



Request for Provisional License Time Variance

Entities requesting an extension to the provisional licensing period beyond two hundred and seventy days after the provisional dispensary license was issued, are required to complete, sign, and submit. Please follow the steps below:

1. Visit www.pharmacy.ohio.gov/upload and log into your account.
2. From the "Document Upload" page, enter the contact persons email address.
3. Select "Request for Provisional License Time Variance" from the "Document Type" dropdown.
4. Select Choose File tab to upload and submit completed form.

The time variance request will be reviewed in the order it is received. Please be aware the Board may contact licensees for additional information in order to better understand submitted requests.

Business Entity Information				
License Number:		Business Name (as registered by the secretary of state):		
DBA or Trade Name (as registered by the secretary of state):			Date:	
Mailing Address:	City:	State:	ZIP:	
Facility Address:				
City:	State: OH	ZIP:	County:	District:
Primary Contact:				
Phone Number:		Email Address:		

Primary Reason for Variance	
Variance Duration Requested:	
Date Primary Reason for Variance Discovered:	
Brief Explanation for Variance Request:	
<p><i>[Concise summary of reason for variance and rationale for length of extension requested with supporting evidence (if applicable), e.g., dated municipal permit.]</i></p>	



Operational Progress Status (check all that apply)

- Structural Variance Required N/A Determined Submitted
- Point of Sale Vendor Identified System Purchased
- Security and Surveillance Systems Identified System Purchased
- Designated Representative Identified Hired Licensed
- Support Staff Identified Hired Licensed
- Advertising Account Created on Portal Name/Logo Submitted
- Training Material Developed Submitted

Please Detail Any Other Relevant Good Faith Efforts Towards Operation:

Declaration

Authorized Representative:

Phone Number:	Email Address:
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I declare under penalties of falsification as set forth in Chapters 2921. of the Ohio Revised Code that I am an authorized representative for the dispensary identified in this submission.

Signature: _____