



# Ohio Department of Commerce Medical Marijuana Control Program

## Section Two

### Individual Applicant Background Information Form Individual Applicant Packet Form K

Ohio Admin. Code 3796:4-1-02(B)(2)(g), 3796:4-1-03(A)(2)

**Every** owner, partner, officer, director, shareholder, member, or other person who may significantly influence and/or control the activities of the licensee must submit to a criminal records check (FBI and BCI&I criminal records check). Failure to comply with the criminal records check requirements may result in the application being removed from consideration, pursuant to Ohio Admin. Code 3796:4-1-03(A)(7).

**CRIMINAL RECORDS CHECK INSTRUCTIONS:** For questions regarding the criminal background check process, please review the document titled “Criminal Background Check FAQ.”

Each person submitting a criminal records check **MUST** instruct the superintendent to submit the completed report of the criminal records check directly to the MMCP.

<b>To be Completed by Every Individual Listed on “Owners and Officers Roster” Form:</b>		
<b>Applicant Entity Name:</b>		
<b>Name of Individual:</b>		<b>Date of birth:</b>
<b>Last 4 Digits of SSN (for background check):</b>	<b>Role (Owner, Officer, etc.):</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Signature of individual listed above on this form:</b>		



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**Name of Individual (as it appears in the BCI&I and FBI criminal records check):**

- I certify that I have submitted for a BCI&I and FBI criminal records check and understand that the MMCP may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the MMCP and its agents.
- I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code. See Ohio Admin. Code 3796:4-1-03(A)(2)(a).
- I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code. See Ohio Admin. Code 3796:4-1-03(A)(2)(b).
- I certify that I have no ownership, investment interest, or compensation arrangement with a cultivator, processor, or dispensary licensed under Chapter 3796. of the Administrative Code, or an applicant for a cultivator, processor, or dispensary license (Ohio Admin. Code 3796:4-2-08(M)).
- I certify that no owner or officer may have a financial interest in more than one provisional license or Testing Laboratory certificate of operation at any time (Ohio Admin. Code 3796:4-1-04(C)). If any owner or officer is included on more than one applicant’s application, the MMCP could deny both applications.
- I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

- I acknowledge any person associated with the applicant is required to disclose any instance where the individual had managed or served on the board of the business and was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding (Ohio Admin. Code 3796:4-1-02(B)(2)(h)).

Please provide the required disclosure below or upload:

- The above-named Taxpayer hereby authorizes the Ohio Department of Taxation and any of its agents and/or employees to release information to the MMCP. This information shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. Taxpayer expressly waives the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure, and agrees to hold the Ohio Department of Taxation harmless with respect to the disclosure herein.

By signing, I certify that, to the best of my knowledge, applicant is in compliance with the applicable tax laws of this State.

**Signature of individual listed above:**

**Date:**



# Ohio Department of Commerce Medical Marijuana Control Program

## **Form L: Tax Certification Page** **Individual Applicant Packet**

Ohio Admin. Code 3796:4-1-02(B)(5)(e); 3796:4-1-03(A)(6); 3796:4-1-03(B)(4)(e)

To be completed by the business applicant and every individual identified in the “Owners and Officers Roster” form. Please identify all jurisdictions, including federal, state and local, that the individuals and businesses operated as a business for the five years before the filing of the application. This form is to be completed by every person with a financial interest of one per cent or greater.

<b>Jurisdiction:</b>	Check Yes below if you are in compliance with the applicable tax laws of the identified jurisdiction:	Check No below if you are noncompliant with the applicable tax laws of the identified jurisdiction:



## Ohio Department of Commerce Medical Marijuana Control Program

### **Form M: Medical Marijuana Businesses in Other Jurisdictions Form Individual Applicant Packet**

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

This form is required for **every** individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in Ohio Adm. Code 3796:1-1-01, in the applicant's business or will directly or indirectly participate in the management of the operation. This means any owner, partner, officer, director, shareholder, member or other person who may significantly influence or control the activities of the license or has a financial interest in the operations must complete this form. This does not include employee badges which may be issued in connection to a medical marijuana business license that is held in another 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):			
State	Type	Dates of Issue/Expiration	Number
<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: <ul style="list-style-type: none"> <li>d. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and</li> <li>e. A copy of documentation so indicating; or</li> <li>f. A statement that the applicant was so licensed or authorized and was never sanctioned. (Ohio Admin. Code 3796:4-1-02(B)(2)(k)(iii))</li> </ul>			
<b>Signature of individual listed above:</b>			<b>Date:</b>



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

**Form N: Copies of Licenses from Medical Marijuana Business  
in Other Jurisdictions Cover Page  
Individual Applicant Packet**

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

Applicant has medical marijuana business licenses for one or more businesses in other jurisdictions. License copies are attached with the “Businesses in Other Jurisdictions Form.”

No license copies are attached.

**Mark one of the boxes above.**

**Include this form in application even if no license copies are attached.**