



5200 Springfield Street, Suite 100  
Riverside, OH 45431

Phone: 937-233-1801 Fax: 937-237-5965 [www.riversideoh.gov](http://www.riversideoh.gov)

- Initial Application
- Renewal Application
- Modification

## Medical Marijuana License Application

FACILITY ADDRESS: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Licensee \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

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 \_\_\_\_\_

### 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.

Licensee Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

License No. \_\_\_\_\_

Approved \_\_\_\_\_

Intake Staff \_\_\_\_\_

Denied \_\_\_\_\_

Date: \_\_\_\_\_ SWPA: \_\_\_\_\_

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](mailto:finance@riversideoh.gov)**

**NOTE: Operating Requirements (Chapter 728)**

Certificate of registration required (§728.03)

Registration Forms (§728.04)

- No post office boxes shall be accepted as a legal address.
- Every person required to register shall provide an amended registration form for any changes to the above information required by this chapter.
- Registration is specific to the licensee and the physical location of the medical marijuana facility and is not transferrable to a new location or licensee. Any change in licensee or change of location requires a new registration and initial registration fee as provided herein.

Registration Term and Renewal (§728.05)

- Registration shall be made before the any medical marijuana facility operates in the City.
- Every certificate of registration issued by the City shall expire one year after the date on which it was issued.
- A renewal application for a medical marijuana facility shall be submitted to the Zoning Administrator at least 30 days prior to the expiration date of the certificate of registration.
- Any new licensee or licensee of a changed physical location shall make a new application for a certificate of registration as provided in [§728.04](#) before the any new licensee or new medical marijuana facility location begins operating in the City.

Notification (§728.06)

Following the issuance of a certificate of registration and during the term of registration, the licensee shall notify the City of Riverside of any of the following as hereafter provided:

1. If, at any time, a medical marijuana facility is subject to any 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, the licensee must immediately notify the Zoning Administrator and provide any relevant public information or documentation requested by the City.
2. If, at any time, a medical marijuana facility or an employee thereof has a reasonable belief that an actual loss, theft, or diversion of medical marijuana or currency over one hundred dollars (\$100.00) has occurred, the licensee must immediately notify the Riverside Police Department, and such notification shall be provided no later than 24 hours after discovery of the loss, theft, or diversion.
3. If, at any time, any information in an application for certificate of registration changes, the licensee must immediately notify the Zoning Administrator.