



Request for Provisional License Time Variance

Entities requesting an extension to the provisional licensing period beyond December 4, 2018 are required to complete, sign and return this form to mmcp@pharmacy.ohio.gov in order for the variance request to be considered.

Business Entity Information				
License Number:		Business Name (as registered by the secretary of state):		
DBA or Trade Name (as registered by the secretary of state):				Date:
Mailing Address:	City:	State:	ZIP:	
Facility Address:				
City:	State: OH	ZIP:	County:	District:
Primary Contact:				
Phone Number:		Email Address:		

Primary Reason for Variance	
Variance Duration Requested:	
Date Primary Reason for Variance Discovered:	
Brief Explanation for Variance Request:	
<p><i>[Concise summary of reason for variance and rationale for length of extension requested with supporting evidence (if applicable), e.g. dated municipal permit.]</i></p>	



Operational Progress Status (check all that apply)

- Structural Variance Required N/A Determined Submitted
- Point of Sale Vendor Identified System Purchased
- Security and Surveillance Systems Identified System Purchased
- Designated Representative Identified Hired Licensed
- Support Staff Identified Hired Licensed
- Advertising Account Created on Portal Name/Logo Submitted
- Training Material Developed Submitted

Please Detail Any Other Relevant Good Faith Efforts Towards Operation:

Empty text box for detailing good faith efforts.

Declaration

Authorized Representative:

Phone Number:

Email Address:

I declare under penalties of falsification as set forth in Chapters 2921. of the Ohio Revised Code that I am an authorized representative for the dispensary identified in this submission.

Signature: _____