



**STATE OF OHIO**  
BOARD OF PHARMACY



**Attestation and Release Authorization**

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719., 3796., 4752., AND 4729. OF THE OHIO REVISED CODE THAT I AM AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE ENTITY LISTED IN THIS APPLICATION. I HEREBY CERTIFY THAT THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE. I HEREBY ACKNOWLEDGE THAT THE ENTITY HOLDING THE MEDICAL MARIJUANA DISPENSARY CERTIFICATE OF OPERATION SHALL SUBMIT TO THE JURISDICTION OF THE STATE OF OHIO BOARD OF PHARMACY AND TO THE LAWS OF THIS STATE FOR THE PURPOSE OF ENFORCEMENT OF CHAPTERS 2925., 3715., 3719., 3796., 4752., AND 4729. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.

I FULLY UNDERSTAND, ACKNOWLEDGE, AND AGREE THAT SUBMISSION OF THIS APPLICATION WITH THE STATE OF OHIO BOARD OF PHARMACY CONSTITUTES EXPRESS WRITTEN CONSENT FOR AN AUTHORIZED BOARD AGENT TO ENTER AND PERFORM AN ON-SITE INSPECTION OF THE LICENSED DISPENSARY IN ACCORDANCE WITH RULE 3796:6-2-06 OF THE OHIO ADMINISTRATIVE CODE.

**This form must be signed in ink by an individual defined as an "owner" under [rule 3796:6-2-03 of the Ohio Administrative Code](#). Digital signatures will NOT be accepted.**

<b>SIGNATURE OF OWNER</b>	<b>DATE SIGNED</b>
<b>PRINTED NAME OF OWNER</b>	<b>OWNER EMPLOYEE LICENSE NO.</b>

A photocopy, facsimile or other electronic version of this document shall be accepted as an original signature. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

<i>Sworn to and signed before me this date:</i>
<i>Date</i>
<i>Signature of Notary</i>
<i>(SEAL)</i>