

Medical Marijuana License Application

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application
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FACILITY ADDRESS: _____

Zoning District: _____

Licensee _____

Authorized Representative _____

Licensee Address _____

Rep. Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone # _____

Phone # _____

E-mail _____

E-mail _____

Check if same as Licensee information

Designated Local Representative for the Medical Marijuana Facility in Riverside:

Name: _____ Title: _____

Phone: _____ Email: _____

Ohio Medical Marijuana License Information:

License Category/Type: _____

License #: _____ Issue Date _____ Expiration Date _____

Checklist:

- Completed Application
- Copy of current State of Ohio Medical Marijuana Control Program License.
- If Licensee is not an individual, Certificate of Good Standing for Licensee issued by the Ohio Secretary of State within 30 days of the application date.
- Registration fee (check or money order made payable to the City of Riverside; non-refundable)
 - Initial Registration fee **\$5,000**
 - Renewal Registration fee **\$15,000**
- Completed Tax Registration form/Proof of Tax Account Number
 - Form will be submitted to the City of Riverside Finance Department
 - For more information contact the **City of Riverside Finance Department at 937-233-1801, option 3 or finance@riversideoh.gov**

OFFICIAL USE ONLY

License No. _____

Approved _____

Intake Staff _____

Denied _____

Date _____

Expiration Date _____

Read the statement below and sign to acknowledge agreement.

The undersigned Licensee and its authorized representative (if applicable) represent and affirm that Licensee has a current, valid Ohio Medical Marijuana License, that Licensee is in good standing in the State of Ohio and Licensee’s license as a medical marijuana entity is not the subject of an adverse action by the State of Ohio as part of the Medical Marijuana Control Program or by the United States on account of its operation as a medical marijuana entity or medical marijuana facility. Licensee acknowledges its notification obligations as a registrant and agrees to notify the City Zoning Administrator if, during the period of its registration, the medical marijuana facility is subject to any adverse action by the State of Ohio or the United States on account of its operation as a medical marijuana entity or facility in the City or if any information in this application changes and to notify the City Police Department within 24 hours if it believes there has been actual loss or theft at the medical marijuana facility with a value of more than \$100.00. FAILURE TO REGISTER, TO DISCLOSE OR TO UPDATE INFORMATION REQUIRED BY CHAPTER 728 OF THE CODIFIED ORDINANCES OF THE CITY OF RIVERSIDE MAY RESULT IN PENALTIES PROVIDED BY LAW.

Applicant Signature: _____ Date _____

Business Owner Signature: _____ Date _____