



10(B) Dispensary Initial Application

Prior to completing, Applicant must read the entirety of the Application Instructions located here:

[10\(B\) Dispensary Application Instructions](#)

Application Contact Information

Please provide the point of contact for the application. This individual will serve as the sole point of contact for all communication related to Applicant's 10(B) initial application.

All information provided must be in working order and readily available to receive voice messages, electronic messages, or other communication as applicable.

1. Primary Contact for Application:

First Name	M.I.	Last Name
Title (i.e., Owner, President, etc.)		
Mailing Address:		City:
State:	Zip Code:	Phone Number:
Email Address:		



Business Entity Information

2. 10(B) Confirmation Number: _____
3. 10(B) License Type: _____
4. MMCP License Number: _____
5. License Type: _____
6. Legal Name of Applicant: _____
7. Trade Name of Applicant: _____
8. Type of Organization: _____
9. Tax EIN: _____
(If Sole Proprietorship utilizing SSN please submit via filedrop; DO NOT email SSN)
10. Ohio Secretary of State Business Identification Number: _____
11. If applicable, the following:
 - Parent Entity Name: _____
 - Parent Entity Tax EIN: _____



Business Address Information

12. Physical Address:

Address:		
City:	State:	Zip Code:
Municipality:		
County:		

13. Mailing Address:

Address:		
City:	State:	Zip Code:
County:		



Contact Information

14. Primary Contact for Tax Purposes:

First Name		M.I.	Last Name	
Title (i.e., Owner, President, etc.)				
Company Name:				
Mailing Address:			City:	
State:	Zip Code:	Phone Number:		
Email Address:				

15. Ohio Secretary of State Registered Agent:

First Name		M.I.	Last Name	
Title (i.e., Owner, President, etc.)				
Company Name:				
Mailing Address:			City:	
State:	Zip Code:	Phone Number:		
Email Address:				



DCC eLicense Account Administrator(s)

16. DCC eLicense Account Administrator(s):

Must provide at least 1 but can provide up to 3. Account Administrator(s) named below will be granted DCC eLicense “Parent Level” access, enabling access to all affiliated facility licenses and employee badges related to the “Parent Entity”.

All information provided must be in working order and readily available to receive voice messages, electronic messages, or other communication as applicable.

First Name		M.I.	Last Name	
Title (i.e., Owner, President, etc.)				
Employee Badge Number:				
Mailing Address:			City:	
State:	Zip Code:	Phone Number:		
Email Address:				

First Name		M.I.	Last Name	
Title (i.e., Owner, President, etc.)				
Employee Badge Number:				
Mailing Address:			City:	
State:	Zip Code:	Phone Number:		



Mike DeWine, Governor Jon Husted, Lt. Governor Sherry Maxfield, Director

Email Address:		

First Name	M.I.	Last Name
Title (i.e., Owner, President, etc.)		
Employee Badge Number:		
Mailing Address:		City:
State:	Zip Code:	Phone Number:
Email Address:		



Attachments

17. Applicant submitted a the [DCC Contact Template](#) with a complete list of all owners, officers, board members, and any individual with a financial interest in or control of Applicant.

All information provided must be in working order and readily available to receive voice messages, electronic messages, or other communication as applicable.
The Template Spreadsheet will have columns to provide ALL of the following information and must be fully completed on the provided template to be deemed complete.

Information necessary for Form:

Legal Name (First Name, Middle Initial, Last Name)

Company Name

Employee Badge Number

Employee Type (Owner/Officer, Board Member, Financial Interest, Control)

Physical Address, City, State, Zip

Mailing Address, City, State, Zip

Email Address

Phone Number

18. Applicant submitted a complete [DCC Tax Waiver form](#).
19. Applicant submitted a complete [10\(B\) Applicant Attestation](#).