



Ohio Department of Commerce Medical Marijuana Control Program

Variance Request Guidance

The Ohio Department of Commerce (Department) requires all variance requests to be submitted to mmcpcompliance@com.state.oh.us with the subject line “Variance Request.” Please CC your assigned compliance agent. Licensees are required to submit the “Variance Request Form” and all other applicable information to be considered for a variance. The Department may require additional information to be submitted in order to process the variance request.

Ohio Administrative Code 3796:5-6-04 allows for licensees to request a variance. The Director may grant variances from rules promulgated in accordance with Chapter 3796 in cases in which 1) granting the variance is in the public interest; 2) the applicable provision is not statutorily mandated; and 3) the rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome. In order for a variance to be granted, the request must meet all three prongs of O.A.C. 3796:5-6-04.

Licensees must detail the following in the narrative section of the form. Licensees may attach the narrative (in a separate document) to the form.

1. The specific rule and/or application standards from which the variance is being requested. Please note that the provision is not statutorily mandated.
2. Demonstrate that the variance will not be contrary to public interest, including but not limited to, health and safety of the public.
3. Demonstrate the rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome. This can be completed by detailing the practical difficulties or special conditions that the MMCP should consider when evaluating the application of the rule and/or application standards.
4. The timeframe for which the variance is being requested.
5. The specific action being requested from the Department.

The submission of a request for variance does not constitute a granting of the variance by the Department and does not release the licensee from complying with Chapter 3796.

Please respond to all requests for additional information in a timely manner. The Department will be unable to process the variance request if it is not complete. For additional questions, please contact mmcpcompliance@com.state.oh.us.



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Variance Request Form

Instructions: The Variance Request Form has been created to allow for licensees to apply for approval of a facility variance as defined in Chapter 3796 of the Ohio Administrative Code.

Please note that Variance Requests must be submitted electronically to the Ohio Medical Marijuana Control Program at **mmcpcompliance@com.state.oh.us** with a subject line including the current business name and the phrase "Facility Variance Request."

Licensee Information:

Business FEIN:		Facility License #:	
Business Name:			

Variance Details:

Rule/Application Standard:	
Timeline for Variance:	
Description of Variance:	
Justification of Variance:	



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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 License identified above and that the information provided is true, correct, and complete.

Requested By:

Name:		Phone #:	
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Authorized Representative Signature: _____ Date: _____