



Ohio Department of Commerce Medical Marijuana Control Program

Business Plan Application Section Question Three Form

If an individual affiliated with the applicant has indicated experience in one of the above categories, please list the licenses related to the testing of medical marijuana, agricultural, horticultural, or pharmaceutical products, regardless if said license is active or expired. (Ohio Admin. Code 3796:4-1-03(B)(1)(c)). If applicable, upload a summary of negative actions taken against each license.

License Holder Name	Type of License	Licensing Agency	Date	Active/Expired