



Ohio Medical Marijuana Control Program



Updated 11-7-2019

Dispensary Written Notice of Business Discontinuance Form

Pursuant to Rule [3796:6-2-14](#) of the Ohio Administrative Code, a dispensary that plans to discontinue business activities shall file written notification with the State Board of Pharmacy at least fourteen calendar days in advance of the proposed date of discontinuing business.

Submission instructions and next steps:

1. Complete all fields on this form.
2. Print and sign the form.
3. Scan the completed form and save to your computer in a PDF format compatible with the latest version of Adobe Reader.
4. Login into the Board of Pharmacy’s website: <https://www.pharmacy.ohio.gov/upload> to upload the completed form. You will need your license number (MMD.07 followed by 5 digits) and eLicense security code to access the Compliance Upload Portal page.
5. Once logged in, complete all fields on the web page.
6. Follow the instructions to upload and submit the completed **“Dispensary Written Notice of Business Discontinuance”** form.

Section A – Licensee Information

A-1. Name of Dispensary		A-2. Dispensary No.	
A-3. Address		A-4. City	
A-5. State	A-6. Zip Code	A-7. Phone Number	
A-5. Effective Date of Change (mm/dd/yyyy)			
A-7. Name of Designated Representative		A-8. Employee License No.	
A-9. Email Address of Designated Representative			

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Section B – Destruction Information
B-1. Date of Proposed Discontinuation (mm/dd/yyyy)
B-2. Date and time remaining stock of medical marijuana and medical marijuana products will be destroyed
B-3. List of Employee Names and License Numbers who will be involved in the destruction of medical marijuana and medical marijuana products
Pursuant to 3796:6-2-14, A licensed dispensary that is discontinuing its business may negotiate with a licensed processor for a one-time transfer of remaining medical marijuana inventory to another licensed dispensary. Such transfer and sale must be appropriately reflected in the state inventory tracking system.
B-4. Name and Address of where the records of purchasing and dispensing will be kept, in accordance with 376:6-3-17 of the Ohio Administrative Code:
Pursuant to 3796:6-2-14, Storage and transfer of records. If a dispensary closes due to insolvency, revocation, bankruptcy, or for any other reason, all records must be preserved at the expense of the dispensary for at least three years in a form and location in Ohio that is acceptable to the state board of pharmacy. The dispensary shall keep the records longer if requested by the state board of pharmacy. The dispensary shall notify the state board of pharmacy of the location where the dispensary records are stored or transferred.

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 (“Designated Representative”) 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.

Signature of Designated Representative	Date Signed