



Ohio Department of Commerce Medical Marijuana Control Program

Form E: Property Owner Approval for Use Form

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

To be Completed by the Applicant		
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:		
<input type="checkbox"/> The individual or entity owns the property on which the proposed facility is located. -OR- <input type="checkbox"/> The individual or entity has executed a lease for the property on which the proposed facility is located. -OR- <input type="checkbox"/> The individual or entity has secured the ability to purchase or lease the property on which the proposed facility is located.		
Physical Address and Name of Proposed Medical Marijuana Testing Laboratory Facility:		
City:	County:	
State: Ohio	Zip Code:	Phone Number:
To be Completed by the Owner of the Physical Address of the Proposed Testing Laboratory		
Name of Owner of the Physical Address of the Proposed Medical Marijuana Testing Laboratory Facility:		
<input type="checkbox"/> The individual or entity applying for a Medical Marijuana Testing Laboratory Certificate of Operations is the owner of the physical address of the proposed Medical Marijuana Testing Laboratory. -OR- <input type="checkbox"/> The owner of the physical address of the proposed Medical Marijuana Testing Laboratory gives permission to the individual or entity applying for a Medical Marijuana Testing Laboratory Certificate of Operations to operate a Medical Marijuana Testing Laboratory facility at the physical address.		
PROPERTY OWNER OR REPRESENTATIVE SIGNATURE	DATE SIGNED	