



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Cultivator Application – Financial Interest Tax Processing Form

Applicant Name: _____

Applicant Number (if applicable): _____

Taxpayer Name: _____

Taxpayer Address: _____

Taxpayer FEIN/SSN: _____

The above-named Taxpayer hereby authorize the Ohio Department of Taxation (“Department”) 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 Department harmless with respect to the disclosure herein.

By signing, I certify that, to the best of my knowledge, the documentation provided with Form 1L and/or Form 1N indicates proof of tax compliance for individuals and businesses at the state level for all jurisdictions outside the State of Ohio in which Taxpayer applicant has operated as a business. Acceptable documentation includes tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority. This documentation shall be provided for every person or entity with a financial interest of one percent or greater in the applicant covering the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a “public record” as defined in R.C. 149.43(A)(1).**

If Taxpayer has a financial interest or had a financial interest within the last three years in a medical marijuana entity operating outside the State of Ohio, please list the applicable information below.

Table with 3 columns: Legal Business Name, FEIN, Address. Multiple empty rows for data entry.

[SEE OTHER SIDE TO COMPLETE FORM]



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

Table with 3 columns: Legal Business Name, FEIN, Address. Multiple empty rows for data entry.

* 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.

I certify under penalties of perjury that I have the authority to legally bind the Taxpayer to this Authorization.

Name and Title of Taxpayer: _____

Signature: _____ Date: _____

Taxpayer Telephone Number: _____

Please send the completed form to:

Ohio Department of Commerce
Attn: MMCP Program
77 S. High Street, 23rd Floor
Columbus, OH 43215