



Variance Request Form

Entities requesting a variance pursuant to Ohio Adm. Rule 3796:6-4-10 are required to complete, sign, and submit this form in order for the variance request to be considered. 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 "General Variance Request" from the "Document Type" dropdown.
4. Select Choose File tab to upload and submit completed form.

Variance Requests will be reviewed in the order 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 | <input type="checkbox"/> N/A | <input type="checkbox"/> Determined | <input type="checkbox"/> Submitted |
| • Point of Sale Vendor | <input type="checkbox"/> Identified | <input type="checkbox"/> System Purchased | |
| • Security and Surveillance Systems | <input type="checkbox"/> Identified | <input type="checkbox"/> System Purchased | |
| • Designated Representative | <input type="checkbox"/> Identified | <input type="checkbox"/> Hired | <input type="checkbox"/> Licensed |
| • Support Staff | <input type="checkbox"/> Identified | <input type="checkbox"/> Hired | <input type="checkbox"/> Licensed |
| • Advertising | <input type="checkbox"/> Account Created on Portal | <input type="checkbox"/> Name/Logo Submitted | |
| • Training Material | <input type="checkbox"/> Developed | <input type="checkbox"/> 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: _____