



## Ohio Department of Commerce Medical Marijuana Control Program

### Facility Advertising Request User Guidelines

Please follow the steps below when submitting advertising requests. For processing purposes, it is necessary to be registered with the Medical Marijuana Control Program's e-Licensing Self Service Portal. If you are not registered with the e-Licensing Self Service Portal, please review the user manual previously provided or contact the Department at [mmclicensing@com.state.oh.us](mailto:mmclicensing@com.state.oh.us).

1. Along with the Facility Advertising Request Form, be sure to provide an attachment with information regarding the proposed advertising campaign. The Ohio Department of Commerce defines an advertising campaign as an organized course of action to promote a product or service. This means that several specific forms of advertising can be submitted at once within one campaign. However, the submission(s) must be limited to the scope of the specific campaign. If the application exceeds the scope, the Ohio Department of Commerce may reject the submission and require the licensee to submit additional application forms and fees.
2. Submit the application and all necessary documents needed to complete the review of the advertising campaign to [mmclicensing@com.state.oh.us](mailto:mmclicensing@com.state.oh.us).
3. Once the proposed application is submitted, the Ohio Department of Commerce will notify you when the \$100 fee is assigned to your license account.
4. The Ohio Department of Commerce will notify you when the review is complete and/or if further review is needed. Remediation may be necessary to address applications that need further review.

### Notes and Considerations:

1. Please limit the size of the overall submission to a maximum of **10MB**.
2. "Platform" refers to the method in which the advertisement will be published. Example of platforms include a brochure, signage, website, or social media.
3. "Location of Advertisement" refers to the physical location in which the advertisement will be displayed or distributed.



## Ohio Department of Commerce Medical Marijuana Control Program

### Facility Advertising Request

**Instructions:** The Facility Advertising Request form has been created to allow licensed cultivators, processors, and testing laboratories to submit advertising campaigns to the Ohio Department of Commerce for review and approval prior to distribution or display of such advertising materials. All advertising requests must meet the requirements outlined in 3796:5-7-01 of the Ohio Administrative Code.

Please note that all advertising requests must be submitted electronically to the Ohio Medical Marijuana Control Program with the proposed advertisement attached at [mmcplicensing@com.state.oh.us](mailto:mmcplicensing@com.state.oh.us) with a subject line including the business name and the phrase "Facility Advertising Request." All associated payments must be received prior to review.

#### Licensee Information:

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

#### Type of Advertising (check all that apply):

<input type="checkbox"/> Facility Logo	<input type="checkbox"/> Digital Media or Webpage
<input type="checkbox"/> Signage	<input type="checkbox"/> Direct Mail
<input type="checkbox"/> Paid Search Advertising	<input type="checkbox"/> Other
<input type="checkbox"/> Print Media or Print Advertising	

<b>If "other" is selected, please provide a description:</b>	
--	--

#### Advertisement Details:

<b>Platform(s):</b>	
<b>Location(s) of Advertisement:</b>	



**Ohio Department of Commerce  
Medical Marijuana Control Program**

<b>Advertisement Description</b> (Please include URL if Digital Media or Webpage has been selected):	
<b>Visibility</b> (check all that apply):	<input type="checkbox"/> Public <input type="checkbox"/> Industry (i.e., business-to-business) <input type="checkbox"/> Other  <b>If “other” is selected, please provide a description:</b>
<b>Duration</b> (check all that apply):	<input type="checkbox"/> 0-6 Months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> Indefinitely

**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. The licensee or representative further acknowledges that the submission complies with the rules outlined in Ohio Administrative Code (OAC) 3796:5-7-01, and that review of an advertising request submission by the Ohio Department of Commerce is contingent upon the receipt of the application fee as defined in OAC 3796:5-1-01 (J).

**Requested By:**

<b>Name:</b>		<b>Phone #:</b>	
--------------	--	-----------------	--

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_