



Ohio Department of Commerce Medical Marijuana Control Program

Testing Laboratory Provisional License Application

The Ohio Medical Marijuana Control Program requires all testing laboratory provisional license applications to be submitted through the e-Licensing platform. **Applications submitted by hard copy will not be accepted.** Prior to the application becoming available, instructions will be provided to assist in accessing all required forms and documents via e-Licensing. Please note the applicant will be responsible for the development of several documents in order to complete the application.

Section One

Acknowledgements

- Authorized Representative:** By completing this application, the applicant acknowledges that the name provided below belongs to a person that has legal authority to sign on behalf of the applicant and that the information and certifications provided are true, correct, and complete.
- I hereby acknowledge that this submission complies with the rules outlined in Ohio Administrative Code (Ohio Admin. Code) 3796:4-1-06, and that review of this submission by the Ohio Medical Marijuana Control Program (MMCP) is contingent upon the receipt of the application fee as defined in Ohio Admin. Code 3796:5-1-01(A).
- I hereby acknowledge that this submission may be removed from consideration if applicant or any person associated with the application is found to be in violation of any of the provisions of Revised Code chapter 3796 or Ohio Admin. Code chapter 3796.
- I hereby acknowledge this application is a public record and subject to disclosure under the Ohio Public Records Laws (R.C. 149.43), unless otherwise exempted from production by Ohio statutes, federal law, or common law privileges. The MMCP may disclose and/or withhold information contained in the application submission to the extent provided by law. Applicants are strongly encouraged to review the applicable law prior to submitting an application to the MMCP because failure to clearly make a trade secret assertion, failure to justify the trade secret, or failure to provide an express statement as to an infrastructure record may result in the release of the information. I understand the applicant expressly waives liability in the event of a disclosure in which these actions were not taken by the applicant.
- I hereby acknowledge that if awarded a testing laboratory provisional license, applicant will be required to adhere to the application specifications in order to receive a "Certificate of Operation." I understand the MMCP shall not award a certificate of operation to a provisional licensee if the provisional licensee has not met all of the specifications in the application and passed all applicable inspections under rule 3796:4-3-01 of the Administrative Code within six months of written or electronic notification of the applicant's selection (Ohio Admin. Code 3796:4-1-06(C)).
- I hereby acknowledge that making a statement that is untrue, marking a statement as true that the MMCP finds is not true, or making a statement which is intended to mislead the MMCP, the State Board of Pharmacy, or the State Medical Board, or any person designated by the State of Ohio in the performance of their official function is a violation of Chapter 3796 of the Revised Code, and may result



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in the disqualification of this application. As the duly authorized representative of the applicant, I hereby attest to the accuracy of the submitted information on this application and make the submitted certifications on behalf of the applicant.

I hereby acknowledge that I have read the document titled “Scoring Rubric” and understand that the award of a provisional testing laboratory license is contingent on submitting all required documents and achieving a passing score, as determined by the MMCP upon review of the application.

I hereby acknowledge that failure or refusal to submit information required under Ohio Admin. Code 3796:4-1-02 and Ohio Admin. Code 3796:4-1-03 or requested by the MMCP during the application review process, or submission of an application that is in violation of the application instructions issued by the MMCP may result in the application being removed from consideration, pursuant to Ohio Admin. Code 3796:4-1-03(A)(7).

I hereby acknowledge the MMCP may remove an application from consideration if the application is in violation of the application instructions issued by the MMCP or includes forms that have been altered.

Organization Representative:

First Name	M.I.	Last Name

Signature



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Form A: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (Ohio Admin. Code 3796:4-1-02(B)(2)(a)):						
Trade Name of Applicant:						
Type of Organization/ Applicant Business Type (Ohio Admin. Code 3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other: _____
Ohio Secretary of State Business Identification Number if applicable (Ohio Admin. Code 3796:4-1-02(B)(2)(c)):						
Business Address:						
City:				State:	Zip Code:	
Proposed Facility Physical Address (if different than above) (Ohio Admin. Code 3796:4-1-02(B)(2)(d)):						
City (if different than above):				State: Ohio	Zip Code:	
Business Phone Number:		Email Address:				
Primary Contact						
First Name			M.I.	Last Name		
Title (i.e., Owner, President, etc.)						
Mailing Address (if different than Business Address):					City:	
State:	Zip Code:		Phone Number:			
Email Address (if different than Business Email):						
(Optional) Alternate Contact Information						
First Name			M.I.	Last Name		



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Title (i.e., Owner, President, etc.)		
Mailing Address (if different than Business Address):		City:
State:	Zip Code:	Phone Number:
Email Address (if different than Business Email):		

Ohio Secretary of State Documentation	
<input type="checkbox"/> I acknowledge that the applicant is required to be registered with the Ohio Secretary of State and provide a certificate of good standing issued by the Ohio Secretary of State's office. (Ohio Admin. Code 3796:4-1-02(B)(2)(c)). <i>This document will be uploaded via e-Licensing.</i>	
<input type="checkbox"/> I acknowledge that the uploaded document provides a copy of the applicable business documents governing the operations and administration of the business (Ohio Admin. Code 3796:4-1-02(B)(2)(c)). <i>This document will be uploaded via eLicensing.</i>	
Signature	Date:



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Form B: Liquid Assets Form

Ohio Admin. Code 3796:4-1-03(A)(1), 3796:4-1-02(B)(5)(c)

The Ohio Medical Marijuana Control Program requires the applicant to demonstrate that the “the individual or entity filing the application has at least two hundred fifty thousand dollars in liquid assets for a testing laboratory provisional license, which are unencumbered and can be converted within thirty days after a request to liquidate such assets.” Documentation that is acceptable is a signed statement from a licensed certified public accountant attesting to proof of the required amount of liquid assets under the control of an owner or the entity applying.

To be Completed by Applicant		
Name of Individual or Entity Applying for a Medical Marijuana Testing Laboratory Certificate of Operations:		
To be Completed by a Certified Public Accountant		
<input type="checkbox"/> I hereby certify the above listed Applicant has at least \$250,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets.		
Date of Certification (must be within 30 days of Application submission) (Ohio Admin. Code 3796:4-1-02(B)(5)(c)(ii)):		
Printed Name of CPA	State of Licensure	CPA Company Name
Phone Number:	Signature:	
Email Address:		



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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.			



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

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



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Form D: Organizational Chart Cover Page

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

Submit an organizational chart of the proposed Testing Laboratory business. The organizational charts should include **ALL** principal owners, partners, officers, directors, shareholders, board members, and any individual associated with the licensee or business applicant. Names on the organizational chart should match those listed in the owners and officers roster form. Please note that the organizational charts must include **ALL** companies and individuals of the companies that have a financial interest and/or substantial influence in the license.

Organizational chart should be represented on 8.5 x 11 pages and may use multiple pages to represent all individuals. Chart may be presented either in portrait or landscape views.

I certify that all individuals listed in the organizational chart of the applicant, have completed an “Individual Applicant Background Information Form” which includes the required name, address, and date of birth of each principal officer and board member of the testing laboratory, provided that all those individuals shall be at least twenty-one years of age (Ohio Admin. Code 3796:4-1-02(B)(2)(b))

Chart should be clearly marked and legible.



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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	



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Form F: 500 Foot Compliance Cover Page

Ohio Admin. Code 3796:4-1-02(B)(2)(j), 3796:4-1-03(A)(3)

Applicants are required to upload a location map of the area surrounding the proposed Testing Laboratory facility into eLicensing.

The location map shall:

1. Provide an image that represents the area within at least 1000 feet measured in all directions of the parcel of land on which the proposed facility will be located;
2. Demonstrate that the proposed Testing Laboratory facility is not located within five hundred feet of the boundaries of a parcel of real estate having situated on it a school, church, public library, public playground, or public park in accordance with Ohio Revised Code 3796.30.
3. Clearly mark and identify every prohibited facility within 1000 feet of the proposed testing lab facility;

The map must also clearly show:

1. The boundary of property lines controlled by the applicant;
2. A representation of 500 feet from that boundary in all directions;
3. Identify on the map any prohibited facility, and;
4. A measurement of the shortest linear distance between the closest point of the property lines of the medical marijuana entity and any prohibited facility. (Ohio Admin. Code 3796:5-5-01)(A)).

In this submission, the applicant bears the burden of demonstrating that the facility location is in compliance with rule.

At a minimum, the location map should include representation of any of the following prohibited facilities, as defined in Revised Code 3796.30:

- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary school (as defined in Revised Code 5104.01 and 2950.034);
- Church (as defined in Revised Code 1710.01);
- Public library (as defined in Revised Code Chapter 3375);
- Public Playground (including state or local government property); and
- Public Park (including state or local government property).

Map may be divided into 8.5x11 page sections.

Map must be clearly labeled and legible.



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Form G: Zoning Attestations

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

To be Completed by Applicant

- I certify that the applicant will be able to demonstrate compliance, prior to the issuance of a certificate of operation, with all building, fire, safety, and zoning statutes, local ordinances, and rules and regulations adopted by the locality in which the applicant's property is located, which are in effect at the time of the application, including but not limited to building department approval demonstrating compliance with rules adopted by the board of building standards pursuant to Chapters 3781. and 3791. of the Revised Code and any applicable zoning considerations.
- I acknowledge that the applicant will not receive a certificate of operation if it is unable to demonstrate compliance with Ohio Admin. Code 3796:4-1-02(B)(2)(l) during the MMCP's "Certificate of Operation Inspection."
- I certify that the applicant is not located in a jurisdiction that has enacted a local moratorium, ban, or other action that prohibits the operation of a medical marijuana entity (Ohio Admin. Code 3796:4-1-03(A)(4)). I further acknowledge that if the MMCP identifies that the applicant is located in a jurisdiction with a moratorium, the application will be denied.

Form H: Tax Certification Page



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Business 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. Please identify all jurisdictions, including federal, state and local, that the businesses entity operated as a business for the five years before the filing of the application.		
Jurisdiction:	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:

Form I: Marijuana Businesses in Other Jurisdictions Form Business Applicant



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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.

To be Completed by Applicant			
Name of Individual or Entity:			
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: <ol style="list-style-type: none"> a. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and b. A copy of documentation so indicating; or 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)) 			
Signature of individual listed above:			Date:



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Form J: Copies of Licenses from Medical Marijuana Business in Other Jurisdictions Cover Page Business Applicant

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.



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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.

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



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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:



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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.

Jurisdiction:	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:



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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.

To be Completed by Applicant			
Name of Individual or Entity:			
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"> d. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and e. A copy of documentation so indicating; or 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)) 			
Signature of individual listed above:			Date:



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**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.



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Section Three

Business Plan Application Section Ohio Admin. Code 3796:4-1-03(B)(1)

1. Applicants will receive a total of **6 points** for submitting the following forms. Each form, which will be uploaded in a separate section of the application found in eLicensing, is required in order to receive a provisional license:
 - a. Organizational Chart (Form D)
 - b. Property Owner Approval Form (Form E)
 - c. Zoning Attestation Form (Form G)

2. Please provide the level (measured in months) of experience with analytical testing of the following: If you do not have experience in the section below, please note “N/A” (Ohio Admin. Code 3796:4-1-03(B)(1)(c)). **Identifying experience in any one category is 6 points. This is mandatory.** A minimal score of “6 Points” is required. Applicant could receive 1 point each for identifying experience in additional categories but will not pass if the applicant has not achieved 6 points.
 - a. Medical Marijuana _____
 - b. Agricultural _____
 - c. Horticultural _____
 - d. Pharmaceutical Products _____

3. 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



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4. Please provide a proposed business model that demonstrates a likelihood of success, a sufficient business ability, and experience on the part of the applicant. (Ohio Admin. Code 3796:4-1-03(B)(1)(a)). *The business model document will be uploaded to eLicensing.*
 - a. Applicant receives 6 points for submitting a proposed business model. **This is mandatory.** Applicant must receive a minimal score of “6 Points” for submitting a business model to receive a provisional license.
 - i. Additional points may be awarded for years of additional experience owning a business.
 1. 1-3 Years (1 Points)
 2. 4-7 Years (2 Points)
 3. 8 plus Years (3 Points)

Applicant will receive six points each for completing the following sections and its attestations. **This is mandatory.** The applicant must complete each section in order to receive a provisional license.

5. I certify that the applicant will be able to demonstrate compliance, prior to the issuance of a certificate of operation, with all building, fire, safety, and zoning statutes, local ordinances, and rules and regulations adopted by the locality in which the applicant's property is located, which are in effect at the time of the application, including but not limited to building department approval demonstrating compliance with rules adopted by the board of building standards pursuant to Chapters 3781. and 3791. of the Revised Code and any applicable zoning considerations.
6. I certify that 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 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.



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Operations Plan Section Ohio Admin. Code 3796:4-1-03(B)(2)

Applicant will receive **8 points** for completing each of the first 6 of the following sections and its attestation, for a total of **48 points**. Applicant will receive **10 points total** for listing the test equipment and methodology that will be used for each of the rule required testing categories in section 7. The applicant must complete all 7 sections in order to receive a provisional license. Applicant may receive up to **7 additional points** for including additional information.

1. I acknowledge and will comply with the requirement that testing laboratories licensed under Revised Code/Ohio Admin. Code Chapter 3796 are required to obtain accreditation to the ISO/IEC "General Requirements for the Competence of Testing and Calibration Laboratories" standard within two years of issuance of a provisional license. I further acknowledge and will comply with the requirement that such accreditation must be performed by a non-profit accreditation body that is signatory to the "International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Agreement (MRA)" and which operates in accordance with ISO/IEC 17011 "General Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies." (Ohio Admin. Code 4-1-03(B)(2)(b))
2. I acknowledge and will comply with the requirement that testing laboratories licensed under Revised Code/Ohio Admin. Code Chapter 3796 are required to implement an employee training program that includes the following, at minimum (4-1-03(B)(2)(e)):
 - a. Employee training standards for the safe operation and maintenance of any and all instrumentation that will be used in the testing of medical marijuana;
 - b. Employee training standards for the safe use, handling, storage, and disposal of any and all chemicals that will be used in the testing of medical marijuana, in accordance with OSHA protocols; and
 - c. Employee compliance with Chapter 3796. of the Revised Code and the rules promulgated in accordance with Chapter 3796. of the Revised Code;
3. I acknowledge and will comply with the requirement that failure to demonstrate with adequate documentation that such an employee training program has been or will be implemented will prevent the Department from issuing a certificate of operation.
4. I acknowledge and will comply with the requirement that testing laboratories licensed under Revised Code/Ohio Admin. Code Chapter 3796 are required to comply with the inventory tracking system implemented by the Department. (Ohio Admin. Code 4-1-03(B)(2)(f))
5. I acknowledge and will comply with the requirement that testing laboratories licensed under Revised Code/Ohio Admin. Code Chapter 3796 are required to implement policies and procedures for the destruction and disposal of medical marijuana waste and other wastes that ensure medical marijuana waste is rendered unusable, in compliance with Ohio Admin. Code 3796:4-2-06. Further, I acknowledge and will comply with the requirement that failure to demonstrate with adequate documentation that such policies and procedures have been or will be



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implemented will prevent the Department from issuing a certificate of operation. (Ohio Admin. Code 4-1-03(B)(2)(g))

6. I acknowledge and will comply with the requirement that testing laboratories licensed under Revised Code/Ohio Admin. Code Chapter 3796 are required to employ a scientific director who will be responsible for supervision of all laboratory staff and for ensuring that the laboratory achieves and maintains quality standards of practice. The scientific director shall meet the following qualifications, at minimum: (1) A doctorate degree in chemical, environmental, or biological sciences from an accredited college or university and two years of post-degree laboratory experience; or (2) A master's degree in chemical, environmental, or biological sciences from an accredited college or university and four years of post-degree laboratory experience. (Ohio Admin. Code 3796:4-2-01(B))
- a. An additional **4 Points** may be awarded if applicant provides the name of the individual who will be employed as a testing lab scientific director as identified on the owners and officers form.
 - i. Testing lab director _____

7. I acknowledge and will comply with the requirement that testing laboratories licensed under Revised Code/Ohio Admin. Code Chapter 3796 are required to perform all analyses listed in rule. For the following required analyses, laboratory applicant proposes to utilize the listed methods and equipment (Ohio Admin. Code 4-1-03(B)(2)(a) and 4-1-03(B)(2)(c)).

Applicants are required to identify both the equipment and method for each testing category. This section is pass/fail. If a testing category section is left blank, the applicant will not be awarded points. Applicant will receive 10 points for completing this section. Testing categories one thru eight are required to be completed in order to receive a provisional license. Ohio Admin. Code 4-2-04 requires testing labs to analyze samples for the following. An additional **3 points** could be awarded for the category identified as “Other.” This document will be uploaded via eLicensing.

Test/category	Equipment	Method
1. Moisture content		
2. Water activity		
3. Cannabinoid quantification		
4. Foreign matter contamination		



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5. Microbial contamination		
6. Mycotoxin contamination		
7. Heavy metal contamination		
8. Pesticide residue contamination		
Other		



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Security Plan Application Section Ohio Admin. Code 3796:4-1-03(B)(3)

Applicant will receive **1 point** for completing the following questions and its attestations. The applicant must complete each question in order to receive a provisional license. **Each attestation is mandatory**

1. I have read and intend to comply with the following requirements: **(1 Point)**
 - i. Ohio Admin. Code 3796: 4-1-03: (B)(3)(c) requires that the testing laboratory will have emergency notification procedures with the Department, local law enforcement, and emergency response professionals.
 - ii. Ohio Admin. Code 3796: 4-1-03: (B)(3)(a) requires that the testing laboratory will have policies and procedures to ensure a secure, safe, facility to prevent theft, loss, or diversion and protect facility personnel.
2. I have read and intend to comply with the following transportation requirements: **(1 Point)**
 - i. Ohio Admin. Code 3796:4-2-10 provides testing laboratories regulations for the transportation of medical marijuana samples. In order to receive a certificate of operation, provisional licenses must comply with these requirements.
 - ii. Ohio Admin. Code 3796:5-3-01 provides requirements for all medical marijuana entities licensed by the Department for the transportation of medical marijuana and medical marijuana products. In order to receive a certificate of operation, provisional licenses must comply with these requirements.
 1. Prior to the transporting of any medical marijuana, regardless of form, a medical marijuana entity licensed by the Department shall maintain a transportation log, in writing, that contains the following information:
 - a. The name and addresses of the medical marijuana entities sending and receiving the shipment;
 - b. The names and registration numbers of the registered employees transporting the medical
 - c. marijuana or the products containing medical marijuana;
 - d. The license plate number and vehicle type that will transport the shipment;
 - e. The time of departure and estimated time of arrival;
 - f. The specific delivery route, which includes street names and distances; and
 - g. The total weight of the shipment and a description of each individual package that is part of the shipment, and the total number of individual packages.
 2. A registered employee shall do the following (Ohio Admin. Code 3796:5-3-01(E):



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- a. Display his or her Department issued employee identification card at all times when transporting or delivering medical marijuana and shall produce it for the Department or Department's authorized representative or law enforcement official upon request;
 - b. Ensure delivery times vary and routes are randomized;
 - c. Report any vehicle accident that occurs during the transportation to a person designated by the transporting medical marijuana entity to receive such reports within two hours after the accident occurs;
 - d. Report any loss or theft of medical marijuana that occurs during the transportation of medical marijuana in accordance with rule 3796:5-4-01 of the Administrative Code;
 - e. Carry a copy of the transportation log completed pursuant to paragraph (A) of this rule for the duration of the trip; and
 - f. Notify the medical marijuana entity when the delivery has been completed.
3. I have read and intend to comply with the following requirements for emergency notification procedures with the Department, local law enforcement, and emergency response professionals **(1 Point)**
- i. In order to receive a certificate of operation, provisional licenses must comply with Ohio Admin. Code 3796:5-4-01 which provides testing laboratories regulations in the event of any fire or other hazardous materials-related incident or any incident requiring an emergency response to the facility within 24 hours after the discovery of the incident, the following must occur:
 1. Within ten days of a report submitted under paragraph (A) of Rule 3796:5-4-01, the testing laboratory licensed by the Department will 1) review and secure video surveillance footage during the time of the suspected theft or diversion; 2) submit to the Department a revised plan to secure the facility's inventory and measures that will be taken to prevent future loss, theft, or diversion; 3) identify all the records at the facility and potential evidence outside the facility, including video surveillance footage, that will be sealed and prevented from being destroyed until a full investigation is conducted by the Department and law enforcement, if deemed necessary, and 4) submit a report that contains the following information:
 2. The names and identification numbers of every employee at the facility at the time of the theft or diversion;
 3. The internal measures take to locate the cause of the loss, theft, or diversion; and
 4. The total quantity and type of medical marijuana stolen or otherwise diverted following a subsequent audit of the facility's actual inventory compared to the inventory reported by the inventory tracking system.
 5. The testing laboratory licensed by the Department will notify the Department and will submit a written report within ten days if there is any of the following:
 6. An alarm activation or other event that requires response by public safety personnel occurs;



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7. A breach of security; or
 8. The failure of the security alarm system due to a loss of electrical support or mechanical malfunction.
4. In order to receive a certificate of operation, I understand a provisional license must comply with the following requirements Ohio Admin. Code 3796:4-2-07: **(1 Point)**
- i. Install an adequate security alarm system around the perimeter, utilizing commercial grade equipment, to prevent and detect diversion, theft, or loss of medical marijuana. Ohio Admin. Code 3796: 4-2-07 (A)(1)
 - ii. Utilize a video surveillance recording system installed by a vendor that is approved by the Department and that meets the standards required by the Department to prevent and detect diversion, theft, or loss of medical marijuana Ohio Admin. Code 3796: 4-2-07 (A)(2).
 - iii. The testing laboratory shall limit access to surveillance areas to type 1 key employees that are essential to surveillance operations, law enforcement agencies, security system service employees, the Department, and others when approved by the Department. Ohio Admin. Code 3796: 4-2-07 (A)(3)(a)
 - iv. The testing laboratory will make available to the Department, upon request, a current list of type 1 employees and contractors who have access to the surveillance room. The testing laboratory will keep all on-site surveillance rooms locked and will not use such rooms for any other functions. Ohio Admin. Code 3796: 4-2-07 (A)(3)(b)
 - v. The laboratory will keep all approved safes, approved vaults, or any other approved equipment or areas used for storing medical marijuana samples securely locked and protected from unauthorized access. Ohio Admin. Code 3796: 4-2-07 (A)(4)
 - vi. The laboratory will ensure the outside perimeter of the facility is well-lit and in accordance with the testing laboratory's plan in its license application. Ohio Admin. Code 3796: 4-2-07 (A)(5)
 - vii. Restrict access to any area within the facility containing medical marijuana samples to all persons except licensed employees and agents or an individual permitted to access the facility under the supervision of a licensed employee or agent in accordance with the visitor authorization procedures set forth in rule 3796:5-2-01 of the Administrative Code. Ohio Admin. Code 3796: 4-2-07 (A)(6)
 - viii. Limit the use of combination numbers, passwords, or electronic or biometric security systems to licensed, authorized employees, and prevent the sharing of any employee-specific access credentials Ohio Admin. Code 3796: 4-2-07 (A)(7)
 - ix. Not allow keys to be left in the locks and not store or place keys or badges in a location accessible to persons other than licensed, authorized employees. Ohio Admin. Code 3796: 4-2-07(A)(8)
5. In order to receive a certificate of operation, I understand a provisional license must comply with the following requirements Ohio Admin. Code 3796:4-2-07(B): **(1 Point)**



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- i. The testing laboratory shall install a security alarm system and a video surveillance recording system under paragraph (A) of this rule. A security alarm system and video surveillance recording system shall, at a minimum, contain the following:
 1. A system designed to detect motion and identify unauthorized access to the facility;
 2. Video cameras in all areas that may contain medical marijuana samples, and at all points of entry and exit to capture a clear and certain identification of any person entering or exiting the facility, which shall be appropriate for the normal lighting conditions of the area under surveillance;
 3. Video cameras shall be directed at all approved safes, approved vaults, any other area where medical marijuana samples are being stored or handled;
 4. The security alarm system and video surveillance recording system shall comply with the following minimum capabilities:
 - a. Provide a direct feed and login capabilities to the Department to allow for real-time access and monitoring of the facility via the live video surveillance recording system.
 - b. A display monitor with a minimum screen size of twelve inches shall be connected to the electronic recording security system at all times.
 - c. Installed in a manner that will prevent cameras from being readily obstructed, tampered with, or disabled.
 - d. Ability to immediately produce a clear color still photo that is a minimum of 9600 dpi from any camera image (live or recorded).
 - e. A date and time stamp embedded on all recordings. The date and time shall be synchronized and set correctly and shall not significantly obscure the picture.
 - f. Cameras installed outdoors and in low-light interior areas shall be day/night cameras with a minimum resolution of six hundred lines per inch (analog) or D1 (IP) and a minimum light factor requirement of 0.7 LUX. The installation of additional lighting may be required to increase picture clarity and brightness. Cameras shall be calibrated and focused to maximize the quality of the recorded image.
 - g. Allow for the exporting of still images in an industry standard image format, including .jpg, .bmp and .gif. Exported video shall have the ability to be archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Exported video shall also have the ability to be saved in an industry standard file format that can be played on a standard computer operating system. All recordings shall be erased or destroyed prior to disposal.



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- h. Security recordings shall provide an image resolution of at least D1, and the image frame rate shall be at least three frames per second during alarm or motion-based recording.
 - i. Repair and/or replace any failed component of the video surveillance recording system within twenty-four hours, unless notice is provided to the Department and an extension is approved.
 5. Twenty-four hour live feed with motion-activated recording capabilities from all video cameras, which the testing laboratory shall make available for immediate viewing by the Department upon request and shall retain for at least forty-five days. If a testing laboratory is aware of a pending criminal, civil or administrative investigation, or legal proceeding for which a recording may contain relevant information, the testing laboratory shall retain an unaltered copy of the recording until the investigation or proceeding is closed or the entity conducting the investigation or proceeding notifies the testing laboratory manager that it is not necessary to retain the recording;
 6. A silent alarm, which can be utilized in the event of a holdup or other instances of duress, which notifies law enforcement;
 7. Panic alarm, which for purposes of this subsection means an audible security alarm system signal generated by the manual activation of a device intended to signal a life threatening or emergency situation requiring a law enforcement response;
 8. Automatic voice dialer, which for purposes of this paragraph means any electrical, electronic, mechanical, or other device capable of being programmed to send a prerecorded voice message, when activated, over a telephone line, radio or other communication system, to a law enforcement, public safety, or emergency services agency requesting dispatch;
 9. A failure notification system that provides an audible, text, or visual notification of any failure in the surveillance system. The failure notification system shall provide an alert to the testing laboratory within five minutes of the failure, either by telephone, email, or text message; and
 10. The ability to comply with the security requirements of this rule for a period of at least forty-eight hours during a power outage.
6. In order to receive a certificate of operation, I understand a provisional license must comply with the following requirements for Ohio Admin. Code 3796:4-1-07(C): **(1 Point)**
 - i. Testing laboratory shall have a back-up alarm system approved by the Department that shall detect unauthorized entry during times when no employees are present at the facility and that shall be provided by a company supplying commercial grade equipment, which shall not be the same company supplying the primary security system.
7. In order to receive a certificate of operation, I understand a provisional license must comply with the following requirements for Ohio Admin. Code 3796: 4-2-07(D): **(1 Point)**



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- i. Testing laboratory shall keep all security equipment in good-working order and the systems shall be inspected and all devices tested on annual basis.
8. An applicant is required to upload a plot plan, *via eLicensing*, of the laboratory facility drawn to a reasonable scale that designates the different areas of operation, with the mandatory access restrictions. A plot plan is a scaled drawing of the internal and external layout of the facility. The plot plan shall include all 15 of the following items on the checklist to be awarded a provisional license. Applicant will receive **45 points** total for identifying all the items listed on the checklist (representing 3 points per item). **If an item is not identified, the applicant will not receive any points for the entirety of this section and will not be eligible to receive a provisional license.**

Item Number	Item Description	Documented on Plot plan?
		Check Yes
General Requirements for Plot plan		
	<p>A plot plan of the laboratory facility is provided, which is drawn to a reasonable scale that designates the different areas of operation, with mandatory access restrictions.</p> <p>Ohio Admin. Code 3796: 4-1-02 (B)(4)(d)</p>	
	<p>A designation as to whether the plot plan is for the interior and exterior of an existing building, or if the plot plan is for the interior and exterior of a building to be constructed.</p> <p>It is sufficient for this question to mark on the plot plan: “Existing Building” or “New Building.”</p> <p>Ohio Admin. Code 3796:4-1-02 (B)(4)(d)(i) and (ii)</p>	
	<p>The plot plan, includes a legend identifying specific devices for and locations of: (1) equipment used for access restriction (doors, card readers, keypads, key-locks, etc.); (2) the indoor and outdoor video cameras; (3) the motion detectors; (4) the panic button(s); and (5) the silent alarm button(s) on the inside and outside of the facility to prevent and detect diversion, theft or loss of medical marijuana.</p> <p>Ohio Admin. Code 3796: 4-2-07 (A)(6); 5-2-01(H); 4-2-07(A); and 4-2-07(B)</p>	



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	<p>The plot plan shows which areas of the facility are restricted to Type 1 Key, Type 1 and Type 2 employees.</p> <p>Ohio Admin. Code 3796: 4-1-02 (B)(4)(d)</p>	
<p>Specific Room Requirements for Laboratory Facility</p>		
	<p>The plot plan shows the location of the surveillance room which must be a dedicated room, with no other function or purpose.</p> <p>Ohio Admin. Code 3796: 4-2-07 (A)(3)(b)</p>	
	<p>The plot plan shows the location of the vault and other approved storage for medical marijuana and that they are locked.</p> <p>Ohio Admin. Code 3796:4-2-07 (A)(4)</p>	
	<p>The plot plan shows the location of a waste and destruction area.</p> <p>Ohio Admin. Code 3796: 4-2-06 (B)</p>	
	<p>The plot plan shows the location of a locked dumpster or other locked container, either inside or outside the building for disposal of waste medical marijuana.</p> <p>Ohio Admin. Code 3796: 4-2-06 (B)</p>	
<p>Exterior Lighting Requirements</p>		
	<p>The plot plan shows how the exterior of the building is well lit.</p> <p>Ohio Admin. Code 3796:4-2-07(A)(5)</p>	



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Item Number	Item Description	Documented on Plot plan?
		Yes
Video Surveillance Requirements		
	<p>The plot plan shows video cameras in all areas that may contain medical marijuana samples, and at all points of entry and exit to capture a clear and certain identification of any person entering or exiting the facility, which shall be appropriate for the normal lighting conditions of the area under surveillance.</p> <p>Ohio Admin. Code 3796: 4-2-07(B)(2)</p>	
	<p>The plot plan shows that the waste destruction and disposal rooms or spaces are covered by video surveillance.</p> <p>Ohio Admin. Code 3796: 4-2-06 (C)</p>	
	<p>The plot plan shows video cameras directed at all approved safes, approved vaults, and any other area where medical marijuana samples are being stored or handled</p> <p>Ohio Admin. Code 3796: 4-2-07(B)(3)</p>	
Access Control Requirements		
	<p>The plot plan shows motion detectors throughout the facility.</p> <p>Ohio Admin. Code 3796: 4-2-07(B)(1)</p>	
	<p>The plot plan shows the vault is limited to Type 1 employee access.</p> <p>Ohio Admin. Code 3796:4-2-07 (A)(4) and 5-2-01(H)</p>	
	<p>The plot plan shows that the surveillance room/area is limited to Type 1 Key employee access.</p> <p>Ohio Admin. Code 3796: 4-2-07 (A)(3)(a) and 5-2-01(H)</p>	



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**Financial Plan Application Section
Ohio Admin. Code 3796:4-1-03(B)(4)**

1. Applicants will receive 8 points for submitting the required forms. **Each form, which is uploaded in a separate section of the application, is required in order to receive a provisional license:**
 - a. Owners and Officers Roster Form (Form C)
 - b. Liquid Assets Form (Form B)
 - c. Tax Certification Form (Form H)

2. Applicant will receive **8 points** for completing the section and its attestations. **The applicant must complete the applicable attestation in order to receive a provisional license.**
 - a. **Insurance Requirements (8 Points)** Please choose the applicable attestation:
 - i. I hereby certify the intent to purchase insurance coverage and terms of insurance required and approved by the Department, including, but not limited to, products liability and general liability, prior to the issuance of a certificate of operations, if such products are in existence at the time of issuance or the time of renewal.
 - ii. I hereby certify insurance coverage has been purchased with terms of insurance required and approved by the Department, including, but not limited to, products liability and general liability, prior to the issuance of a certificate of operations.

3. Applicant will receive 8 points for completing the following section and its attestations. **The applicant must complete in order to receive a provisional license.**
 - a. **Escrow/Surety Requirements (8 Points)**
 - i. I attest that the applicant has established and maintains an escrow account or surety bond in the amount of \$75,000, consistent with the Testing Laboratory application requirements and Ohio Admin. Code 3796:4-1-05, prior to being awarded a Testing Laboratory Certificate of Operations

4. Applicant will receive 8 points for completing the following section and its attestations. **The applicant must complete in order to receive a provisional license.**
 - a. **Compliance (8 Points)**
 - I attest that the applicant will conform to the financial responsibility requirements under Ohio Admin. Code [3796:4-1-05](#).



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5. **Operating Expense Breakdown (8 Points)** The applicant must upload a document that provides an “operating expense breakdown” in order to receive a provisional license. Ohio Admin. Code 3796:4-1-03(B)(4)(b)/3796:4-1-02(B)(5)(b). **A minimum score of 8 points for uploading the “operating expense breakdown” is required to receive a provisional license. This will be uploaded to eLicensing.**
- i. Please provide a cost breakdown of the applicant's anticipated costs in building the facility and implementing the policies and procedures submitted as part of the application and the source of funding for the associated costs. A minimal score of “8 Points” in the Operating Expense Breakdown section is required to receive a provisional license. This will be uploaded in eLicensing. Ohio Admin. Code 3796:4-1-02(B)(5)(b).
 1. Additional points could be awarded for detailing the following. This is in addition to the 8 points awarded for uploading the “operating expense breakdown.”
 - a. Multi-year cost projections (1 Points)
 - b. Costs for construction (1 Points)
 - c. Costs for lab equipment (1 Points)
 - d. Employee salaries and benefits (1 Points)
 - e. Costs associated with IT/Software/Hardware (1 Points)
 - f. Lease or mortgage payments (1 Points)
 - g. Other (1 Points)