



Ohio Department of Commerce Medical Marijuana Control Program

Form C: Owners and Officers Roster Form

Ohio Admin. Code 3796:4-1-02(B)(2)(e)

To be Completed by Applicant			
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:			
<p>I certify, to the best of my knowledge, that the following requirements are true as of the date of the application:</p> <p><input type="checkbox"/> No owner or officer is a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code.</p> <p><input type="checkbox"/> No owner or officer has (1) ownership, financial interest, or a compensation arrangement with a cultivator, processor, or dispensary licensed, under Chapter 3796. of the Administrative Code, either provisionally or holding a certificate of operation; or (2) significantly influences or controls the activities of a cultivator, processor or dispensary licensed under Chapter 3796. of the Administrative Code, either provisionally or holding a certificate of operation.</p>			
<p>I certify that I acknowledge the following condition on the review of my application:</p> <p><input type="checkbox"/> No owner or officer may (1) have a financial interest in more than one Testing Laboratory provisional license or certificate of operation at any time (Ohio Admin. Code 3796:4-1-04(C)) or (2) significantly influence or control the activities of more than one testing laboratory. If any owner or officer is included on more than one person's application or entity's application, the MMCP will remove both applications from consideration.</p>			
<p><i>Provide the following list for every individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in Ohio Admin. Code 3796:1-1-01, in the applicant's business or directly participates in the management of the operation. If the financial interest is in an entity, provide the individuals with an equity or profit interest in the entity. Attachment is to be completed for each individual listed. Each individual identified on the roster must have a reference number to the left. This reference number will be utilized in other sections of the application.</i></p>			
#	Name (First, Middle, Last)	Role	% Interest <small>(Total must = 100%)</small>
1.	<i>John Q. Public</i>	<i>Owner</i>	5%
2.			
3.			
4.			
5.			



**Ohio Department of Commerce
Medical Marijuana Control Program**

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Form C (cont'd): Owners and Officers Roster Form (optional extra form page)

Additional		
Names (First, Middle, Last)	Role	% Interest