.C. 3796:1-1-01, in the Applicant's business. Include any individuals who will directly or indirectly participate in the management of the operation, even if a participating individual's financial interest is 0%. If the financial interest is in an entity, provide the individuals with an equity or profit interest in the entity. Attachment 1K is to be completed for each individual listed. Entries in the Identifier Legend column (Person A, Person B, etc.) must be used in place of an individual's name if that individual is referenced in Section 2 of the application.</i>			
Identifier Legend	Name (First, Middle, Last)	Role	% Interest
<i>Ex: Person A</i>	<i>John Q. Public</i>	<i>Owner</i>	<i>5%</i>



Ohio Department of Commerce
Medical Marijuana Control Program



1J Organizational Chart Cover Page
3796:3-1-02(B)(2)(e), 3796:3-1-03(B)(1)(b)

Submit an organizational chart of the proposed processing business. At a minimum, include representation of all principal officers, board members, and any other individual associated with the processing business.

Names on the organizational chart should match those listed on Attachment 1I.

Organizational chart should be represented on 8.5 x 11 pages and may use multiple pages to represent all individuals. Chart may be presented either in portrait or landscape views.

Chart should be clearly marked and legible.

Include this cover page.



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:



Ohio Department of Commerce



Medical Marijuana Control Program

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



Ohio Department of Commerce
Medical Marijuana Control Program



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



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: <ol style="list-style-type: none"> Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and A copy of documentation so indicating; or A statement that the applicant was so licensed or authorized and was never sanctioned. (3796:3-1-02(B)(2)(j)(ii)) 			
Signature:			Date



Ohio Department of Commerce
Medical Marijuana Control Program



**1M Copies of Licenses from Medical Marijuana Business in Other Jurisdictions Cover
Page**

3796:3-1-02(B)(2)(j)(i)

Applicant has licenses for one or more medical marijuana businesses in other jurisdictions. License copies are attached after this cover page.

Applicant does not have medical marijuana businesses in other jurisdictions. No license copies are attached.

Mark one of the boxes above.

Include this form in application even if no license copies are attached.



Ohio Department of Commerce



Medical Marijuana Control Program

1N Disadvantaged Group Applicant Form

3796:3-1-03(C)(1)(a), 3796:3-1-03(C)(4)(a)(i), 3796:3-1-03(C)(4)(b)

To be Completed by Applicant	
Business Name of Applicant:	
Indicate which (if any) of the following additional criteria apply:	
<input type="checkbox"/> I certify that the principal place of business and headquarters of this organization is Ohio. (3796:3-1-03(C)(1)(a))	
<input type="checkbox"/> I certify that the applicant’s business is owned and controlled by a U.S. citizen who is a resident of Ohio and is a member of one of the economically disadvantaged groups set forth in division (C) of section 3796.09 of the Revised Code. For purposes of this section, “owned and controlled” means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:3-1-03(C)(4)(a)(i))*	
<input type="checkbox"/> I certify that the applicant’s business is owned and controlled as a woman-owned business by a U.S. citizen who is a resident of Ohio. principal place of business and headquarters of this organization is Ohio. For purposes of this section, “owned and controlled” means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:3-1-03(C)(4)(a)(ii))	
<p>Note: Additional criteria, as described in 3796:3-1-03, may be submitted in Section 2 of the Ohio Processor Application Filing Packet. See MMCP-P-1001B,</p>	
Signature:	Date



Ohio Department of Commerce



Medical Marijuana Control Program

1P Trade Secret and Infrastructure Record Notification Form

Business Name of Applicant:

The undersigned is an Applicant for a medical marijuana Processor license. The Applicant understands that the Department of Commerce is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.

While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.

Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.

Applicant understands that there are additional requirements in order to claim a trade secret or infrastructure record exception. Applicant understands that materials consisting of trade secrets or infrastructure records must be clearly marked, specifying the pages of the application submission that are to be restricted and justifying the trade secret designation or infrastructure designation for each item.

Printed Name of Authorized Representative

Signature

Date



Ohio Department of Commerce
Medical Marijuana Control Program



1Q Tax Certification Page

3796:3-1-02(B)(6)(e), 3796:3-1-03(A)(6), 3796:3-1-03(B)(5)(e)

I certify that applicant has submitted Form 1A for the business entity applicant and Form 1K only for individuals listed on Form 1I with a financial interest of one percent or greater.

Signature:

Date