



# Ohio Department of Commerce Medical Marijuana Control Program

## Form I: Marijuana Businesses in Other Jurisdictions Form Business Applicant

Ohio Admin. Code 3796:4-1-02(B)(2)(h); 3796:4-1-02(B)(2)(k)

To be completed by the business applicant. Please identify all jurisdictions, including state and local, that the businesses entity operated as a marijuana business. This includes medical and recreational, licenses, permits, or registrations ever held, current or expired, by the applicant in any other U.S. jurisdiction.

<b>To be Completed by Applicant</b>			
<b>Name of Individual or Entity:</b>			
Provide information regarding all other marijuana, including medical and recreational, licenses, permits, or registrations ever held, current or expired, by the applicant in any other U.S. jurisdiction (Attach copies of this form to list any additional entities):			
<b>State</b>	<b>Type</b>	<b>Dates of Issue/Expiration</b>	<b>Number</b>
<input type="checkbox"/> I certify that, to the best of my knowledge, no owner or officer has received any revocation or suspension for any licensure related to the distribution of marijuana. <input type="checkbox"/> I hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Ohio Medical Marijuana Control Program any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of marijuana in any form, including the following: <ol style="list-style-type: none"> <li>a. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and</li> <li>b. A copy of documentation so indicating; or</li> <li>c. A statement that the applicant was so licensed or authorized and was never sanctioned. (Ohio Admin. Code 3796:2-1-02(B)(2)(k)(ii))</li> </ol>			
<b>Signature of individual listed above:</b>			<b>Date:</b>