



## Ohio Department of Commerce Medical Marijuana Control Program

### CHANGE OF OPERATIONS PROCEDURE

Pursuant to Ohio Administrative Code 3796:2-2-07(E), 3796:3-2-07(H), and 3796:4-2-01(A) licensees are precluded from amending or otherwise changing their approved operations plan, quality assurance plan, or cultivation and/or manufacturing techniques, unless written approval is obtained from the Department. Licensees may request operational changes via a written “Change of Operations” request to the Ohio Department of Commerce (“the Department”).

The Department requires licensees to submit all Change of Operations requests electronically to [MMCPcompliance@com.state.oh.us](mailto:MMCPcompliance@com.state.oh.us). When submitting a Change of Operations request, licensees must submit a completed “Change of Operations Request Form” and all other applicable information pertaining to the specific change of operations at the licensee’s facility. Furthermore, licensees must state in the email’s subject line: “*Change of Operations Request – [Licensee’s Name and Facility License Number]*” and copy the licensee’s assigned compliance and enforcement agent. In addition to the materials outlined above, licensees must ensure that they remain in communication with the Department and submit any additional information in a timely manner should further information be requested from the Department to review a Change of Operations request.

Additionally, licensees must detail the following in the “change of operations details” of the form:

1. Outline the specific reason for the change of operations. Be sure to indicate what you would like to change from your original application or any previously granted operational changes.
2. The timeframe for which the operations change is being requested.
3. The specific action being requested from the Department.

This narrative may be attached as a separate document to the Change of Operations Request Form.

Please be advised that licensees must acquire approval prior to implementing any operations changes. The submission of a Change of Operations request does not automatically grant the Change of Operations request and does not release the licensee from complying with Ohio Administrative Code Chapter 3796.

Please respond to all requests for additional information in a timely manner. Furthermore, it is imperative that you maintain appropriate contact information with the Department to ensure ongoing communication needs are met during the Change of Operations review. The Department will be unable to process the Change of Operations request if it is not complete. For additional information, please contact your compliance and enforcement agent.



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### CHANGE OF OPERATIONS REQUEST FORM

**Instructions:** Licensees who wish to implement a change in operations must complete the following information. The Change of Operations Request Form has been created to allow licensees to apply for approval to change an operation as provided in Chapter 3796 of the Ohio Administrative Code.

Change of Operations requests must be submitted electronically to [MMCPcompliance@com.state.oh.us](mailto:MMCPcompliance@com.state.oh.us) with the subject line: “*Change of Operations Request – [Licensee’s Name and Facility License Number]*.” Please copy your assigned compliance and enforcement agent.

#### Licensee Information:

<b>Business FEIN:</b>		<b>Facility License #:</b>	
<b>Business Name:</b>			

#### Change of Operations Details:

<b>Rule/Application Standard:</b>	
<b>Proposed Timeline for Operations Change:</b>	
<b>Description of Operations Change:</b>	



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**Justification for  
Operations Change:**

**Attestation:**

- By completing this application, the licensee acknowledges that the signature provided below belongs to a person that has legal authority to sign on behalf of the holder of the Certificate of Operation or Provisional Licensee identified above, and that the information provided is true, correct, and complete.

**Requested By:**

<b>Name:</b>		<b>Phone #:</b>	
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**Authorized Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_