



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Cultivator Application – Filing Packet Notarized Cover Sheet

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

<p>Acknowledgement and Notarized Signature</p>
<p><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. 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.</p> <p><input type="checkbox"/> I hereby acknowledge that this application was formulated with the assistance of outside consultants knowledgeable in the industry. If applicable, please include the information requested below regarding the individuals or entities that provided this assistance.</p> <p><input type="checkbox"/> 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.</p>
<p>Please verify the application level and submit the corresponding, non-refundable application fee:</p> <p><input type="checkbox"/> Level I: I understand and am prepared to submit the non-refundable application fee of \$20,000 at the time of submission of this application. By checking this box, I acknowledge that the applicant and any person possessing a financial interest in the applicant, as defined in O.A.C. 3796:1-1-01, is prohibited from applying as a Level II cultivator. (3796:5-1-01)</p> <p>-OR-</p> <p><input type="checkbox"/> Level II: I understand and am prepared to submit the non-refundable application fee of \$2,000 at the time of submission of this application. By checking this box, I acknowledge that the applicant and any person possessing a financial interest in the applicant, as defined in O.A.C. 3796:1-1-01, is prohibited from applying as a Level I cultivator (3796:5-1-01).</p>



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Business Represented:		
First Name	M.I.	Last Name
Signature		
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		

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

(SEAL)

NOTARY PUBLIC