



Ohio Department of Commerce Medical Marijuana Control Program



Account Manager Designee Form

Instructions: This form provides the licensee contact information for the individual who will be responsible for the day-to-day operations of the licensed facility. The designee identified will be considered the primary contact for the business account. Once completed, this form should be submitted to mmcp@com.state.oh.us with a subject line including the business name and the phrase ‘Account Manager Designee Form’. It is the facility’s responsibility to notify the Ohio Department of Commerce of any changes in the contact information listed below.

Business Information:

Business Name:	
Business FEIN:	

I, _____ (owner name), hereby designate _____
(designee name) to be the account manager for _____ (business account name).

Designee Contact Information:

First Name:		Last Name:	
Phone #:		Email Address:	

I understand that the designee listed will be considered the primary contact between the Ohio Medical Marijuana Control Program and _____ (business account name). I further agree and acknowledge that this designee will be responsible for submitting eLicensing User Access forms for the eLicensing self-service portal.

Primary Owner Signature: _____ **Date:** _____