

APPLICATION FOR MEDICAL MARIJUANA CULTIVATION BUSINESS
PROVISIONAL LICENSE (ONE YEAR) - CHAPTER 789
\$500 NONREFUNDABLE FEE DUE UPON APPLICATION

1) Legal Name of Business: _____ Zone: _____
Address: _____ Phone: _____
City: _____ Zip: _____

Level I (25,000 square feet): _____ Level II (3,000 square feet): _____

2) State whether business is:

an individual

a partnership

a corporation

A. Legal Name: _____ a.k.a. _____
Address: _____ SS# _____
City: _____ Zip: _____
Phone: _____

B. Full Name of Business: _____

Information for all partners:

Name: _____ a.k.a./maiden: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
DOB: _____ SS# _____

Name: _____ a.k.a./maiden: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
DOB: _____ SS# _____

*Information for all persons who own 50% or more of corporate stock
or any persons with ownership interest:*

Name: _____ a.k.a./maiden: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
DOB: _____ SS# _____

Name: _____ a.k.a./maiden: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
DOB: _____ SS# _____

C. Persons involved in day-to-day operation of cultivation process:

Name: _____	a.k.a./maiden: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
DOB: _____	SS# _____
Name: _____	a.k.a./maiden: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
DOB: _____	SS# _____
Name: _____	a.k.a./maiden: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
DOB: _____	SS# _____
Name: _____	a.k.a./maiden: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
DOB: _____	SS# _____
Name: _____	a.k.a./maiden: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
DOB: _____	SS# _____

Please include attached sheet with information above, as needed

- 3) Do you own/operate any other cultivation businesses?
 YES NO

If yes, please state the names and address of other businesses:

Do you have permits for these locations?

- YES NO

Date Issued: _____

Have any of these permits been denied, revoked, or suspended?

- DENIED REVOKED SUSPENDED

If yes, explain:

Date: _____

- 4) Has any person identified in this application been convicted of a criminal activity at a local, State, or Federal level?
 YES NO

If yes, please list:

Name	Conviction	Date	Location

5) Copies of necessary paperwork:

- _____ Ohio Department of Commerce License (ORD#3796) - Provisional
Date Issued: _____
- _____ State License Granted
Date Issued: _____ License #: _____
- _____ Certificate of Good Standing from Ohio Secretary of State
- _____ Business Documents & Application Supplied to the Ohio Department of
Commerce
- _____ Copy of Product & General Liability Insurance
- _____ Copies of current driver's license or other photo identification document
issued by a governmental agency for ALL PERSONS named in this
application

6) Medical Marijuana Entities Definitions:

Per ORC #3796

ORD 789.01

- a) "Cultivator" - a person that grows, harvests, packages, and/or transports medical marijuana
- b) "Dispensary" - a person or business that sells medical marijuana
- e) "Local provisional license" - a temporary license issued by the City of Canton that established conditions must be met before a certificate of operation is issued
- h) "Medical marijuana entity" - means a medical marijuana cultivator, processor, dispensary, or testing laboratory as authorized
- l) "Prohibited facility" - mean 500 feet from a school, church, public library, public play ground, or public park

7) Certification

By signing the following agreement, I/we agree:

A. The applicant and business known as _____ hereby grants to any and all law enforcement agencies, Prosecutor, and Safety Director within the business jurisdiction, the right to enter into the business premises during normal business hours, upon presentation of proper identification for the reviewing and checking licensing of any business permits. Futhermore, the owner will:

- Provide full and accurate financial and accounting records for the business
- Maintain an accurate record of any repairs or alterations made to the premises
- Keep a manger who is twenty one (21) years of age or older on the premises at all times

B. The City of Canton is authorized to conduction a complete criminal records check for the applicant and each individual identified in the responses to Question 2, subsections A, B, and C, and Questions 3, including authorization to conduct subsequent investigations to supplement or update information.

C. To be bound by and comply with the provisions of Chapter 789 of the Codified Ordinances for the City of Canton.

D. To supplement the information contained in this application within 30 days of any change in application information. I/we understand that failure to do so may result in suspension of any permit issued.

E. That the information contained herein is true, complete, and accurate.

I/we understand that failure to fully, completely, and timely provide the information and documentation required by this application may result in the delay and/or denial of this application.

This application must be signed by each individual indentified in response to Question 2, subsections A, B, and C.

Signed: _____
Signed: _____
Signed: _____
Signed: _____
Signed: _____

Date: _____
Date: _____
Date: _____
Date: _____
Date: _____

RETURN TO: CITY LICENSE BUREAU
218 CLEVELAND AVE. SW
CANTON, OH 44702

CHECKS PAYABLE TO: CITY LICENSE BUREAU

CONTACT (330) 489-3268, MONDAY - FRIDAY, 8:00AM - 4:00PM
FOR QUESTIONS, CONCERNS, OR TO SET UP AN APPOINTMENT

CITY USE ONLY

Inspection permits received from:

Building Department Fire Prev. Bureau Vice

Background checks attached _____ Notes: _____

Permit #: _____ Issue Date: _____ Expiration Date: _____

Approved: _____ Date: _____

Reason: _____

Director of Public Safety/Agent

Comments: _____

cc: File/Vice

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