Ohio Medical Marijuana Dispensary RFA2 Application
Application Name: 645 W Water St
Application Reference # QA364

Demographic Information(Business Information)

A-1.1 Applicant Business Name (hereinafter “Applicant”) (as reflected in the articles of incorporation or other documents filed with the Ohio Secretary of State)

Community Greenhouse Ohio, LLC

A-1.1A Upload articles of incorporation or other documents here.

Uploaded Document Name: **CG OH Cert and Articles.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
CG OH Cert and Articles.pdf

A-1.1B Full Business Address

7763 Cromwell End, New Albany, OH 43054

A-1.2 Trade Name or Fictious Name as Filed with Ohio Secretary of State (commonly referred to as the “Doing Business As” Name)

No response provided by applicant

A-1.3 Business Address of Proposed Dispensary

645 W Water Street

A-1.4 City

Piqua

A-1.5 State

OH

A-1.6 Zip Code

45356

A-1.7 Phone Number

9172731570

A-1.8 Email Address

todd@communitygreenhousenj.com

Demographic Information(Primary Contact and Registered Agent Information)

Item 1 of 2

A-2.1 Please select: Primary Contact, or Registered Agent for this Application

PRIMARY CONTACT

A-2.2 First Name

Todd

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Johnson

A-2.5 Address

24 Ave at Port Imperial, Apt 434

A-2.6 City

West New York

A-2.7 State

NJ

A-2.8 Zip Code

07093

A-2.9 Phone Number

9172731570

A-2.10 Email Address

todd@communitygreenhousenj.com

Item 2 of 2

A-2.1 Please select: Primary Contact, or Registered Agent for this Application

REGISTERED AGENT

A-2.2 First Name

Ohio Statutory Agent LLC

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Ohio Statutory Agent LLC

A-2.5 Address

6545 Market Avenue, Suite 100

A-2.6 City

North Canton

A-2.7 State

OH

A-2.8 Zip Code

44721

A-2.9 Phone Number

2166723705

A-2.10 Email Address

info@ohiostatutoryagent.com

Demographic Information(Applicant Organization and Tax Status)

A-3.1 Select your organization type

Limited Liability Company

A-3.1.1 If other, explain

No response provided by applicant

A-3.2 State of Incorporation or Registration

OH

A-3.3 Date of Formation

11/13/2021

A-3.4 Business Name on Formation Documents

Community Greenhouse Ohio, LLC

A-3.5 Federal Employer ID number

This response has been entirely redacted

A-3.6 Ohio Unemployment Compensation Account Number (if Applicant is currently doing business in Ohio).

This response has been entirely redacted

A-3.7 Ohio Department of Taxation Number (if Applicant is currently doing business in Ohio)

This response has been entirely redacted

A-3.8 Ohio Workers' Compensation Policy Number (if Applicant is currently doing business in Ohio)

This response has been entirely redacted

A-3.9 By selecting "**Yes**", the Applicant attests that it will obtain workers' compensation insurance as a condition precedent to receiving a certificate of operation to operate a medical marijuana dispensary from the State of Ohio Board of Pharmacy, as required by Ohio law.

YES

A-3.10 Does the Applicant have any ownership interest in, or is the Applicant otherwise affiliated with, marijuana entities including both licensed and prospective entities, in Ohio or any other jurisdiction? (Including, but not limited to, cultivators, processors, testing labs, dispensaries, retailers, non-store front retailers, marijuana delivery service, or applicants for any such license or certificate. For sole proprieters and partnerships, this will also include any employee licenses.)

“Affiliate” or “affiliated with” means any holding company or institutional investor or any individual, partnership, corporation, association, trust or any other group of individuals, however organized, which directly or indirectly owns, has the power or right to control, or holds with the power to vote, an ownership interest in a licensed or prospective marijuana business.If you select "**Yes**", answer question A-3.10.1 below.

YES

A-3.10.1 If "**Yes**" to question A-3.10, for each instance relevant to question A-3.10, provide the following:

-Legal Business Name and License Number
-Business Address
-Type of ownership interest or affiliation

JG New Jersey LLC: 1474 Prospect St, Ewing, NJ 08638 (equity)Pure Greens: 7800 Co Rd 152, Salida, CO 81201, United States (equity)Polaris Wellness Center, LLC: 5395 Polaris Avenue, Ste. 110, Las Vegas, NV 89118 (equity)

Demographic Information(Proposed Organizational Structure of Provisional Dispensary Applicant)

A-4.1 Attach an organizational chart showing all owners, officers, and board members of the provisional dispensary applicant, irrespective of ownership interest.

Uploaded Document Name: **Community Greenhouse Ohio, LLC - Corporate Org Chart.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Community Greenhouse Ohio, LLC - Corporate Org Chart.pdf

Demographic Information(District Information)

A-5.1 Please select to indicate the medical marijuana dispensary district for which the Applicant is applying for a dispensary license

SOUTHWEST-3

A-5.2 Please select to indicate the Ohio county in which the dispensary would be located, if the provisional dispensary license is awarded.

Miami

Compliance(Compliance with Applicable Laws and Regulations)

B-1.1 By selecting “Yes,” the Applicant, as well as all individually identified Prospective Associated Key Employees listed in this provisional license application, agree to comply with all applicable Ohio laws and regulations relating to the operation of a medical marijuana dispensary.

YES

B-1.2 By selecting “Yes,” the Applicant understands and attests that it must establish and maintain an escrow account or surety bond in the amount of $50,000 as a condition precedent to receiving a medical marijuana certificate of operation. OAC 3796:6-2-11

YES

Compliance(Civil and Administrative Action)

B-2.1 Has criminal, civil, or administrative action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) been taken against the Applicant, or an affiliate of the Applicant (as defined in A-3.10), under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

NOTE: Applicants do not have to list any denial of a license application if an application to operate a marijuana business was denied solely for one or more of the following reasons:

- your application was scored and the sole reason your license was denied was because the agency determined that your overall score was so low that you were categorically ineligible to be licensed;
- an agency required passing scores on each question or each section, and the sole reason your license was denied was because the agency determined that you did not receive a passing grade on one question or section;
- there was competitive scoring and your application was denied solely because other applicants had higher scores than your application;
- you received one or more licenses, but one or more other applications were denied because of a license cap;
- your application was unsuccessful in an unscored license award process (e.g., lottery or drawing).

NO

B-2.1.1 If "**Yes**" to question in B-2.1, provide the following:

- Respondent/Defendant Name
- Name of Case or Docket Number
- Nature of Charge or Complaint. Include statutory code sections or administrative rule sections, if applicable.
- Date of Charge or Complaint
- Disposition
- Name and Address of the Administrative Agency Involved if applicable
- Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions) if applicable

No response provided by applicant

Compliance(Prospective Associated Key Employee Compliance)

Item 1 of 5

B-3.1 First Name

Todd

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Johnson

B-3.4 Suffix

No response provided by applicant

B-3.5 Occupation (current)

Executive, Justice Cannabis Co

B-3.6 Prospective Associated Key Employee’s annual (current or anticipated) business-related compensation from Applicant

No current or anticipated business-related compensation will be considered until the business is cash flow positive.

B-3.7 Ownership interest in Applicant's business (as a percentage)

40%

B-3.8 Voting Rights in Applicant’s business (as a percentage)

40%

B-3.9 Proposed Role

OWNER

B-3.10 Provide a short description of the role the person will serve in for the organization and the person's responsibilities:

Determining the mission and purposes of the organization, selecting and evaluating the performance of the chief executivestrategic and organizational planning, ensuring strong fiduciary oversight and financial management, fundraising and resource development, approving and monitoring the organization's programs and services, enhancing the organization's public image.

B-3.11 Date of birth

This response has been entirely redacted

B-3.12 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

B-3.13 Residential Street Address

24 Ave at Port Imperial, Apt 434

B-3.14 City

West New York

B-3.15 State

NJ

B-3.16 Zip Code

07093

B-3.17 Phone

No response provided by applicant

B-3.18 Email

No response provided by applicant

B-3.19 Attach verification of identity. The following are acceptable forms of verification of identity:
-Unexpired, valid state-issued driver's license or state-issued identification card -OR-
-Unexpired, valid United States passport

Uploaded Document Name: **Todd DL.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Todd DL.pdf

B-3.20 Tax Authorization: Each Prospective Associated Key Employee (**owner with at least ten percent ownership or voting interest, officer or board member of the entity seeking a dispensary license**) must attach a completed copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements.

Uploaded Document Name: **Todd Johnson - Tax Authorization Form.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Todd Johnson - Tax Authorization Form.pdf

B-3.21 Has the individual served, or are they currently serving as an owner, officer, board member, employee or consultant of, or otherwise affiliated with, another marijuana entity in Ohio or elsewhere in the United States?

YES

B-3.21.1 If "**Yes**" to B-3.21, please provide all entity Names and Addresses via an attachment.

Uploaded Document Name: **Todd Cannabis Insert.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Todd Cannabis Insert.pdf

B-3.22 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another marijuana entity in Ohio or the United States?

YES

B-3.22.1 If "**Yes**" to B-3.22, please provide the entity Name and Address.

Uploaded Document Name: **Todd Cannabis Insert.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
B-3.22.1_1_Todd Cannabis Insert.pdf

B-3.23 Has criminal or civil action been taken against the Prospective Associated Key Employee under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority? Include instances in which a court granted intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.

NO

B-3.23.1 If "**Yes**" to B-3.23, please provide the following:

-Defendant Name
-Name of Case or Docket Number
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition
-Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.24 Has criminal, civil, or administrative action been taken against any marijuana entity with which the Prospective Associated Key Employee is or was previously associated with under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

NOTE: Applicants do not have to list any denial of a license application if an application to operate a marijuana business was denied solely for one or more of the following reasons:

-your application was scored and the sole reason your license was denied was because the agency determined that your overall score was so low that you were categorically ineligible to be licensed;
-an agency required passing scores on each question or each section, and the sole reason your license was denied was because the agency determined that you did not receive a passing grade on one question or section;
-there was competitive scoring and your application was denied solely because other applicants had higher scores than your application;
-you received one or more licenses, but one or more other applications were denied because of a license cap;
-your application was unsuccessful in an unscored license award process (e.g., lottery or drawing).

NO

B-3.24.1 If "**Yes**" to B-3.24, please provide the following:

-Name
-License Number
-Name and Address of Regulatory Body or Court
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.25 Has administrative or disciplinary action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) ever been taken against this individual by the State of Ohio Board of Pharmacy or any other licensing entity?

NO

B-3.25.1 If "**Yes**" to B-3.25, please provide the following:

-Name
-License Number
-Name and Address of Licensing Entity
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.26 By selecting "**Yes**", this individual attests that they have submitted the requisite criminal records check through a process described in Section V(D) of the Application Instructions and agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback), or other similar program as required by the Board, should the Applicant be awarded a provisional license.

YES

B-3.27 Is the Prospective Associated Key Employee a physician with an active certificate to recommend medical marijuana or a physician who intends to apply for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code?

NO

B-3.28 Does the Prospective Associated Key Employee have an ownership or investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Revised Code or an Applicant for a license to conduct laboratory testing?

NO

Item 2 of 5

B-3.1 First Name

Bonita

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Ward

B-3.4 Suffix

No response provided by applicant

B-3.5 Occupation (current)

Retired Pathologist

B-3.6 Prospective Associated Key Employee’s annual (current or anticipated) business-related compensation from Applicant

No current or anticipated business-related compensation will be considered until the business is cash flow positive.

B-3.7 Ownership interest in Applicant's business (as a percentage)

10%

B-3.8 Voting Rights in Applicant’s business (as a percentage)

10%

B-3.9 Proposed Role

OWNER

B-3.10 Provide a short description of the role the person will serve in for the organization and the person's responsibilities:

Determining the mission and purposes of the organization, selecting and evaluating the performance of the chief executive strategic and organizational planning, ensuring strong fiduciary oversight and financial management, fundraising and resource development, approving and monitoring the organization's programs and services, enhancing the organization's public image.

B-3.11 Date of birth

This response has been entirely redacted

B-3.12 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

B-3.13 Residential Street Address

7763 Cromwell End

B-3.14 City

New Albany

B-3.15 State

OH

B-3.16 Zip Code

43054

B-3.17 Phone

No response provided by applicant

B-3.18 Email

No response provided by applicant

B-3.19 Attach verification of identity. The following are acceptable forms of verification of identity:
-Unexpired, valid state-issued driver's license or state-issued identification card -OR-
-Unexpired, valid United States passport

Uploaded Document Name: **Bonita ID.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Bonita ID.pdf

B-3.20 Tax Authorization: Each Prospective Associated Key Employee (**owner with at least ten percent ownership or voting interest, officer or board member of the entity seeking a dispensary license**) must attach a completed copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements.

Uploaded Document Name: **Bonita Tax Auth.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Bonita Tax Auth.pdf

B-3.21 Has the individual served, or are they currently serving as an owner, officer, board member, employee or consultant of, or otherwise affiliated with, another marijuana entity in Ohio or elsewhere in the United States?

NO

B-3.21.1 If "**Yes**" to B-3.21, please provide all entity Names and Addresses via an attachment.

No response provided by applicant

B-3.22 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another marijuana entity in Ohio or the United States?

NO

B-3.22.1 If "**Yes**" to B-3.22, please provide the entity Name and Address.

No response provided by applicant

B-3.23 Has criminal or civil action been taken against the Prospective Associated Key Employee under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority? Include instances in which a court granted intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.

NO

B-3.23.1 If "**Yes**" to B-3.23, please provide the following:

-Defendant Name
-Name of Case or Docket Number
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition
-Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.24 Has criminal, civil, or administrative action been taken against any marijuana entity with which the Prospective Associated Key Employee is or was previously associated with under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

NOTE: Applicants do not have to list any denial of a license application if an application to operate a marijuana business was denied solely for one or more of the following reasons:

-your application was scored and the sole reason your license was denied was because the agency determined that your overall score was so low that you were categorically ineligible to be licensed;
-an agency required passing scores on each question or each section, and the sole reason your license was denied was because the agency determined that you did not receive a passing grade on one question or section;
-there was competitive scoring and your application was denied solely because other applicants had higher scores than your application;
-you received one or more licenses, but one or more other applications were denied because of a license cap;
-your application was unsuccessful in an unscored license award process (e.g., lottery or drawing).

NO

B-3.24.1 If "**Yes**" to B-3.24, please provide the following:

-Name
-License Number
-Name and Address of Regulatory Body or Court
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.25 Has administrative or disciplinary action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) ever been taken against this individual by the State of Ohio Board of Pharmacy or any other licensing entity?

NO

B-3.25.1 If "**Yes**" to B-3.25, please provide the following:

-Name
-License Number
-Name and Address of Licensing Entity
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.26 By selecting "**Yes**", this individual attests that they have submitted the requisite criminal records check through a process described in Section V(D) of the Application Instructions and agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback), or other similar program as required by the Board, should the Applicant be awarded a provisional license.

YES

B-3.27 Is the Prospective Associated Key Employee a physician with an active certificate to recommend medical marijuana or a physician who intends to apply for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code?

NO

B-3.28 Does the Prospective Associated Key Employee have an ownership or investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Revised Code or an Applicant for a license to conduct laboratory testing?

NO

Item 3 of 5

B-3.1 First Name

Marlon

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Primes

B-3.4 Suffix

No response provided by applicant

B-3.5 Occupation (current)

Attorney

B-3.6 Prospective Associated Key Employee’s annual (current or anticipated) business-related compensation from Applicant

No current or anticipated business-related compensation will be considered until the business is cash flow positive.

B-3.7 Ownership interest in Applicant's business (as a percentage)

3%

B-3.8 Voting Rights in Applicant’s business (as a percentage)

3%

B-3.9 Proposed Role

OWNER

B-3.10 Provide a short description of the role the person will serve in for the organization and the person's responsibilities:

Determining the mission and purposes of the organization, selecting and evaluating the performance of the chief executive strategic and organizational planning, ensuring strong fiduciary oversight and financial management, fundraising and resource development, approving and monitoring the organization's programs and services, enhancing the organization's public image.

B-3.11 Date of birth

This response has been entirely redacted

B-3.12 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

B-3.13 Residential Street Address

1140 Haselton Road

B-3.14 City

Cleveland Heights

B-3.15 State

OH

B-3.16 Zip Code

44121

B-3.17 Phone

No response provided by applicant

B-3.18 Email

No response provided by applicant

B-3.19 Attach verification of identity. The following are acceptable forms of verification of identity:
-Unexpired, valid state-issued driver's license or state-issued identification card -OR-
-Unexpired, valid United States passport

Uploaded Document Name: **Marlon DL.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Marlon DL.pdf

B-3.20 Tax Authorization: Each Prospective Associated Key Employee (**owner with at least ten percent ownership or voting interest, officer or board member of the entity seeking a dispensary license**) must attach a completed copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements.

Uploaded Document Name: **Primes Tax Auth.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Primes Tax Auth.pdf

B-3.21 Has the individual served, or are they currently serving as an owner, officer, board member, employee or consultant of, or otherwise affiliated with, another marijuana entity in Ohio or elsewhere in the United States?

NO

B-3.21.1 If "**Yes**" to B-3.21, please provide all entity Names and Addresses via an attachment.

No response provided by applicant

B-3.22 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another marijuana entity in Ohio or the United States?

NO

B-3.22.1 If "**Yes**" to B-3.22, please provide the entity Name and Address.

No response provided by applicant

B-3.23 Has criminal or civil action been taken against the Prospective Associated Key Employee under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority? Include instances in which a court granted intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.

NO

B-3.23.1 If "**Yes**" to B-3.23, please provide the following:

-Defendant Name
-Name of Case or Docket Number
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition
-Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.24 Has criminal, civil, or administrative action been taken against any marijuana entity with which the Prospective Associated Key Employee is or was previously associated with under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

NOTE: Applicants do not have to list any denial of a license application if an application to operate a marijuana business was denied solely for one or more of the following reasons:

-your application was scored and the sole reason your license was denied was because the agency determined that your overall score was so low that you were categorically ineligible to be licensed;
-an agency required passing scores on each question or each section, and the sole reason your license was denied was because the agency determined that you did not receive a passing grade on one question or section;
-there was competitive scoring and your application was denied solely because other applicants had higher scores than your application;
-you received one or more licenses, but one or more other applications were denied because of a license cap;
-your application was unsuccessful in an unscored license award process (e.g., lottery or drawing).

NO

B-3.24.1 If "**Yes**" to B-3.24, please provide the following:

-Name
-License Number
-Name and Address of Regulatory Body or Court
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.25 Has administrative or disciplinary action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) ever been taken against this individual by the State of Ohio Board of Pharmacy or any other licensing entity?

NO

B-3.25.1 If "**Yes**" to B-3.25, please provide the following:

-Name
-License Number
-Name and Address of Licensing Entity
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.26 By selecting "**Yes**", this individual attests that they have submitted the requisite criminal records check through a process described in Section V(D) of the Application Instructions and agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback), or other similar program as required by the Board, should the Applicant be awarded a provisional license.

YES

B-3.27 Is the Prospective Associated Key Employee a physician with an active certificate to recommend medical marijuana or a physician who intends to apply for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code?

NO

B-3.28 Does the Prospective Associated Key Employee have an ownership or investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Revised Code or an Applicant for a license to conduct laboratory testing?

NO

Item 4 of 5

B-3.1 First Name

Mario

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Manningham

B-3.4 Suffix

No response provided by applicant

B-3.5 Occupation (current)

Entrepreneur

B-3.6 Prospective Associated Key Employee’s annual (current or anticipated) business-related compensation from Applicant

No current or anticipated business-related compensation will be considered until the business is cash flow positive.

B-3.7 Ownership interest in Applicant's business (as a percentage)

7%

B-3.8 Voting Rights in Applicant’s business (as a percentage)

7%

B-3.9 Proposed Role

OWNER

B-3.10 Provide a short description of the role the person will serve in for the organization and the person's responsibilities:

Determining the mission and purposes of the organization, selecting and evaluating the performance of the chief executive strategic and organizational planning, ensuring strong fiduciary oversight and financial management, fundraising and resource development, approving and monitoring the organization's programs and services, enhancing the organization's public image.

B-3.11 Date of birth

This response has been entirely redacted

B-3.12 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

B-3.13 Residential Street Address

1544 Sperry Lane SE

B-3.14 City

Canton

B-3.15 State

OH

B-3.16 Zip Code

44709

B-3.17 Phone

No response provided by applicant

B-3.18 Email

No response provided by applicant

B-3.19 Attach verification of identity. The following are acceptable forms of verification of identity:
-Unexpired, valid state-issued driver's license or state-issued identification card -OR-
-Unexpired, valid United States passport

Uploaded Document Name: **Manningham DL.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Manningham DL.pdf

B-3.20 Tax Authorization: Each Prospective Associated Key Employee (**owner with at least ten percent ownership or voting interest, officer or board member of the entity seeking a dispensary license**) must attach a completed copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements.

Uploaded Document Name: **Manningham Tax Auth.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Manningham Tax Auth.pdf

B-3.21 Has the individual served, or are they currently serving as an owner, officer, board member, employee or consultant of, or otherwise affiliated with, another marijuana entity in Ohio or elsewhere in the United States?

NO

B-3.21.1 If "**Yes**" to B-3.21, please provide all entity Names and Addresses via an attachment.

No response provided by applicant

B-3.22 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another marijuana entity in Ohio or the United States?

NO

B-3.22.1 If "**Yes**" to B-3.22, please provide the entity Name and Address.

No response provided by applicant

B-3.23 Has criminal or civil action been taken against the Prospective Associated Key Employee under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority? Include instances in which a court granted intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.

NO

B-3.23.1 If "**Yes**" to B-3.23, please provide the following:

-Defendant Name
-Name of Case or Docket Number
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition
-Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.24 Has criminal, civil, or administrative action been taken against any marijuana entity with which the Prospective Associated Key Employee is or was previously associated with under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

NOTE: Applicants do not have to list any denial of a license application if an application to operate a marijuana business was denied solely for one or more of the following reasons:

-your application was scored and the sole reason your license was denied was because the agency determined that your overall score was so low that you were categorically ineligible to be licensed;
-an agency required passing scores on each question or each section, and the sole reason your license was denied was because the agency determined that you did not receive a passing grade on one question or section;
-there was competitive scoring and your application was denied solely because other applicants had higher scores than your application;
-you received one or more licenses, but one or more other applications were denied because of a license cap;
-your application was unsuccessful in an unscored license award process (e.g., lottery or drawing).

NO

B-3.24.1 If "**Yes**" to B-3.24, please provide the following:

-Name
-License Number
-Name and Address of Regulatory Body or Court
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.25 Has administrative or disciplinary action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) ever been taken against this individual by the State of Ohio Board of Pharmacy or any other licensing entity?

NO

B-3.25.1 If "**Yes**" to B-3.25, please provide the following:

-Name
-License Number
-Name and Address of Licensing Entity
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.26 By selecting "**Yes**", this individual attests that they have submitted the requisite criminal records check through a process described in Section V(D) of the Application Instructions and agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback), or other similar program as required by the Board, should the Applicant be awarded a provisional license.

YES

B-3.27 Is the Prospective Associated Key Employee a physician with an active certificate to recommend medical marijuana or a physician who intends to apply for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code?

NO

B-3.28 Does the Prospective Associated Key Employee have an ownership or investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Revised Code or an Applicant for a license to conduct laboratory testing?

NO

Item 5 of 5

B-3.1 First Name

Amani

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Toomer

B-3.4 Suffix

No response provided by applicant

B-3.5 Occupation (current)

Entrepreneur

B-3.6 Prospective Associated Key Employee’s annual (current or anticipated) business-related compensation from Applicant

No current or anticipated business-related compensation will be considered until the business is cash flow positive.

B-3.7 Ownership interest in Applicant's business (as a percentage)

40%

B-3.8 Voting Rights in Applicant’s business (as a percentage)

40%

B-3.9 Proposed Role

OWNER

B-3.10 Provide a short description of the role the person will serve in for the organization and the person's responsibilities:

Determining the mission and purposes of the organization, selecting and evaluating the performance of the chief executive strategic and organizational planning, ensuring strong fiduciary oversight and financial management, fundraising and resource development, approving and monitoring the organization's programs and services, enhancing the organization's public image.

B-3.11 Date of birth

This response has been entirely redacted

B-3.12 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

B-3.13 Residential Street Address

25 Regency Place

B-3.14 City

Weehawken

B-3.15 State

NJ

B-3.16 Zip Code

07086

B-3.17 Phone

No response provided by applicant

B-3.18 Email

No response provided by applicant

B-3.19 Attach verification of identity. The following are acceptable forms of verification of identity:
-Unexpired, valid state-issued driver's license or state-issued identification card -OR-
-Unexpired, valid United States passport

Uploaded Document Name: **Toomer DL.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Toomer DL.pdf

B-3.20 Tax Authorization: Each Prospective Associated Key Employee (**owner with at least ten percent ownership or voting interest, officer or board member of the entity seeking a dispensary license**) must attach a completed copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements.

Uploaded Document Name: **Toomer Tax Auth.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Toomer Tax Auth.pdf

B-3.21 Has the individual served, or are they currently serving as an owner, officer, board member, employee or consultant of, or otherwise affiliated with, another marijuana entity in Ohio or elsewhere in the United States?

YES

B-3.21.1 If "**Yes**" to B-3.21, please provide all entity Names and Addresses via an attachment.

Uploaded Document Name: **Amani Cannabis Insert.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
Amani Cannabis Insert.pdf

B-3.22 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another marijuana entity in Ohio or the United States?

YES

B-3.22.1 If "**Yes**" to B-3.22, please provide the entity Name and Address.

Uploaded Document Name: **Amani Cannabis Insert.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
B-3.22.1_5_Amani Cannabis Insert.pdf

B-3.23 Has criminal or civil action been taken against the Prospective Associated Key Employee under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority? Include instances in which a court granted intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code, or the equivalent thereof in another jurisdiction.

NO

B-3.23.1 If "**Yes**" to B-3.23, please provide the following:

-Defendant Name
-Name of Case or Docket Number
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition
-Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.24 Has criminal, civil, or administrative action been taken against any marijuana entity with which the Prospective Associated Key Employee is or was previously associated with under the laws of Ohio or any other state, the United States, or a military, territorial or tribal authority?

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-an agency required passing scores on each question or each section, and the sole reason your license was denied was because the agency determined that you did not receive a passing grade on one question or section;
-there was competitive scoring and your application was denied solely because other applicants had higher scores than your application;
-you received one or more licenses, but one or more other applications were denied because of a license cap;
-your application was unsuccessful in an unscored license award process (e.g., lottery or drawing).

NO

B-3.24.1 If "**Yes**" to B-3.24, please provide the following:

-Name
-License Number
-Name and Address of Regulatory Body or Court
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.25 Has administrative or disciplinary action (e.g., revocation, suspension, probation, monetary penalties, forfeitures, or refusals to grant or renew a license) ever been taken against this individual by the State of Ohio Board of Pharmacy or any other licensing entity?

NO

B-3.25.1 If "**Yes**" to B-3.25, please provide the following:

-Name
-License Number
-Name and Address of Licensing Entity
-Nature of Charge or Complaint
-Date of Charge or Complaint
-Disposition

No response provided by applicant

B-3.26 By selecting "**Yes**", this individual attests that they have submitted the requisite criminal records check through a process described in Section V(D) of the Application Instructions and agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback), or other similar program as required by the Board, should the Applicant be awarded a provisional license.

YES

B-3.27 Is the Prospective Associated Key Employee a physician with an active certificate to recommend medical marijuana or a physician who intends to apply for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code?

NO

B-3.28 Does the Prospective Associated Key Employee have an ownership or investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Revised Code or an Applicant for a license to conduct laboratory testing?

NO

Business Plan(Property Title, Lease, or Option to Acquire Property Location)

C-1.1 Attach evidence of the Applicant's clear legal title, an executed lease, or option to purchase or lease the proposed site and facility. If attaching an option to lease, Applicant must also submit a signed, notarized statement from the property owner that the owner will grant a leasehold interest to the Applicant on the proposed site if a provisional dispensary license is issued to the Applicant.

Uploaded Document Name: **202111161945 (CG - Piqua).pdf**
NOTE: You may view this document in the "Attachments" section under the name: 202111161945 (CG - Piqua).pdf

C-1.2 Applications are site-specific and provisional dispensary applicants with any common ownership may not submit more than one application for the same parcel or any adjoining parcels. See OAC 3796:6-2-04(C)(1)(a).

The purpose of the "common ownership" prohibition for applications on the same or adjacent parcels is to prevent people from submitting multiple applications for the same or adjoining parcels. The Board is aware that some Applicants may try creative work-arounds to multiply their chances of winning a license at a specific location (or at an adjacent location). The purpose of this RFA requirement is to ensure an equal chance for licensure for all Applicants. The Board will be carefully scrutinizing applications that are seeking the same or adjoining parcels in the following circumstances:

- Separate applications are received from people or entities that seem to have some sort of prior relationship (the separate applicants are spouses, siblings, co-own another business, etc.)
- Applications that have identical (or nearly identical) budgets and site plans for the same or adjoining parcels
- Option agreements between applicants seeking the same or an adjoining parcel
- Management or consulting agreements between applicants seeking the same or an adjoining parcel
- Pledged amounts are coming from the same banking or investment accounts
- Multiple applicants are relying on the same pledged assets
- There are any other indicia demonstrating an attempt to circumvent the single application per parcel/adjoining parcel requirement of the RFA

This scrutiny may not be limited to reviewing the four corners of the applications, and may involve Board investigators sending subpoenas and conducting interviews. If the Board concludes that two or more Applicants are attempting to circumvent the one-application-per parcel rule, the Board will disqualify all applications from the Applicants (including applications for other unrelated parcels).

Is the Applicant aware of any other applications to obtain a provisional dispensary license that will be submitted for the same or an adjoining parcel as the parcel(s) identified in this application?

YES

C-1.3 Has the Applicant (including any owners, officers, and board members or anyone acting on their behalf) been in coordination or communication with any other Applicant(s) (including their owners, officers, and board members or anyone acting on their behalf) seeking to obtain a provisional dispensary license that will be submitted for the same or an adjoining parcel as the parcel(s) identified in this application?

YES

C-1.4 If the answers to either question C-1.2 or C-1.3 was yes, please provide a narrative statement:

- identifying the individuals or companies that you believe will be submitting applications for the same or an adjoining parcel;
- identifying any relationship (whether personal or professional) the Applicant, owners, officers, and board members or their representatives have with the Applicants, owners, officers, and board members or their representatives of the Applicants that you are aware may be submitting applications for the same or an adjoining parcel.

Applicant worked with a license consultant to complete this application. As such, Applicant is aware of two additional but non-related entities that will apply on this parcel: Audacious OH, LLC and MariMed OH, LLC.

Business Plan(Site and Facility Plan)

C-2.1 Applicants must provide a site-specific plan for the address identified in A-1.3 of the application showing the interior and exterior of the proposed facility, drawn to scale with square footage clearly illustrated. The site-specific plan SHALL include and clearly identify all of the following:

-dispensary department
-restricted access areas
-waiting room
-patient care areas or other areas designated for patient and caregiver consultation and instruction
-an enclosed delivery bay or equally secured delivery area where medical marijuana deliveries will be made pursuant to a standard operating procedure to be approved by the board
-a day storage area with pass-thru window(s)
-a “mantrap” at any ingress/egress from the dispensary department
-a vault in conformance with C.F.R. 1307.72(a)(3)(6/30/2021) that is in a location not visible to the public
-parking (designated parking lot or publicly available parking)

The site-specific plan shall be prepared and certified by the contractor or architect responsible for the project. (Attachment must clearly demonstrate all listed items.)

Uploaded Document Name: **C2.1 - 645 W WATER ST, Piqua, OH.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C2.1 - 645 W WATER ST, Piqua, OH.pdf

C-2.1A Attach a detailed, site-specific construction or renovation budget and schedule demonstrating the applicant will commence dispensary operations in accordance with rule 3796:6-2-04. The budget and schedule shall be prepared by the contractor or architect for the project. The schedule must include a GANTT chart. The budget must use the 50 divisions of construction information found in the Construction Specifications Institute’s MasterFormat (2018 version).

Uploaded Document Name: **C-2.1A_645 Water St Piqua OH - Deliverable.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C-2.1A_645 Water St Piqua OH - Deliverable.pdf

C-2.2 The Applicant must submit evidence that it complies with any local ordinances, rules, or regulations adopted by the locality in which the Applicant's property is located, which are in effect at the time of the application. Include copies of any required local registration(s), license(s) or permit(s) of the locality in which the applicant’s property is located. (Attach completed Notice of Proper Zoning Form and, if applicable, any supporting documentation.)

Uploaded Document Name: **C-2.2_CG_645 Water.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C-2.2_CG_645 Water.pdf

C-2.3 Provide a professionally prepared survey of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a prohibited facility, pursuant to R.C. 3796.30, or an opioid treatment program as defined in rule 4729:5-21-01 of the Administrative Code.

500 feet will be measured using the shortest distance between the closest point of the external boundaries of a parcel of real estate having on it such a facility or opioid treatment program and the external boundaries of the parcel on which the prospective dispensary would be situated. The survey must be clearly legible and labeled and may be divided into 8.5 by 11 inch sections. (3796:6-2-02)

Uploaded Document Name: **C2.3 - 645 W Water St, Piqua, OH.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C2.3 - 645 W Water St, Piqua, OH.pdf

Business Plan(Business Plan)

C-3.1 Attach a detailed budget for the proposed dispensary, identifying the projected costs to staff, equip, and operate the medical dispensary for the time period from an award of the provisional dispensary license until the issuance of the certificate of operation (this must include all licensing fees paid to the Board and other regulatory agencies):

Uploaded Document Name: **C-3.1_645 W Water St..pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C-3.1_645 W Water St..pdf

C-3.1.1 Attach a detailed budget for the proposed dispensary, identifying the projected costs to staff, equip, and operate the medical dispensary for the time period from the issuance of the certificate of operation until not less than four months after receipt of the certificate of operation (this must include all licensing fees paid to the Board and other regulatory agencies):

Uploaded Document Name: **C-3.1.1_645 W Water St.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C-3.1.1_645 W Water St.pdf

Business Plan(Description of Dispensary Employee Duties and Roles)

C-4.1 Provide an organizational chart. Include all positions to be held by Prospective Associated Key Employees, Key Employees, and Support Employees and a description of the duties, responsibilities, and roles of each employee. Include any 3rd party vendors or consultants providing services to the dispensary, e.g. security services.

Uploaded Document Name: **C-4.1_Organizational Chart and Position Descriptions.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C-4.1_Organizational Chart and Position Descriptions.pdf

C-4.2 Attach a detailed timeline for hiring and staff training to ensure compliance with rule 3796:6-2-04(L).

Uploaded Document Name: **C-4.2_Hiring and Training Timeline.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
C-4.2_Hiring and Training Timeline.pdf

Business Plan(Financial Information)

C-5.1A Total Amount of Available Capital:

$2,751,848

C-5.1B Total Number of Licenses Applicant is Willing to Accept :

2

C-5.1C Total Amount of Available Capital Per License (divide C-5.1(A) by C-5.1(B)):

$1,375,924

C-5.2 In the text area below detail the following items related to all capital that will be used to operate this dispensary.

-Type of capital
-Source of capital
-Name and address of financial institution
-Account number

This response has been entirely redacted

C-5.3 Demonstrate that the Applicant has adequate liquid assets to cover:

- -construction or renovation costs identified in Question C-2 of this application;
- -projected costs to staff, equip and operate the medical marijuana dispensary from an award of the provisional dispensary license until the issuance of the certificate of operation as identified in Question C-3 of this application; and
- -projected costs to staff, equip and operate the medical marijuana dispensary from the issuance of the certificate of operation until not less than four months after receipt of the certificate of operation as identified in Question C-3 of this application.

The applicant must demonstrate it has adequate liquid assets for all licenses the applicant is willing to accept. The total amount of liquid assets must cover all expenses and costs identified in the above paragraph, but the total amount of liquid assets must be no less than $250,000 per license. (Example: If Applicant will accept 3 licenses, Applicant must have no less than $750,000 in liquid assets. If Applicant's costs identified in questions C-2 and C-3 will be $1 million per location, Applicant must have no less than $3 million in liquid assets.)

If the Applicant is relying on liquid assets from an individual, provide evidence that the person has unconditionally committed such liquid assets to the use of the Applicant in the event that a dispensary license(s) is awarded to the Applicant. (3796:6-2-02) For all sources of capital, provide documentation from the financial institution(s) (from an institution in this state, or any other state in the United States, United States territory, or the District of Columbia) – dated no earlier than thirty days prior to the date the application is submitted - to support these capital requirements and identify the source of the assets.

Uploaded Document Name: **CG Proof of Capital.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
CG Proof of Capital.pdf

C-5.4 Does the Applicant or any owner, officer, or board member have reason to believe that any of the sources of capital pledged in this Application will also be pledged by a different applicant?

NO

C-5.5 If the answer to C-5.4 is "yes", identify what other individuals or entities may be pledging the same sources of capital and, if known, the addresses of any other proposed dispensaries.

No response provided by applicant

Operations Plan(Dispensary Oversight)

D-1.1 By selecting "**Yes**", the Applicant attests that it will appoint a designated representative responsible for the oversight, supervision and control of operations of the medical marijuana dispensary. When there is a change in the appointed designated representative, the Applicant will notify the State Board of Pharmacy within 10 business days of appointment. (OAC 3796:6-3-05)

YES

Operations Plan(Security and Surveillance)

D-2.1 By selecting "**Yes**", the Applicant attests that it is able to continuously maintain effective security, surveillance and accounting control measures to prevent diversion, abuse and other illegal conduct regarding medical marijuana and medical marijuana products.

YES

D-2.2 By selecting "**Yes**", the Applicant attests that it is able to comply with rule 3796:6-3-16 for the monitoring, surveillance, and security for medical marijuana inventory and dispensary premises.

Examples of security measures in OAC 3796:6-3-16 include all of the following: (1) dual authentication or biometric vault access with unique code for each employee; (2) safe exclusively for storage of currency, with separate access controls, to be maintained within the product vault; (3) minimum of one height strip camera at public entrance/exit to dispensary; (4) dedicated on-site security personnel during all operational hours who shall only perform tasks related to security operations and have foundational training specific to security; and (5) electronic records of all employee access to any restricted access areas. Review rule 3796:6-3-16 for all required dispensary security measures.

YES

Operations Plan(Receiving of Product)

D-3.1 By selecting "**Yes**", the Applicant attests that, if awarded a certificate of operation, it will be able to safely and securely receive medical marijuana and medical marijuana products.

YES

D-3.2 By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting, any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded or adulterated medical marijuana.

YES

Operations Plan(Storage of Product)

D-4.1 By selecting "**Yes**", the Applicant attests that there will be separate, locked, limited access areas for the storage of medical marijuana that is expired, damaged, deteriorated, mislabeled, contaminated, recalled, or whose containers or packaging have been opened or breached, until the medical marijuana is returned to a cultivator or processor, destroyed or otherwise disposed.

YES

D-4.2 By selecting "**Yes**", the Applicant attests that all areas where medical marijuana and devices are stored must be dry, well-lighted, well-ventilated, and maintained in a clean and orderly condition. Storage areas shall be maintained at temperatures and under lighting conditions which will ensure the integrity of medical marijuana prior to its use. The area shall be free from infestation by insects, rodents, birds, and pests.

YES

D-4.3 By selecting "**Yes**", the Applicant attests that a separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

YES

Operations Plan(Dispensing of Product, Labeling of Product, Reporting of Product Dispensations into the Prescription Monitoring Program (PMP), and Management of Dispensing Errors)

D-5.1 By selecting "**Yes**", the Applicant attests that it is prepared to and will join the American Society for Automation in Pharmacy (ASAP) annually in order to facilitate near-real-time reporting to the Ohio Automated Rx Reporting System (OARRS). (OAC 3796:6-3-08; OAC 3796:6-3-10)

YES

D-5.2 By selecting "**Yes**", the Applicant attests that it will comply with rules 3796:6-3-08, 6-3-09, 6-3-10, 6-3-12, and 6-3-13 regarding the dispensing of medical marijuana, labeling of medical marijuana, reporting of medical marijuana dispensations into the prescription monitoring program, and management of dispensing errors.

YES

Operations Plan(Inventory Management and Record Keeping)

D-6.1 By selecting "**Yes**", the Applicant attests that it will establish inventory controls and procedures for the conducting of weekly inventory reviews and annual comprehensive inventories of medical marijuana at the facility. (OAC 3796:6-3-20)

YES

D-6.2 By selecting "**Yes**", the Applicant attests that its designated representative will conduct and document an audit of the dispensary's daily inventory according to generally accepted accounting principles at least once weekly consistent with OAC 3796:6-3-20(D).

YES

D-6.3 By selecting "**Yes**", the Applicant attests that it will use the state inventory tracking system. (ORC 3796.07; OAC 3796:1-1-01; OAC 3796:6-3-06)

YES

D-6.4 By selecting "**Yes**", the Applicant attests that it will maintain the inventory data in its internal inventory control system of medical marijuana received from a cultivator or processor. (OAC 3796:6-3-20)

YES

D-6.5 By selecting "**Yes**", the Applicant attests that it will maintain the inventory data in its internal inventory control system of medical marijuana dispensed to a patient or caregiver. (OAC 3796:6-3-08)

YES

D-6.6 By selecting "**Yes**", the Applicant attests that it will maintain the inventory data in its internal inventory control system of expired, damaged, deteriorated, misbranded or adulterated medical marijuana awaiting return to a cultivator/processor or awaiting disposal. (OAC 3796:6-3-20)

YES

D-6.7 By selecting "**Yes**", the Applicant attests that all waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. (OAC 3796:6-3-14)

YES

D-6.8 By selecting "**Yes**", the Applicant attests that it will maintain the following records in compliance with rule 3796:6-3-17: (1) Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary; (2) Operating procedures and controls; (3) Audit records; (4) Staffing plans; (5) Business records; (6) Surveillance records; (7) Attendance logs; and (8) Quality assurance review logs.

YES

Operations Plan(Security & Infrastructure Records)

D-7.1 By selecting "**Yes**", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by section 149.433 of the Revised Code.

YES

Patient Care(Dispensary Operating Hours)

E-1.1 By selecting "**Yes**", the Applicant attests that it will make the dispensary available to patients and caregivers to purchase medical marijuana for a minimum of 35 hours per week, between the hours of 7 am and 9 pm, except as authorized by State Board of Pharmacy. (OAC 3796:6-3-03)

YES

Patient Care(Patient Information)

E-2.1 By selecting "**Yes**", the Applicant attests that it will post a sign directing patients and caregivers with medical marijuana inquiries or adverse reactions to the toll-free hotline established by the State Board of Pharmacy. (OAC 3796:6-3-15)

YES

E-2.2 By selecting "**Yes**", the Applicant attests that it will make information regarding the use and possession of medical marijuana available to patients and caregivers. The Applicant agrees to submit all such information to the State Board of Pharmacy prior to being provided to patients and caregivers. (OAC 3796:6-3-15)

YES

Attestations and Acknowledgements(Attestations and Acknowledgements)

F-1.1 Fill out and attach the "Trade Secret and/or Infrastructure Form" to Question F-1.1, specifying the question and/or attachment references of the application submission that the applicant asserts contain information exempt from disclosure under Ohio public records law, pursuant to Ohio Revised Code Section 149.433(C) and/or 1333.61(D). If applicant does not wish to assert that any material is exempt from disclosure, a statement of "None" must be listed on the form.

Uploaded Document Name: **CG Trade Secret and Infrastructure Form.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
CG Trade Secret and Infrastructure Form.pdf

F-1.2 To be considered complete, each application must be submitted with an Attestation and Release Authorization. The form must be completed by a Prospective Associated Key Employee who may legally sign for the Applicant and who can verify the information provided in the application is true, correct, and complete.

Uploaded Document Name: **CG Ohio - Attestation and Release Authorization.pdf**
NOTE: You may view this document in the "Attachments" section under the name:
CG Ohio - Attestation and Release Authorization.pdf

F-1.3 The Applicant acknowledges that, if awarded a provisional dispensary license, it must commence operations within two hundred and seventy days after the issuance of the license. Failure to commence operations within the requisite timeframe may result in administrative action pursuant to Chapter 119 of the Revised Code, up to and including revocation of the provisional dispensary license. (3796:6-2-04(I))

YES

F-1.4 The Applicant acknowledges that, if awarded a provisional dispensary license, it shall provide a written report to the Board of Pharmacy no later than the first day of every month following the month the Applicant is awarded the provisional dispensary license. The reports shall detail the progress of the Applicant to become operational and shall be submitted until the dispensary receives a certificate of operation. The Applicant acknowledges that the Board may direct the Applicant to include specific information in its reports, based on information contained in earlier monthly reports, to ascertain the Applicant's progress and ensure the dispensary will be able to commence operations within two hundred and seventy days. (OAC 3796:6-2-04(I) & (J))

YES