



Authorization to Release Tax Information

I, _____ (name of taxpayer) hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release my tax records, including federal and state of Ohio income tax information, to the Ohio Department of Commerce, Division of Cannabis Control. I understand that these records may be used by the above-referenced organization to ensure my compliance with all applicable federal and State of Ohio taxes. I expressly waive the confidentiality provisions of the Internal Revenue Code and the Ohio Revised Code which would otherwise prohibit disclosure, and agree to hold the above-referenced organization harmless with respect to the limited disclosure herein. Except as authorized by this waiver, the above-referenced organization must maintain the confidentiality of the information received pursuant to sections 3780.31 and 3796.11 of the Ohio Revised Code and/or other governing statutory authority or provisions with respect to this waiver. Further, this tax information is potentially protected in accordance with section 149.43 of the Ohio Revised Code.

I certify under penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Licensee Business Name: _____

Licensee Address: _____

Licensee Telephone Number: _____

Ohio Employer Withholding Account Number: _____

Federal Employer Identification Number: _____

If Licensee is an individual, Social Security Number: _____

Ohio Charter Number: _____

Commercial Activity Tax Account Number: _____

Ohio Vendor's License Number: _____

Ohio Consumer's Use Tax Account Number: _____

Ohio Direct Pay Permit Number: _____

Name and Title of Agent: _____

Signature of Authorized Agent: _____

Date: _____