



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

1K Individual Background Information Form

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

<b>To be Completed by each Individual Owner or Officer as listed on Attachment 1I</b>		
Name of Individual		Date of birth:
Title (if applicable)	Role (Owner, Officer, etc.)	
Mailing Address		
City:	State:	Zip Code:
Phone Number:	Email Address:	
<input type="checkbox"/> I 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 (3796:2-1-02(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 (3796:2-1-03(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 (3796:2-1-03(A)(2)(b)).		
<input type="checkbox"/> I certify that I have no ownership investment 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 (3796:2-1-03(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 cultivator certificate of operation at any time (3796: 2-1-04(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.		
Signature:		Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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NOTARY PUBLIC