



**WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS**

**CAREFULLY READ ALL INSTRUCTIONS. Failure to complete all fields, provide necessary supplemental documentation and correct fee will delay the application process. If a question is not applicable, answer as N/A.**

"Wholesale distributor of dangerous drugs" means a person engaged in the sale of dangerous drugs at wholesale and includes any agent or employee of such a person authorized by the person to engage in the sale of dangerous drugs at wholesale.

<b>Applicable for the following:</b>	
<input type="checkbox"/>	Wholesale Distributors ( <a href="#">OAC 4729-9-16</a> ) - Please refer to the rule <a href="#">OAC 4729-9-16</a> of the Ohio Administrative Code for additional the requirements to be licensed as a wholesale distributor of dangerous drugs.
<input type="checkbox"/>	<b>Completed Application with original (wet ink) signatures – no copies</b>
<input type="checkbox"/>	<b>Correct Fee (Check made payable to: <i>Treasurer, State of Ohio</i>):</b> <ul style="list-style-type: none"> <li>• \$950.00 to distribute non-controlled substances ONLY.</li> <li>• \$1,000.00 to distribute non-controlled and controlled substances.</li> </ul>
<input type="checkbox"/>	<b>Corporation papers and/or articles of incorporation or Limited Liability (LLC) papers for the pharmacy must be attached (See 4b on Application).</b>
<input type="checkbox"/>	<b>Responsible Person and all owners/officers must submit to a criminal records check (See Question 16).</b>
<input type="checkbox"/>	<b>Legal and Disciplinary Questions (See 17 &amp; 18 on Application)</b> If the answer to any of the legal or disciplinary questions is yes, include the person’s title, duties, and responsibilities, a detailed account (including date, place, circumstances, and disposition of the matter), and copies of relevant documents (such as court pleadings or orders, or other agency orders/dispositions) with this application.
<input type="checkbox"/>	<b>Responsible Person (RP) must meet the requirements stated in the <a href="#">rule 4729-5-11 of the Ohio Administrative Code</a> (See 20 on Application).</b> If the responsible person on the application has any of the disciplinary actions or criminal convictions listed in rule 4729-5-11 of the Ohio Administrative Code and is seeking approval from the Board, provide a request by the responsible person that includes a detailed account (including date, place, circumstances, and disposition of the matter) and copies of relevant documents (such as court pleadings or orders, or other agency orders/dispositions) with this application.
<input type="checkbox"/>	<b>Non-Resident licensure inquiry affidavit (non-Ohio applicants only).</b> Form must be provided to the Board by the applicant’s home state licensing authority (see page 13 of the application).
<b>Mail completed application along with any attachments and fee to: State of Ohio Board of Pharmacy, 77 South High Street, 17<sup>th</sup> Floor, Columbus OH 43215</b>	





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**Application fee is \$950.00 for the distribution of non-controlled substances; \$1,000.00 to distribute non-controlled and controlled substances.**

*Please make check payable to "Treasurer, State of Ohio"*

**APPLICATION AND PAYMENT SHOULD BE MAILED TO: 77 SOUTH HIGH STREET, 17<sup>TH</sup> FLOOR, COLUMBUS, OH 43215**

**PLEASE TYPE OR PRINT LEGIBLY**

**1. LICENSE REQUEST**

Change  New	Proposed opening date or date of change (or indicate facility is currently open)	If change, give current WDDD License Number
If change, select <b>ALL</b> that apply:		
Name	Ownership	Business Type (if currently licensed as a wholesale distributor of dangerous drugs.)

**2. NAME, ADDRESS AND PHONE NUMBER OF BUSINESS BEING LICENSED**

Business Name (i.e. reflected by signage/ letterhead /how you will answer phone)			County
Street Address ( <b>No P.O. Box</b> )	City, State	Zip Code	Phone (include area code)
Mailing Address, City, State, Zip Code (if different from above)			Fax (include area code)

**3. INDIVIDUAL TO CONTACT REGARDING ABOVE LOCATION, BETWEEN 8 AM AND 5 PM WEEKDAYS - Individual to contact if there are questions regarding the application (must be the Responsible Person or designee).**

Name	Title
E-mail	Phone (include area code)

For State of Ohio Board of Pharmacy Use Only						
Control #	Amt Received	Office/Field	Class	BT	Drug Category	License New # Same #
					II    III	

77 South High Street, 17th Floor, Columbus, Ohio 43215





























