



Ohio Department of Commerce Medical Marijuana Control Program

Change of Ownership Internal Interest Change Cultivator Application Instructions

The Ohio Department of Commerce requires all requests for change of ownership to be submitted through the e-licensing inbox (mmcplicensing@com.state.oh.us). The Ohio Administrative Code 3796:2-1-08 permits ownership changes only if the Department determines that the proposed ownership change complies with the rules promulgated in accordance with Chapter 3796 of the Revised Code.

Please be sure to review the instructions completely before beginning the application process. When the term “individual applicant” is used, this means the individuals that are associated with the entity that intends to acquire a new interest. **“Individual applicant” is any owner, partner, officer, director, and shareholder, or person who could significantly influence or control the license (Ohio Adm. Code 3796:1-1-01).** A fee of \$1,000 (Ohio Adm. Code 3796:5-1-01) will be assessed at the time the application is submitted.

Informational Guidance

I. Information Subject to Disclosure

Applications are public records and subject to disclosure under the Ohio Sunshine Laws (R.C. 149.43), unless otherwise exempted from production by Ohio statutes, federal law, or common law privileges. Ohio’s MMCP may disclose and/or withhold information contained in the application submission to the extent provided by law. Applicants are strongly encouraged to review the applicable law prior to application submission to MMCP.

II. Financial Interest, Influence, and Control

Ohio Adm. Code 3796:2-1-04(D) prohibits a person from being granted more than one cultivator provisional license or certificate of operation **OR** from holding a financial interest in or being an owner, partner, officer, director, shareholder, member, or other person who may significantly influence or control the activities of more than one cultivator. Financial interest is defined in Chapter 3796:1-1-01 to include any actual or future right to ownership, investment, or compensation arrangement with another person. Individual applicants, which includes owners, partners, officers, directors, and shareholders, or persons who could significantly influence or control the license, will be required to individually attest that they are compliant with the Ohio Adm. Code.

III. Additional Forms

In addition to submitting the application, there are several forms that are required to be uploaded or require a signature. An application will be considered incomplete if the required forms are not submitted. The following forms are found at medicalmarijuana.ohio.gov but have been attached to the application and will also be available, via link, in the online application.

Owners and Officers Roster Form –This form must list all proposed owners, partners, officers, directors, shareholders, members, or other person who may significantly influence and/or control the activities of the license or has a financial interest in the operations.

Organizational Charts – Applicants are required to attach a current organizational chart and a proposed organizational chart. Additionally, applicants will be asked if there have been any changes to the organization chart. If no changes have



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been made, indicate that in the “proposed” organizational chart document submission. Organizational charts must include all companies and individuals of the companies that have a financial interest and/or substantial influence in the license.

Business in Other Jurisdictions Form - The purpose of this form is to obtain information on the applicant’s history of business in Ohio’s various jurisdictions, as well as information on business conducted in other states. Applicant will certify that no owner, partner, officer, director, shareholder, member, or other person who may significantly influence and/or control the activities of the license, or has a financial interest in the operations, has received a revocation or suspension from another jurisdiction for the conduct of business.

IV. Controlling Interest Change of Ownership

Any transfer of ownership that results in a controlling interest change (above 51%) requires the applicant to submit a new application. The application requirements include attaching the previous application, that resulted in the award of a provisional license, and completing the attestation form attached. A fee of \$20,000 will be assessed for transfers of ownership that result in a controlling interest change (Ohio Adm. Code 3796:2-1-02). If a licensee has applied for several transfers of ownership in a one-year period and it has exceeded 51% (controlling interest), it will trigger the \$20,000 application fee.

V. Employee Badging

Individual applicants are permitted to begin the process to become a badged employee. All employees who will work in the facility (including any employees of third-party firms such as consultants and security personnel) and other persons are required to obtain employee ID cards pursuant to the Ohio Administrative Code. In addition to any person who will be working at the facility, at a minimum, every owner, principal officer, board member, other employee, administrator, agent or other person who may significantly influence or control the activities of a processor must register for an employee ID card. Registration for an employee badge is done electronically through [eLicensing](#). All required components of the employee ID application must be complete and the fee must be paid before an application can be processed and an ID card can be issued.



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Internal Change of Ownership Application

Instructions: The Internal Change of Ownership Application has been created to allow for licensees to apply for approval of facility ownership changes as defined in Chapter 3796 of the Ohio Administrative Code.

Please note that all Internal Change of Ownership Applications must be submitted electronically to the Ohio Medical Marijuana Control Program at mmplicensing@com.state.oh.us with a subject line including the current business name and the phrase "Internal Change of Ownership Application."

Licensee Information:

Business FEIN:		Facility License #:	
Business Name:			

Applicant Contact Information:

Primary Contact or Registered Agent Information			
First Name:	M.I.:	Last Name:	
Title (i.e., Owner, President, etc.):			
Mailing Address (if different than Business Address):			City:
State:	Zip Code:	Phone Number:	
Email Address (if different than Business Email):			



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Alternate Contact Information			
First Name:	M.I.:	Last Name:	
Title (i.e., Owner, President, etc.):			
Mailing Address (if different than Business Address):			City:
State:	Zip Code:	Phone Number:	
Email Address (if different than Business Email):			



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Ownership Information:

1. How will the proposed ownership change impact the business?
 - Under 1% Ownership Change
 - Over 1% but Under 51% Ownership Change
 - Change of 51% or More

2. Does the licensee listed above also hold a dispensary license with the Ohio Board of Pharmacy?
 - Yes
 - No

3. I certify, to the best of my knowledge, that the following requirements comply as to the date of this application:
 - No owner or officer is a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Ohio Revised Code.
 - No owner or officer has ownership, financial interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Ohio Administrative Code or is associated with a license to conduct laboratory testing.

4. I certify that I acknowledge the following condition of the review of this application:
 - No owner or officer may have financial interest, significantly influence, and/or control the activities of the license for more than one provisional license or cultivator certificate of operation at any time (3796:2-1-04(D)). If any owner or officer is associated with more than one licensed entity, the Department of Commerce may deny this change of ownership request.

5. Please provide the Owners and Officers Roster listing **every** individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in Ohio Adm. Code 3796:1-1-01, in the applicant's business or will directly or indirectly participate in the management of the operation. If the financial interest is in an entity, provide the individuals with an equity or profit interest in the entity.

6. Please submit an organizational chart of the current organizational structure **AND** the proposed organizational structure. Each of the organizational charts should include **ALL** principal owners, partners, officers, directors, shareholders, board members, and any individual associated with the licensee or business applicant. Names on the organizational chart should match those listed in the owners and officers roster provided above. Please note that the organizational charts must include **ALL** companies and individuals of the companies that have a financial interest and/or substantial influence in the license. **The chart should be clearly marked and legible.**

Businesses in Other Jurisdictions:

- I certify, to the best of my knowledge, no owner or officer has received any revocation or suspension for any licensure related to the distribution of marijuana.
- I hereby specifically grant permission to the listed states or jurisdictions and their licensing agency or authority to release to the Ohio Medical Marijuana Control Program any and all information relating to the application, licensure, or authorization to produce or otherwise deal in the distribution of marijuana in any form, including any denial, suspension, revocation, or other significant sanction of the application, license, or authorization, and a



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copy of documentation so indicating; or a statement that the applicant was so licensed or authorized and was never sanctioned.

- I certify that, to the best of my knowledge, the individuals and businesses are in tax compliance at the state level for all jurisdictions outside the State of Ohio in which applicant has operated as a business.
- 1. Please provide the Business in Other Jurisdictions Form and information regarding all other medical and recreational marijuana licenses, permits, or registrations ever held, current, or expired, by the applicant in any other US jurisdiction.

Over 51%

1. Any transfer of ownership that results in a controlling interest change (above 51%) requires the applicant to submit a new application. The application requirements include attaching the previous application and subsequent application variances and operational changes, that resulted in the award of a provisional license. Failure to comply with the change of ownership requirements shall result in an incomplete application. A fee of \$20,000 will be assessed for transfers of ownership that result in a controlling interest change (Ohio Adm. Code 3796:2-1-02). If a licensee has applied for several transfers of ownership in a one-year period and it has exceeded 51% (controlling interest), it will trigger the \$20,000 application fee.

Trade Secret Information:

- The undersigned is an Applicant for ownership of an existing medical marijuana Cultivator license. The Applicant understands that the Department of Commerce is an entity of the State of Ohio and any documents or information submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.
 - While the Ohio Public Records Act permits certain exclusions from disclosure Applicant understands the State makes no guarantee or promises that such information will not be disclosed. Applicant has reviewed the Ohio Public Records Act as well as relevant case law.
 - The applicant understands that the documents or information it provides to the State of Ohio will be disclosed pursuant to the Ohio Public Records Act and subject to any applicable exceptions or ancillary case law.
 - Applicant understands that there are additional requirements in order to claim a trade secret or infrastructure record exception. Applicant understands that materials consisting of trade secrets or infrastructure records must be clearly marked, specifying the pages of the application submission that are to be restricted and justifying the trade secret designation or infrastructure designation for each item. Please attach a document detailing the pages and information that are to be restricted with justification for the trade secret designation or infrastructure designation for each item.
- I hereby acknowledge that knowingly making a statement that is untrue or which is intended to mislead the Medical Marijuana Control Program (MMCP), the Department of Commerce, or any person designated by the State of Ohio in the performance of their official function is a violation of Chapter 3796 of the Revised Code. As the duly authorized representative of the applicant and all individual applicants, I hereby attest to the accuracy to the best of my knowledge of the submitted information on this application and make the submitted certifications on behalf of the applicant.



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Requested By:

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



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Business in Other Jurisdictions Form

This form is required for **every** individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in Ohio Adm. Code 3796:1-1-01, in the applicant's business or will directly or indirectly participate in the management of the operation. This means any owner, partner, officer, director, shareholder, member or other person who may significantly influence or control the activities of the license or has a financial interest in the operations must complete this form.

To be Completed by Applicant			
Name of Individual or Entity:			
Provide information regarding all other marijuana, including medical and recreational, licenses, permits, or registrations ever held, current or expired, by the Applicant in any other U.S. jurisdiction (Attach copies of this form to list any additional entities):			
State	Type	Dates of Issue/Expiration	Number
<input type="checkbox"/> I certify that, to the best of my knowledge, no owner or officer has received any revocation or suspension for any licensure related to the distribution of marijuana. <input type="checkbox"/> I hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Ohio Medical Marijuana Control Program any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of marijuana in any form, including the following: <ol style="list-style-type: none"> a. Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and b. A copy of documentation so indicating; or c. A statement that the applicant was so licensed or authorized and was never sanctioned. (3796:2-1-02(B)(2)(j)(ii)) 			
Signature of individual listed above:			Date:



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Controlling Interest Change

Instructions: Any transfer of ownership that results in a controlling interest change (above 51%) requires the applicant to submit a new application. This form is required for **every** individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in Ohio Adm. Code 3796:1-1-01, in the applicant's business or will directly or indirectly participate in the management of the operation. This means any owner, partner, officer, director, shareholder, member or other person who may significantly influence or control the activities of the license or has a financial interest in the operations must complete this form. A fee of \$20,000 will be assessed for transfers of ownership that result in a controlling interest change (Ohio Adm. Code 3796:2-1-02). If a licensee has applied for several transfers of ownership in a one-year period and it has exceeded 51% (controlling interest), it will trigger the \$20,000 application fee.

The application requirements include attaching the previous application, that resulted in the award of a provisional license, and completing the following attestation:

Licensee Information:

Business FEIN:		Facility License #:	
Business Name:			

Applicant Information:

Business Entity Information
Legal Name of Applicant:
Trade Name of Applicant:

Acknowledge (by checking and signing):

- I assume all financial responsibilities, including but not limited to the insurance and escrow/surety requirements, detailed in the licensee' application that was submitted to the Ohio Department of Commerce. I attest that I will continue to operate according to the plans and/or specifications, provided via application or variance request, submitted to the Department. Unless approved by the Department, all changes are prohibited and could result in penalties and licensing actions. If my application is approved by the Department, I understand that approval is solely for ownership interest, and not any changes to the licensee.

Signature: _____ **Date:** _____