



Medical Marijuana Dispensary License Surety Bond

Updated 7-18-2022

<i>Name of Bonding Company</i>	<i>Effective Date</i>
<i>Bond Number</i>	

KNOW ALL PERSONS BY THESE PRESENTS, that we, the undersigned, _____
 _____ (Full Legal Name of Principal), of the City
 of _____, County of _____, State
 of _____, as Principal, and _____ (Full
 Legal Name of Surety) of the City of _____, County of _____, State
 of _____, as Surety, are held and firmly bound unto the State of Ohio and the
 Ohio Board of Pharmacy (the "Board"), as Obligees, in the penal sum of FIFTY THOUSAND DOLLARS
 (\$50,000.00), the payment of which we jointly and severally bind ourselves, our heirs, executors,
 administrators, successors and assigns.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that the Principal has applied for the issuance or
 renewal of a medical marijuana retail dispensary license, which license and any renewals are
 incorporated and made part of this bond as though set forth herein. Pursuant to Chapter 3796 of the
 Ohio Revised Code and Section 3796 of the Ohio Administrative Code, said license or license renewal
 shall be valid, if not suspended or revoked, for a license period ending no more than two years from the
 date of issuance of the license or renewal and through which the Principal is required to give security
 pursuant to Rule 3796:6-2-11 of the Ohio Administrative Code;

NOW, THEREFORE, if the Principal is granted a license by the State as described above, during the term
 of said license and any renewal thereof, the bond shall be used to guarantee that the Principal timely
 and successfully completes dispensary construction, operates in a manner consistent with all relevant
 rules and regulations, faithfully pays registration renewal fees, keeps accurate books and records, makes
 regulatorily required reports, and complies with State tax requirements. If the Principal maintains its
 license for the term of this bond without revocation, and if the license is not renewed, then this bond
 shall be null and void.

IT IS FURTHER PROVIDED this bond is issued subject to the following express conditions:

1. This bond shall be deemed continuous in form and shall remain in full force and effect for the
 term of the initial bond and all subsequent terms, for all liabilities, acts, omissions or causes arising after
 this bond becomes effective until terminated as herein provided.



2. If the Board determines that the Principal has failed to comply with the terms herein, the Board, as Obligee, may proceed against the Principal or Surety herein, or both, for a right of action upon the bond and the Surety shall make payment of the above penal sum to the Board within thirty (30) calendar days.

3. Regardless of the number of years the bond remains in effect, the number of premiums paid, the number of renewals of the registration, the number of claimants or the number of claims made, the aggregate liability under the bond shall not exceed the amount of the bond.

4. The Principal and the Surety agree they shall not amend or modify the terms of this bond without prior written consent of the Board.

5. The said Surety hereby stipulates and agrees that no modifications, omissions or additions in or to the terms of the license or any renewals shall in any way affect the obligations of said Surety on its bond, and it does hereby waive notice of any such modifications, omissions or additions to the terms of the license or any renewals.

Executed in _____
(City, State)

on this _____ day of _____, _____.
(Month) (Year)

Witness: _____
Name of Principal

By: _____
Signature of Principal / Title

Witness: _____
Surety Name

Address: _____
Surety Address

By: _____
Surety Agent

Address: _____
Surety Agent Address



Submit Surety Bond form to the Board of Pharmacy’s Document Upload website:

1. Print form and complete all fields on this form.
2. *Sign the form before Notary.*
3. Scan the completed form and save to your computer in a PDF format compatible with the latest version of Adobe Reader.
4. Login into the Board of Pharmacy’s website: www.pharmacy.ohio.gov/upload to upload the completed request form. You will need your license number (MMD.07 followed by 5 digits) and eLicense security code to access the Compliance Upload Portal page.
5. Follow the instructions to upload and submit the completed **Medical Marijuana Dispensary License Surety Bond** form.

ACKNOWLEDGMENT OF SURETY

<i>Print or Type Name</i>	<i>Date Signed</i>
<i>Signature of Licensee</i>	

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