



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Testing Laboratory Application – Filing Packet Notarized Cover Sheet

Instructions are provided in a separate document: Testing Laboratory Application – Request for Applications / Instructions Packet (MMCP-L-1000).

Acknowledgement and Notarized Signature		
<input type="checkbox"/> 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, and will result in the disqualification of this application. 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.		
<input type="checkbox"/> I hereby acknowledge that failure or refusal to submit information required under O.A.C. 3796:4-1-02 and O.A.C. 3796:4-1-03 or requested by the Department during the application review process, or submission of an application that is in violation of the application instructions issued by the department, may result in the application being removed from consideration, pursuant to O.A.C. 3796:4-1-03(A)(7).		
Please verify and submit the non-refundable application fee:		
<input type="checkbox"/> I am prepared to submit the application fee of \$2,000 at the time of submission of this application, and I understand that this fee is non-refundable.		
The applicant is:		
<input type="checkbox"/> a public institution of higher learning in the State of Ohio. <input type="checkbox"/> not affiliated with a public institution of higher learning in the State of Ohio.		
Organization Representative:		
First Name	M.I.	Last Name
Signature		

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

(SEAL)

NOTARY PUBLIC



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Instructions are provided in a separate document titled "Testing Laboratory License Application Instructions (MMCP-L-1000)."

Testing Laboratory Application – Filing Packet Checklist

Form	Description	Completed (✓)
Cover Sheet	Acknowledgement and Notarized Signature	
Form A	Application Assistance Form	
Form B	Business Entity and Contact Information Form	
Form C	Liquid Assets Form	
Form D	Financial Responsibility Form – Insurance	
Form E	Financial Responsibility Form – Escrow / Surety	
Form F	Property Owner Approval for Use Form	
Form G	500 Foot Compliance Cover Page	
Form H	Notice of Proper Zoning Form	
Form I	Zoning Permit Cover Page	
Form J	Owners and Officers Roster Form	
Form K	Organizational Chart Cover Page	
Form L	Individual Background Information Form (Include copy for each person listed on Form J)	
Form M	Medical Marijuana Business in Other Jurisdictions Form	
Form N	Copies of Medical Marijuana Business Licenses in Other Jurisdictions Cover Page	
Form O	Tax Payment Records Cover Page	
Form P	Disadvantaged Group Applicant Form	
Form Q	Business Plan (maximum of 15 pages)	
Form R	Operations Plan (maximum of 60 pages)	
Form S	Security Plan (maximum of 15 pages)	
Form T	Financial Plan (maximum of 10 pages)	



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form A: Application Assistance Form

Please check one:

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.)

This application was not formulated with the assistance of outside consultants.

Application Assistance Information

Name of Company Providing Application Assistance (If individuals, please provide information below)

First Name

M.I.

Last Name

Address

Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)

Signature of Responsible Party



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)):						
Trade Name of Applicant:						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other: _____
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)):						
Business Address:						
City:				State:	Zip Code:	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)):						
City (if different than above):				State: Ohio	Zip Code:	
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 (MMCP)

(Optional) Alternate Contact 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):			
Identifying Tax Information			
FEIN/ SSN		CAT Account #	
Vendor's License #		Employer Withholding Account #	
Other Accounts at the Department of Taxation			



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form C: Liquid Assets Form

3796:4-1-03(A)(1), 3796:4-1-03(B)(5)(c)

To be Completed by Applicant	
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:	
To be Completed by Applicant or CPA	
<input type="checkbox"/> 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.	
Date of Certification (must be within 30 days of Application submission) (3796:4-1-03(B)(5)(c)(ii):	
Printed Name of CPA or Applicant	CPA Company Name (if applicable)
Phone Number:	Signature:



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form D: Financial Responsibility Form - Insurance

3796:4-1-03(B)(5)(d), 3796:4-1-05(B)(1)

To be Completed by Applicant	
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:	
<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.	
Date:	Signature:



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form E: Financial Responsibility Form – Escrow / Surety

3796:4-1-02(B)(5)(d), 3796:4-1-05(B)

To be Completed by Applicant or CPA	
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:	
Type of Security:	
<input type="checkbox"/> Escrow Account (3796:4-1-05(B)(2))	<input type="checkbox"/> Surety Bond (3796:4-1-05(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 \$75,000, consistent with the Testing Laboratory application requirements, prior to being awarded a Testing Laboratory Certificate of Operations.	
Surety Insurance Company Name (if applicable) (3796:4-1-05(C)):	
Printed Name:	CPA Company Name (if applicable):
Phone Number:	Signature:



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form F: Property Owner Approval for Use Form

3796:4-1-02(B)(2)(h)

To be Completed by the Applicant		
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:		
Physical Address and Name of Proposed Medical Marijuana Testing Laboratory Facility:		
City:		County:
State: Ohio	Zip Code:	Phone Number:
Legal Description of the Property:		
To be Completed by the Owner of the Physical Address of the Proposed Testing Laboratory		
Name of Owner of the Physical Address of the Proposed Medical Marijuana Testing Laboratory Facility:		
Length of Lease/ Expiration:		
<input type="checkbox"/> The individual or entity applying for a Medical Marijuana Testing Laboratory Certificate of Operations is the owner of the physical address of the proposed Medical Marijuana Testing Laboratory. -OR- <input type="checkbox"/> The owner of the physical address of the proposed Medical Marijuana Testing Laboratory gives permission to the individual or entity applying for a Medical Marijuana Testing Laboratory Certificate of Operations to operate a Medical Marijuana Testing Laboratory facility at the physical address.		
PROPERTY OWNER OR REPRESENTATIVE SIGNATURE		DATE SIGNED



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form G: 500 Foot Compliance Cover Page

3796:4-1-02(B)(2)(i), 3796:4-1-03(A)(3)

Attach a location map of the area surrounding the proposed Testing Laboratory facility. Include representation of the area within at least a 750-foot radius in all directions of the parcel of land on which the proposed facility will be located. 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 (MMCP)

Form H: Notice of Proper Zoning Form

3796:4-1-02(B)(2)(k)

To be Completed by Applicant		
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:		
Physical Address and Name of Proposed Medical Marijuana Testing Laboratory 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		
<input type="checkbox"/> The Applicant has applied for local zoning approval to operate a Medical Marijuana Testing Laboratory at the address listed above. (If Permit Issued, attach to Form I as Attachment I.) <input type="checkbox"/> The Applicant complies with local zoning laws and regulations to operate a Medical Marijuana Testing facility at the address listed above at this time. <input type="checkbox"/> The area of _____ has not enacted a local moratorium, ban, or other action that prohibits the operation of a medical marijuana entity. (3796:4-1-03(A)(4)) <input type="checkbox"/> The area of _____ has no zoning in place at this time.		
Printed Name of Authorized Zoning Representative:		Title:
Signature:		



Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)



Form I: Zoning Permit Cover Page

3796:4-1-02(B)(2)(k)

Applicant has received local zoning approval and was issued a permit. Permit is attached after this cover page.

No permit is attached.

Mark one of the boxes above.

Include this form in application even if no permit is attached.



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form K: Organizational Chart Cover Page

3796:4-1-02(B)(2)(e), 3796:4-1-03(B)(1)(b)

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

Names on the organizational chart should match those listed on **Form J**.

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 (MMCP)

Form L: Individual Background Information Form

(3796:4-1-02(B)(2), 3796:4-1-03(A))

To be Completed by each Individual Owner or Officer as listed on Form J

Applicant Entity Name

Name of Individual | Date of birth:

Title (if applicable) | Role (Owner, Officer, etc.)

Mailing Address

City: | State: | Zip Code:

Phone Number: | Email Address:

Identifying Tax Information

SSN

MEDICAL MARIJUANA BUSINESSES OUTSIDE OHIO
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.
* 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.

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



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form L: Individual 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 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.

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



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form L: Individual Background Information Form (Cont'd)

Name of Individual	
<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 (3796:4-1-02(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 (3796:4-1-03(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 (3796:4-1-03(A)(2)(b)).	
<input type="checkbox"/> I certify that I have no ownership, investment interest, or compensation arrangement with a cultivator, processor, or dispensary licensed under Chapter 3796. of the Administrative Code, or an applicant for a cultivator, processor, or dispensary license (3796:4-1-03(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 (3796:4-1-04(C)). 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 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 L and Form O 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.	
Signature:	Date

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

(SEAL)

NOTARY PUBLIC



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form M: Medical Marijuana Businesses in Other Jurisdictions Form

3796:4-1-02(B)(2)(g), 3796:4-1-02(B)(2)(j)

To be Completed by Applicant			
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:			
Provide information regarding all other <u>medical marijuana</u> licenses, permits, or registrations ever held, current or expired, by the Applicant or individuals affiliated with the Applicant in any other U.S. jurisdiction (Attach copies of this form to list any additional entities):			
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. (3796:4-1-02(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. (3796:4-1-02(B)(2)(j)(ii)) 			
Signature:			Date



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

**Form N: Copies of Licenses from Medical Marijuana Business in Other Jurisdictions
Cover Page**

3796:4-1-02(B)(2)(j)(i)

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

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 (MMCP)

Form O: Tax Payment Records Cover Page

3796:4-1-02(B)(6)(e), 3796:4-1-03(A)(6), 3796:4-1-03(B)(4)(e)

In order to ensure tax compliance across state and federal tax jurisdictions, the applicant is required to submit tax information for the business entity and for every person with a financial interest of one percent or greater in the applicant business entity for up to three tax years prior to filing of the application. If the business entity is newly created, this would only apply to every person with a financial interest of one percent or greater in the applicant business entity at the time of the application.

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, excluding Social Security numbers, including tax returns from other jurisdictions, could be considered a “public record” as defined in O.R.C. 149.43(A)(1).

Attach a record of tax payments in the form of tax summary pages for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application.

Include this cover page.



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form P: Disadvantaged Group Applicant Form

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

To be Completed by Applicant	
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:	
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. (3796:4-1-03(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. (3796:4-1-03(C)(3)(a))*	
<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. (3796:4-1-03(C)(3)(b))	
Signature:	Date



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Form Q: Business Plan
(Maximum of 15 pages, see instructions for formatting)

Applicant should provide a narrative detailing support for the following:

Part I: Experience in Business

Experience, which includes information on business licenses held by any person affiliated with the applicant. This experience may be in any industry, and is not limited to experience in the medical marijuana industry. (3796:4-1-03(B)(1)(c))

Part II: Business Model

(A) A proposed business model demonstrating a likelihood of success, a sufficient business ability, and experience on the part of the applicant. (3796:4-1-03(B)(1)(a))

(B) (OPTIONAL) If applicant is seeking additional scoring considerations on an Ohio Based Jobs and economic development plan, the applicant may also provide a plan for generating Ohio-based jobs and economic development. (3796:4-1-03(C)(1)(b))



Medical Marijuana Control Program (MMCP)

Form R: Operations Plan
(Maximum of 60 pages, see instructions for formatting)

Applicant should provide a narrative detailing support for the following:

Part I: Analytical Techniques, Protocols, and Instrumentation, Proposed Analytical Services

- (A) *Laboratory analysis techniques, including specific instrumentation and protocols necessary to perform the required tests (3796:4-1-02(B)(3)(a), 3796:4-1-03(B)(2)(a))*
- (B) *A list of proposed analytical services (3796:4-1-02(B)(3)(c), 3796:4-1-03(B)(2)(c))*
- (C) *(OPTIONAL) If applicant is seeking additional scoring considerations on a research plan, the applicant may provide the department with a detailed proposal to conduct or facilitate a scientific study or studies related to the medicinal use of marijuana. (3796:4-1-03(C)(4))*

Part II: Facility Specifications

Facility specifications evidencing that the applicant will comply with the requirements of Chapter 3796 of the Revised Code and will operate in accordance with the rules promulgated pursuant to Chapter 3796 of the Revised Code. (3796:4-1-02(B)(3)(d), 3796:4-1-03(B)(2)(d))

Part III: Standard Operating Procedures

The implementation of standards, guidelines, policies, and procedures in accordance with the requirements of ISO/IEC 17025 "General Requirements for the Competence of Testing and Calibration Laboratories," that the applicant will implement for the secure and proper analytical testing of medical marijuana. (3796:4-1-03(B)(2)(b))

Part IV: Staffing and Training

- (A) *Staffing and training guidelines/ Facility staffing and employment matters, including employee training and employee compliance with Chapter 3796 of the Revised Code and in accordance with the rules promulgated pursuant to Chapter 3796 of the Revised Code. (3796:4-1-03(B)(2)(d), 3796:4-1-02(B)(3)(e))*
- (B) *(OPTIONAL) If applicant is seeking additional scoring considerations on employment practices, the applicant may demonstrate a plan of action to inform, hire, and educate minorities, women, veterans, disabled persons, and Ohio residents. (3796:4-1-03(C)(2))*

Part V: Inventory Tracking & Sample Management

A sample inventory control plan, including sample management and compliance with the inventory tracking system. (3796:4-1-02(B)(3)(f), 3796:4-1-03(B)(2)(f))

Part VI: Disposal & Waste Removal

Policies and procedures for the disposal/destruction of medical marijuana waste and other wastes. (3796:4-1-02(B)(3)(g), 3796:4-1-03(B)(2)(g))



Medical Marijuana Control Program (MMCP)

Form S: Security Plan
(Maximum of 15 pages, see instructions for formatting)

Applicant should provide a narrative detailing support for the following:

Part I: Surveillance Technology and Physical Security

Physical equipment used to monitor the facility and meet the security requirements under Chapter 3796 of the Revised Code and the rules promulgated in accordance with Chapter 3796 of the Revised Code. (3796:4-1-03(B)(3)(b))

Part II: Security and Transportation Policies and Procedures

- (A) A security plan in accordance with rule 3796:4-2-07 of the Administrative Code, that establishes policies and procedures to ensure a secure, safe facility to prevent theft, loss, or diversion and protect facility personnel. (3796:4-1-03(B)(3)(a))*
- (B) Transportation policies and procedures, which includes the transportation of medical marijuana from a processor or dispensary and from a Processor to a testing laboratory in the state of Ohio, in accordance rule 3796:5-3-01 of the Administrative Code. (3796:4-1-02(B)(4)(c), 3796:4-1-03(B)(3)(e))*

Part III: Facility Plot Plan and Specifications

A plot plan of the Processing facility drawn to a reasonable scale that designates the different areas of operation, including the marijuana sample storage areas, with the mandatory access restrictions. (3796:4-1-03(B)(4)(d), 3796:4-1-02(B)(5)(d))

- (A) If the building is in existence at the time of the application, the applicant shall submit plans and specifications drawn to scale for the interior of the building.*
- (B) If the building is not in existence at the time of application, the applicant shall submit a plot plan and a detailed drawing to scale of the interior and the architect's drawing of the building to be constructed.*

Part IV: Record Keeping, Reporting, Regulatory Compliance, and Emergency Notification Procedures

- (A) Record keeping policies and procedures that will ensure the facility complies with rule 3796:4-2-05 of the Administrative Code. (3796:4-1-02(B)(4)(a))*
- (B) Implementation and compliance with information reporting into the inventory tracking system. (3796:4-1-02(B)(4)(a), 3796:4-1-03(B)(2)(e), 3796:4-2-04)*
- (C) Emergency notification procedures with the department, law enforcement, and emergency response professionals. (3796:4-1-03(B)(3)(c))*



Ohio Department of Commerce

Medical Marijuana Control Program (MMCP)



Form T: Financial Plan
(Maximum of 10 pages, see instructions for formatting)

Applicant should provide a narrative detailing support for the following:

Part I: Funding Analyses

A breakdown of the applicant's proposed and budgeted sources of funding.

Part II: Operating Expense Breakdown

A cost breakdown of the applicant's anticipated costs in building the facility and implementing the policies and procedures submitted as part of the application. (3796:4-1-02(B)(5)(b), 3796:4-1-03(B)(4)(b))