



## Ohio Medical Marijuana Dispensary RFA2 Preview

### Demographic Information(Business Information)

**A-1.1** Applicant Business Name (hereinafter “Applicant”) (as reflected in the articles of incorporation or other documents filed with the Ohio Secretary of State)

Text response. Max characters allowed in response: **200**

**A-1.1A** Upload articles of incorporation or other documents here.

Upload a single PDF document less than 10MB in size

**A-1.1B** Full Business Address

Text response. Max characters allowed in response: **500**

**A-1.2** Trade Name or Fictitious Name as Filed with Ohio Secretary of State (commonly referred to as the “Doing Business As” Name)

Text response. Max characters allowed in response: **250**

**A-1.3** Business Address of Proposed Dispensary

Text response. Max characters allowed in response: **100**

**A-1.4** City

Text response. Max characters allowed in response: **100**

### **A-1.5 State**

Select a state from a drop-down list

### **A-1.6 Zip Code**

Text response. Max characters allowed in response: **5**

### **A-1.7 Phone Number**

Text response. Max characters allowed in response: **20**

### **A-1.8 Email Address**

Text response. Max characters allowed in response: **100**

## Demographic Information(Primary Contact and Registered Agent Information)

The individual listed as the primary contact must have authority to respond to questions on behalf of Applicant and provide any additional information if requested by the Board. The individual listed as the registered agent must be able to accept legal service and formal correspondence on behalf of Applicant.

Applicant is required to notify the Board of Pharmacy if the primary contact or registered agent information changes. Applicant must list BOTH a primary contact AND a registered agent. Applicants may identify the same person, if applicable.

**A-2.1** Please select: Primary Contact, or Registered Agent for this Application

Select 'PRIMARY CONTACT' or 'REGISTERED AGENT' from a drop-down list

**A-2.2** First Name

Text response. Max characters allowed in response: **100**

**A-2.3** Middle Name

Text response. Max characters allowed in response: **100**

**A-2.4** Last Name

Text response. Max characters allowed in response: **100**

**A-2.5** Address

Text response. Max characters allowed in response: **100**

**A-2.6** City

Text response. Max characters allowed in response: **50**

**A-2.7** State

Select a state from a drop-down list

**A-2.8** Zip Code

Text response. Max characters allowed in response: **5**

### **A-2.9** Phone Number

Text response. Max characters allowed in response: **20**

### **A-2.10** Email Address

Text response. Max characters allowed in response: **100**

## Demographic Information(Applicant Organization and Tax Status)

### A-3.1 Select your organization type

Select one of the following from a drop-down list: C-Corporation; Limited Liability Company; Limited Liability Limited Partnership; Limited Liability Partnership; Non-Profit Organization; Other (explain); Partnership; S-Corporation; Sole Proprietorship

#### A-3.1.1 If other, explain

Text response. Max characters allowed in response: **500**

### A-3.2 State of Incorporation or Registration

Select a state from a drop-down list

### A-3.3 Date of Formation

Text response. Max characters allowed in response: **20**

### A-3.4 Business Name on Formation Documents

Text response. Max characters allowed in response: **250**

### A-3.5 Federal Employer ID number

Text response. Max characters allowed in response: **50**

### A-3.6 Ohio Unemployment Compensation Account Number (if Applicant is currently doing business in Ohio).

Text response. Max characters allowed in response: **50**

### A-3.7 Ohio Department of Taxation Number (if Applicant is currently doing business in Ohio)

Text response. Max characters allowed in response: **50**

### A-3.8 Ohio Workers' Compensation Policy Number (if Applicant is currently doing business in Ohio)

Text response. Max characters allowed in response: **50**

**A-3.9** By selecting "**Yes**", the Applicant attests that it must obtain workers' compensation insurance prior to receiving a certificate of operation to operate a medical marijuana dispensary from the State of Ohio Board of Pharmacy.

Select 'YES' or 'NO' from a drop-down list

**A-3.10** Does the Applicant have any ownership interest in, or is the Applicant otherwise affiliated with, marijuana entities including both licensed and prospective entities, in Ohio or any other jurisdiction? (Including, but not limited to, cultivators, processors, testing labs, dispensaries, retailers, non-store front retailers, marijuana delivery service, or applicants for any such license or certificate. For sole proprietors and partnerships, this will also include any employee licenses.)

"Affiliate" or "affiliated with" means any holding company or institutional investor or any individual, partnership, corporation, association, trust or any other group of individuals, however organized, which directly or indirectly owns, has the power or right to control, or holds with the power to vote, an ownership interest in a licensed or prospective marijuana business. If you select "**Yes**", answer question A-3.10.1 below.

Select 'YES' or 'NO' from a drop-down list

**A-3.10.1** If "**Yes**" to question A-3.10, for each instance relevant to question A-3.10, provide the following:

- Legal Business Name and License Number
- Business Address
- Type of ownership interest or affiliation

Text response. Max characters allowed in response: **8000**

**Demographic Information(Proposed Organizational Structure of Provisional Dispensary Applicant)**

**A-4.1** Attach an organizational chart showing all owners, officers, and board members of the provisional dispensary applicant, irrespective of ownership interest.

Upload a single PDF document less than 10MB in size

## Demographic Information(District Information )

**A-5.1** Please select to indicate the medical marijuana dispensary district for which the Applicant is applying for a dispensary license

Select a district from a drop-down list

**A-5.2** Please select to indicate the Ohio county in which the dispensary would be located, if the provisional dispensary license is awarded.

Select an Ohio county from a drop-down list



## Compliance(Compliance with Applicable Laws and Regulations)

**B-1.1** By selecting “Yes,” the Applicant, as well as all individually identified Prospective Associated Key Employees listed in this provisional license application, agree to comply with all applicable Ohio laws and regulations relating to the operation of a medical marijuana dispensary.

Select 'YES' or 'NO' from a drop-down list

**B-1.2** By selecting “Yes,” the Applicant understands and attests that it must establish and maintain an escrow account or surety bond in the amount of \$50,000 as a condition precedent to receiving a medical marijuana certificate of operation. [OAC 3796:6-2-11](#)

Select 'YES' or 'NO' from a drop-down list

## Compliance(Civil and Administrative Action)

**B-2.1** Has criminal, civil, or administrative action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) been taken against the Applicant, or an affiliate of the Applicant (as defined in A-3.10), under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

Select 'YES' or 'NO' from a drop-down list

**B-2.1.1** If "Yes" to question in B-2.1, provide the following:

- Respondent/Defendant Name
- Name of Case or Docket Number
- Nature of Charge or Complaint. Include statutory code sections or administrative rule sections, if applicable.
- Date of Charge or Complaint
- Disposition
- Name and Address of the Administrative Agency Involved if applicable
- Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions) if applicable

Text response. Max characters allowed in response: **8000**

## Compliance(Prospective Associated Key Employee Compliance)

Applicants are required to submit the following for each Prospective Associated Key Employee in this application (owner or prospective owner, officer or board member or prospective board member of the entity seeking a dispensary license; only owners or prospective owners with at least 10 percent ownership or voting interest must be included in this application as a Prospective Associated Key Employee)

### B-3.1 First Name

Text response. Max characters allowed in response: **100**

### B-3.2 Middle Name

Text response. Max characters allowed in response: **100**

### B-3.3 Last Name

Text response. Max characters allowed in response: **100**

### B-3.4 Suffix

Text response. Max characters allowed in response: **30**

### B-3.5 Occupation (current):

Text response. Max characters allowed in response: **250**

### B-3.6 Applicant's business-related compensation:

Text response. Max characters allowed in response: **1000**

### B-3.7 Ownership interest in Applicant's business (as a percentage):

Text response. Max characters allowed in response: **500**

**B-3.8** Voting Rights in Applicant's business (as a percentage):

Text response. Max characters allowed in response: **500**

**B-3.9** Proposed Role

Select one of the following from a drop-down list: BOARD MEMBER; OFFICER; OTHER; OWNER

**B-3.10** Provide a short description of the role the person will serve in for the organization and the person's responsibilities:

Text response. Max characters allowed in response: **8000**

**B-3.11** Date of birth

Text response. Max characters allowed in response: **20**

**B-3.12** Social Security Number (use "N/A" if unavailable)

Text response. Max characters allowed in response: **100**

**B-3.13** Street Address

Text response. Max characters allowed in response: **100**

**B-3.14** City

Text response. Max characters allowed in response: **50**

**B-3.15** State

Select a state from a drop-down list

### **B-3.16** Zip Code

Text response. Max characters allowed in response: **5**

### **B-3.17** Phone

Text response. Max characters allowed in response: **20**

### **B-3.18** Email

Text response. Max characters allowed in response: **100**

**B-3.19** Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license or state-issued identification card
- Unexpired, valid United States passport

Upload a single PDF document less than 10MB in size

**B-3.20** Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

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**B-3.21** Has the individual served, or are they currently serving as an owner, officer, board member, employee or consultant of, or otherwise affiliated with, another marijuana entity in Ohio or elsewhere in the United States?

Select 'YES' or 'NO' from a drop-down list

**B-3.21.1** If "Yes" to B-3.21, please provide the entity Name and Address.

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**B-3.22** Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another marijuana entity in Ohio or the United States?

Select 'YES' or 'NO' from a drop-down list

**B-3.22.1** If "Yes" to B-3.22, please provide the entity Name and Address.

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**B-3.23** Has criminal or civil action been taken against the Prospective Associated Key Employee under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

Select 'YES' or 'NO' from a drop-down list

**B-3.23.1** If "Yes" to B-3.23, please provide the following:

- Defendant Name
- Name of Case or Docket Number
- Nature of Charge or Complaint
- Date of Charge or Complaint
- Disposition
- Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

Text response. Max characters allowed in response: **8000**

**B-3.24** Has criminal, civil, or administrative action been taken against any marijuana entity with which the Prospective Associated Key Employee is or was previously associated with under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

Select 'YES' or 'NO' from a drop-down list

**B-3.24.1** If "Yes" to B-3.24, please provide the following:

- Name
- License Number
- Name and Address of Regulatory Body or Court
- Nature of Charge or Complaint
- Date of Charge or Complaint
- Disposition

Text response. Max characters allowed in response: **8000**

**B-3.25** Has administrative or disciplinary action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) ever been taken against this individual by the State of Ohio Board of Pharmacy or any other licensing entity?

Select 'YES' or 'NO' from a drop-down list

**B-3.25.1** If "Yes" to B-3.25, please provide the following:

- Name
- License Number
- Name and Address of Licensing Entity
- Nature of Charge or Complaint
- Date of Charge or Complaint
- Disposition

Text response. Max characters allowed in response: **8000**

**B-3.26** By selecting "Yes", this individual attests that they have submitted the requisite criminal records check through a process described in Section V(D) of the Application Instructions and agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback), or other similar program as required by the Board, should the Applicant be awarded a provisional license.

Select 'YES' or 'NO' from a drop-down list

**B-3.27** Are any of the Applicant's Prospective Associated Key Employees a physician with an active certificate to recommend medical marijuana or a physician who intends to apply for a certificate to recommend medical marijuana under [section 4731.30 of the Revised Code](#)?

Select 'YES' or 'NO' from a drop-down list

**B-3.28** Do any of the Applicant's Prospective Associated Key Employees have an ownership or investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Revised Code or an Applicant for a license to conduct laboratory testing?

Select 'YES' or 'NO' from a drop-down list



## **Business Plan(Property Title, Lease, or Option to Acquire Property Location)**

**C-1.1** Attach evidence of the Applicant's clear legal title, an executed lease, or option to purchase or lease the proposed site and facility. If attaching an executed lease or option to lease, Applicant must submit a signed, notarized statement from the property owner that the owner will grant a leasehold interest to the Applicant on the proposed site

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## **Business Plan(Site and Facility Plan)**

**C-2.1** Applicants must provide a site-specific plan for the address identified in A-1.3 of the application showing the interior and exterior of the proposed facility, drawn to scale with square footage clearly illustrated. The site-specific plan SHALL include and clearly identify all of the following:

- dispensary department
- restricted access areas
- waiting room
- patient care areas or other areas designated for patient and caregiver consultation and instruction
- an enclosed delivery bay or equally secured delivery area where medical marijuana deliveries will be made pursuant to a standard operating procedure to be approved by the board
- a day storage area with pass-thru window(s)
- a “mantrap” at any ingress/egress from the dispensary department
- a vault in conformance with C.F.R. 1307.72(a)(3)(6/30/2021) that is in a location not visible to the public
- parking (designated parking lot or publicly available parking)

The site-specific plan shall be prepared and certified by the contractor or architect responsible for the project. (Attachment must clearly demonstrate all listed items.)

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**C-2.1A** Attach a detailed, site-specific construction or renovation budget and schedule demonstrating the applicant will commence dispensary operations in accordance with rule 3796:6-2-04. The budget and schedule shall be prepared by the contractor or architect for the project. The schedule must include a GANTT chart. The budget must use the 50 divisions of construction information found in the Construction Specifications Institute’s MasterFormat (2018 version).

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**C-2.2** The Applicant must submit evidence that it complies with any local ordinances, rules, or regulations adopted by the locality in which the Applicant's property is located, which are in effect at the time of the application. Include copies of any required local registration(s), license(s) or permit(s) of the locality in which the applicant’s property is located. (Attach completed Notice of Proper Zoning Form and, if applicable, any supporting documentation.)

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**C-2.3** Provide a professionally prepared survey of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a [prohibited facility, pursuant to R.C. 3796.30](#), or an opioid treatment program as defined in [rule 4729:5-21-01](#) of the Administrative Code.

500 feet will be measured using the shortest distance between the closest point of the external boundaries of a parcel of real estate having on it such a facility or opioid treatment program and the external boundaries of the parcel on which the prospective dispensary would be situated. The survey must be clearly legible and labeled and may be divided into 8.5 by 11 inch sections. ([3796:6-2-02](#))

Upload a single PDF document less than 10MB in size

## **Business Plan(Business Plan)**

**C-3.1** Attach a detailed budget for the proposed dispensary, identifying the projected costs to staff, equip, and operate the medical dispensary for the time period from an award of the provisional dispensary license until the issuance of the certificate of operation (this must include all licensing fees paid to the Board and other regulatory agencies):

Upload a single PDF document less than 10MB in size

**C-3.1.1** Attach a detailed budget for the proposed dispensary, identifying the projected costs to staff, equip, and operate the medical dispensary for the time period from the issuance of the certificate of operation until not less than four months after receipt of the certificate of operation (this must include all licensing fees paid to the Board and other regulatory agencies):

Upload a single PDF document less than 10MB in size

## **Business Plan(Description of Dispensary Employee Duties and Roles)**

**C-4.1** Provide an organizational chart. Include all positions to be held by Prospective Associated Key Employees, Key Employees, and Support Employees and a description of the duties, responsibilities, and roles of each employee. Include any 3rd party vendors or consultants providing services to the dispensary, e.g. security services.

Upload a single PDF document less than 10MB in size

**C-4.2** Attach a detailed timeline for hiring and staff training to ensure compliance with rule 3796:6-2-04.

Upload a single PDF document less than 10MB in size

## Business Plan(Financial Information)

By submitting this application, Applicant agrees that no additional sources of capital, other than those disclosed in this application, will be used to fund the dispensary from issuance of the provisional dispensary license until not less than four months after receipt of the certificate of operation without prior approval by the Board of Pharmacy.

**C-5.1A** Total Amount of Available Capital:

Text response. Max characters allowed in response: **250**

**C-5.1B** Total Number of Licenses Applicant is Willing to Accept :

Text response. Max characters allowed in response: **250**

**C-5.1C** Total Amount of Available Capital Per License (divide C-5.1(A) by C-5.1(B)):

Text response. Max characters allowed in response: **250**

**C-5.2** In the text area below detail the following items related to all capital that will be used to operate this dispensary.

- Type of capital
- Source of capital
- Name and address of financial institution
- Account number

Text response. Max characters allowed in response: **8000**

**C-5.3** Demonstrate that the Applicant has adequate liquid assets to cover: (1) construction or renovation costs identified in Question C-2 of this application; (2) projected costs to staff, equip and operate the medical marijuana dispensary from an award of the provisional dispensary license until the issuance of the certificate of operation as identified in Question C-3 of this application; and (3) projected costs to staff, equip and operate the medical marijuana dispensary from the issuance of the certificate of operation until not less than four months after receipt of the certificate of operation as identified in Question C-3 of this application.

The applicant must demonstrate it has adequate liquid assets for all licenses the applicant is willing to accept. The total amount of liquid assets must cover all expenses and costs identified in the above paragraph, but the total amount of liquid assets must be no less than \$250,000 per license. (Example: If Applicant will accept 3 licenses, Applicant must have no less than \$750,000 in liquid assets. If Applicant's costs identified in C-3 will be \$1 million per location, Applicant must have no less than \$3 million in liquid assets.)

If the Applicant is relying on liquid assets from an individual, provide evidence that the person has unconditionally committed such liquid assets to the use of the Applicant in the event that a dispensary license(s) is awarded to the Applicant. ([3796:6-2-02](#)) For all sources of capital, provide documentation from the financial institution(s) (from an institution in this state, or any other state in the United States, United States territory, or the District of Columbia) – dated no earlier than thirty days prior to the date the application is submitted - to support these capital requirements and identify the source of the assets.

Upload a single PDF document less than 10MB in size

## Operations Plan(Dispensary Oversight)

**D-1.1** By selecting "**Yes**", the Applicant attests that it will appoint a designated representative responsible for the oversight, supervision and control of operations of the medical marijuana dispensary. When there is a change in the appointed designated representative, the Applicant will notify the State Board of Pharmacy within 10 business days of appointment. ([OAC 3796:6-3-05](#))

Select 'YES' or 'NO' from a drop-down list



## Operations Plan(Security and Surveillance )

**D-2.1** By selecting "**Yes**", the Applicant attests that it is able to continuously maintain effective security, surveillance and accounting control measures to prevent diversion, abuse and other illegal conduct regarding medical marijuana and medical marijuana products.

Select 'YES' or 'NO' from a drop-down list

**D-2.2** By selecting "**Yes**", the Applicant attests that it is able to comply with rule 3796:6-3-16 for the monitoring, surveillance, and security for medical marijuana inventory and dispensary premises. The security and surveillance plan SHALL include: (1) dual authentication or biometric vault access with unique code for each employee; (2) safe exclusively for storage of currency, with separate access controls, to be maintained within the product vault; (3) minimum of one height strip camera at public entrance/exit to dispensary; (4) dedicated on-site security personnel during all operational hours who shall only perform tasks related to security operations and have foundational training specific to security; and (5) electronic records of all employee access to any restricted access areas.

Select 'YES' or 'NO' from a drop-down list

## Operations Plan(Receiving of Product)

**D-3.1** By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

Select 'YES' or 'NO' from a drop-down list

**D-3.2** By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting, any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded or adulterated medical marijuana.

Select 'YES' or 'NO' from a drop-down list

## Operations Plan(Storage of Product)

**D-4.1** By selecting "**Yes**", the Applicant attests that there will be separate, locked, limited access areas for the storage of medical marijuana that is expired, damaged, deteriorated, mislabeled, contaminated, recalled, or whose containers or packaging have been opened or breached, until the medical marijuana is returned to a cultivator, or processor, destroyed or otherwise disposed.

Select 'YES' or 'NO' from a drop-down list

**D-4.2** By selecting "**Yes**", the Applicant attests that all areas where medical marijuana and devices are stored must be dry, well-lighted, well-ventilated, and maintained in a clean and orderly condition. Storage areas shall be maintained at temperatures and under lighting conditions which will ensure the integrity of medical marijuana prior to its use. The area shall be free from infestation by insects, rodents, birds, and pests.

Select 'YES' or 'NO' from a drop-down list

**D-4.3** By selecting "**Yes**", the Applicant attests that a separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

Select 'YES' or 'NO' from a drop-down list

**Operations Plan(Dispensing of Product, Labeling of Product, Reporting of Product Dispensations into the Prescription Monitoring Program (PMP), and Management of Dispensing Errors)**

**D-5.1** By selecting "**Yes**", the Applicant attests that it is prepared and willing to join the [American Society for Automation in Pharmacy](#) (ASAP) annually in order to facilitate near-real-time reporting to the Ohio Automated Rx Reporting System (OARRS). ([OAC 3796:6-3-08](#); [OAC 3796:6-3-10](#))

Select 'YES' or 'NO' from a drop-down list

**D-5.2** By selecting "**Yes**", the Applicant attests that it will comply with rules [3796:6-3-08](#), [6-3-09](#), [6-3-10](#), [6-3-12](#), and [6-3-13](#) regarding the dispensing of medical marijuana, labeling of medical marijuana, reporting of medical marijuana dispensations into the prescription monitoring program, and management of dispensing errors.

Select 'YES' or 'NO' from a drop-down list

## Operations Plan(Inventory Management and Record Keeping)

**D-6.1** By selecting "**Yes**", the Applicant attests that it will establish inventory controls and procedures for the conducting of weekly inventory reviews and annual comprehensive inventories of medical marijuana at the facility. ([OAC 3796:6-3-20](#))

Select 'YES' or 'NO' from a drop-down list

**D-6.2** By selecting "**Yes**", the Applicant attests that its designated representative will conduct and document an audit of the dispensary's daily inventory according to generally accepted accounting principles at least once weekly consistent with [OAC 3796:6-3-20\(D\)](#).

Select 'YES' or 'NO' from a drop-down list

**D-6.3** By selecting "**Yes**", the Applicant attests that it will use the state inventory tracking system. ([ORC 3796.07](#); [OAC 3796:1-1-01](#); [OAC 3796:6-3-06](#))

Select 'YES' or 'NO' from a drop-down list

**D-6.4** By selecting "**Yes**", the Applicant attests that it will maintain the inventory data in its internal inventory control system of medical marijuana received from a cultivator or processor. ([OAC 3796:6-3-20](#))

Select 'YES' or 'NO' from a drop-down list

**D-6.5** By selecting "**Yes**", the Applicant attests that it will maintain the inventory data in its internal inventory control system of medical marijuana dispensed to a patient or caregiver. ([OAC 3796:6-3-08](#))

Select 'YES' or 'NO' from a drop-down list

**D-6.6** By selecting "**Yes**", the Applicant attests that it will maintain the inventory data in its internal inventory control system of expired, damaged, deteriorated, misbranded or adulterated medical marijuana awaiting return to a cultivator/processor or awaiting disposal. ([OAC 3796:6-3-20](#))

Select 'YES' or 'NO' from a drop-down list

**D-6.7** By selecting "**Yes**", the Applicant attests that all waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. ([3796:6-3-14](#))

Select 'YES' or 'NO' from a drop-down list

**D-6.8** By selecting "**Yes**", the Applicant attests that it will maintain the following records in compliance with rule 3796:6-3-17: (1) Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary; (2) Operating procedures and controls; (3) Audit records; (4) Staffing plans; (5) Business records; (6) Surveillance records; (7) Attendance logs; and (8) Quality assurance review logs.

Select 'YES' or 'NO' from a drop-down list

## Operations Plan(Security & Infrastructure Records )

**D-7.1** By selecting "**Yes**", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

Select 'YES' or 'NO' from a drop-down list

## Patient Care(Dispensary Operating Hours)

**E-1.1** By selecting "**Yes**", the Applicant attests that it will make the dispensary available to patients and caregivers to purchase medical marijuana for a minimum of 35 hours per week, between the hours of 7 am and 9 pm, except as authorized by State Board of Pharmacy. ([OAC 3796:6-3-03](#))

Select 'YES' or 'NO' from a drop-down list



## Patient Care(Patient Information)

**E-2.1** By selecting "**Yes**", the Applicant attests that it will post a sign directing patients and caregivers with medical marijuana inquiries or adverse reactions to the toll-free hotline established by the State Board of Pharmacy. ([OAC 3796:6-3-15](#))

Select 'YES' or 'NO' from a drop-down list

**E-2.2** By selecting "**Yes**", the Applicant attests that it will make information regarding the use and possession of medical marijuana available to patients and caregivers. The Applicant agrees to submit all such information to the State Board of Pharmacy prior to being provided to patients and caregivers. ([OAC 3796:6-3-15](#))

Select 'YES' or 'NO' from a drop-down list

## Attestations and Acknowledgements(Attestations and Acknowledgements)

**F-1.1** Fill out and attach the "[Trade Secret and/or Infrastructure Form](#)" to Question F-1.1, specifying the question and/or attachment references of the application submission that the applicant asserts contain information exempt from disclosure under Ohio public records law, pursuant to Ohio Revised Code Section 149.433(C) and/or 1333.61(D). If applicant does not wish to assert that any material is exempt from disclosure, a statement of "None" must be listed on the form.

Upload a single PDF document less than 10MB in size

**F-1.2** To be considered complete, each application must be submitted with an Attestation and Release Authorization. The form must be completed by a Prospective Associated Key Employee who may legally sign for the Applicant and who can verify the information provided in the application is true, correct, and complete.

Upload a single PDF document less than 10MB in size

**F-1.3** The Applicant acknowledges that, if awarded a provisional dispensary license, it must commence operations within two hundred and seventy days after the issuance of the license. Failure to commence operations within the requisite timeframe may result in administrative action pursuant to Chapter 119 of the Revised Code, up to and including revocation of the provisional dispensary license.

[\(3796:6-2-04\(I\)\)](#)

Select 'YES' or 'NO' from a drop-down list

**F-1.4** The Applicant acknowledges that, if awarded a provisional dispensary license, it shall provide a written report to the Board of Pharmacy no later than the first day of every month following the month the Applicant is awarded the provisional dispensary license. The reports shall detail the progress of the Applicant to become operational and shall be submitted until the dispensary receives a certificate of operation. The Applicant acknowledges that the Board may direct that the Applicant include certain specific information in its reports, based on information contained in earlier monthly reports, to ascertain the Applicant's progress and ensure the dispensary will be able to commence operations within two hundred and seventy days. [\(3796:6-2-04\(I\) & \(J\)\)](#)

Select 'YES' or 'NO' from a drop-down list