



**Request to Relocate a Dispensary Form**

Pursuant to Rule [3796:6-2-13](#) of the Ohio Administrative Code, the State Board of Pharmacy requires: (1) Application requesting the change; and (2) Relocation fee of \$5,000. This form must be completed, scanned and submitted on [www.elicense.ohio.gov](http://www.elicense.ohio.gov). Please follow the steps below to submit a Request to Relocate:

1. Complete application questions below.
2. Print, sign and scan with all applicable attachments.
3. Log into [www.elicense.ohio.gov](http://www.elicense.ohio.gov).
  - a. From the Dispensary License Tile, Select 'OPTIONS'.
  - b. Select 'Submit Additional Documentation'.
  - c. Upload file and submit.
4. Once form is received by the Board, the Relocation fee of \$5,000 will be assessed and instructions on how to complete payment will be provided.
5. Once payment is completed, the Board will review the Request to Relocate.

Section A – Licensee Information		
<b>A-1. Name of Dispensary</b>		<b>A-2. Dispensary License No.</b>
<b>A-3. Address</b>		<b>A-4. City</b>
<b>A-5. State</b>	<b>A-6. Zip Code</b>	<b>A-7. Dispensary District</b>
<b>A-8. Contact Email Address for Relocation</b>		<b>A-9. Phone Number</b>
<b>A-10. Phone</b>		<b>A-11. Effective Date of Change</b>
<b>A-12. Name of Designated Representative</b>		<b>A-13. Employee License No.</b>
<b>A-14. Signature of Designated Representative</b>		
<b>A-15. Email Address of Designated Representative</b>		



<b>Section B – Proposed Site Information</b>		
<b>B-1. Proposed Parcel</b>		<b>B-2. Proposed Address (if available)</b>
<b>B-3. Proposed City</b>	<b>B-4. Proposed Zip Code</b>	<b>B-5. Proposed County</b>
<p><b>B-6. Attach one of the following:</b></p> <p><b>B-6.1.</b> Evidence of the Applicant's clear legal title or option to purchase the proposed site and facility (Clearly mark as "Attachment B-6.1"); or</p> <p><b>B-6.2.</b> A fully executed copy of the Applicant's unexpired lease for the proposed site and facility and a written statement from the property owner that the Applicant may operate a medical marijuana organization on the proposed site for, at a minimum, the term of the initial provisional license. (Clearly mark as "Attachment B-6.2").</p>		

<b>Section C – Site and Facility Plan</b>
<p><b>C-1. Applicants must attach one of the following:</b></p> <p><b>C-1.1.</b> If the facility is in existence at the time that the application to relocate is submitted, submit plans and specifications, drawn to scale, for the interior and exterior of the facility to scale. Include renovation plans for all anticipated alterations to the facility. (Clearly mark as "Attachment C-1.1"); or</p> <p><b>C-1.2.</b> If the facility does not exist at the time that the application to relocate is submitted, submit a plot plan that shows the proposed location of the facility and an architectural, to scale drawing of the interior and exterior of the facility. (Clearly mark as "Attachment C-1.2").</p>
<p><b>C-2.</b> The Applicant also must submit evidence that it is in compliance 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. Evidence submitted must be signed by an individual with authority to sign on behalf of the local government or zoning office where the Applicant proposes to relocate its dispensary. Include copies of any required local registration, license or permit. (Clearly mark as "Attachment C-2").</p>
<p><b>C-3.</b> Provide a location area map of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a prohibited facility or a community addiction services provider as defined under section 5119.01 of the Revised Code. In establishing the distance between a proposed dispensary and such a facility, the distance shall be measured linearly and shall be the shortest distance between the closest point of the property lines of the proposed dispensary and the prohibited facility or community addiction services provider. The map may must be clearly legible and labeled and may be divided into 8.5*11 inch sections. (3796:5-5-01) (Clearly mark as "Attachment C-3").</p>



**C-4. Communicating transition plans to patients and caregivers:** Describe plans to cease dispensary operations as a result of the proposed relocation and/or any intent to modify hours of operation. Include with the description, a plan for communicating patients and caregivers in compliance with [rule 3796:6-3-03 of the Administrative Code](#).

**Section D –Legal and Disciplinary Questions**

**Section D to be answered with respect to Applicant business.**

	YES	NO
<b>D-1.</b> Has the Applicant been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties or fines being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D-1.1.</b> If 'Yes', Please explain:		
<b>D-2.</b> Has the Applicant been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D-2.1.</b> If 'Yes', Please explain:		
<b>D-3.</b> Has criminal, civil, or administrative action been taken against the Applicant for obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D-3.1.</b> If 'Yes', Please explain:		
<b>D-4.</b> Has criminal, civil, or administrative action been taken against the Applicant under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to any of the Applicant's prospective associated key employee of the Applicant's, profession or occupation?	<input type="checkbox"/>	<input type="checkbox"/>



## Ohio Medical Marijuana Control Program



**D-4.1.** If 'Yes', Please explain:

**If yes to any question in Section D, provide the following:**

Name of Case	Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Name and Address of the Administrative Agency Involved	Jurisdictional Court (Specify Federal, State and/or local Jurisdictions)

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the Employee identified in Section A of this form ("Employee") and that this form is true, correct, and complete. I hereby acknowledge that if the authority sought is granted, the Employee shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this State for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

This form must be manually signed in ink. Digital signatures will **NOT** be accepted.

<b>Signature of Applicant</b>	<b>Date Signed</b>
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**BOARD OF PHARMACY USE ONLY**

<i>Date</i>	<i>Staff Signature</i>	<i>Approved      Denied</i>
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