



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Cultivator Application – Filing Packet - Section 1: Identifiers

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

1A Business Entity and Contact Information Form

Business Entity Information						
1. Legal Name of Applicant (3796:2-1-02(B)(2)(a)):						
2. Trade Name of Applicant:						
3. Type of Organization/ Applicant Business Type (3796:2-1-02(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: _____
4. Ohio Secretary of State Business Identification Number (3796:2-1-02(B)(2)(c)):						
5. Business Address:						
6. City:				7. State:	8. Zip Code:	
9. Proposed Facility Physical Address (if different than above) (3796:2-1-02(B)(2)(d)):						
10. City (if different than above):				11. State: Ohio	12. Zip Code:	
13. Business Phone Number:		14. Email Address:				
Primary Contact or Registered Agent Information						
15. First Name			16. M.I.	17. Last Name		
18. Title (i.e., Owner, President, etc.)						



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19. Mailing Address (if different than Business Address):		20. City:	
21. State:	22. Zip Code:	23. Phone Number:	
24. Email Address (if different than Business Email):			
(Optional) Alternative Contact Information			
25. First Name	26. M.I.	27. Last Name	
28. Title (i.e., Owner, President, etc.)			
29. Mailing Address (if different than Business Address):		30. City:	
31. State:	32. Zip Code:	33. Phone Number:	
34. Email Address (if different than Business Email):			
Identifying Tax Information			
35. FEIN/SSN		36. CAT Account #	
37. Vendor's License #		38. Employer Withholding Account #	
39. Other Accounts at the Department of Taxation			