

Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

# eLicense Guide: Applying for a Change in Business Description

# Updated 1-11-2019

Access the portal using the eLicense system at <u>https://elicense.ohio.gov/</u>

Once you navigate to the main page, click on the blue button over the picture that says: **"LOG IN/CREATE YOUR ACCOUNT."** 



If this is your **<u>FIRST TIME</u>** using the new eLicense Ohio portal, you will need to register your contact information. To do so, follow the instructions in **PART A** of this guide.

NOTE: You will need to create a personal eLicense account under your name, regardless if you are applying for a business license. If you are a licensed healthcare professional in the State of Ohio; ie. Nurse, Pharmacist, Doctor, etc. – You will use your CURRENT eLicense login information.

## PART A: CREATING AN ACCOUNT

77 S. High Street, 17<sup>th</sup> Floor Columbus, OH 43215 U.S.A. Phone: 614 | 466 4143 Fax: 614 | 752 4836



Select, "I DON'T HAVE A LICENSE" and follow the instructions.



After registration, you will then be directed to your dashboard.

## PART B: ATTACHING EXISTING BUSINESS LICENSE TO DASHBOARD

Create an account, following instructions from **PART A** of this guide or login to the eLicense portal with your current login information. If the license is already attached to your dashboard, proceed to **PART C** of this guide.

Select the drop-down menu beside your name in the upper right-hand corner.

DASHBOARD	LICENSE LOOK-UP	FILE A COMPLAINT	<b>H</b> 0	JOHNSON, JOHN	
			P	MANAGE PROFILE MANAGE BUSINESS	

## Select 'MANAGE BUSINESS'

Select 'ADD EXISTING BUSINESS' enter the business security code and select, SUBMIT.



**NOTE:** To attach an existing business license to a user's dashboard, the user must have the business's unique security code.

If the user does not have this security code, select **OBTAIN SECURITY CODE**. The user can either select to enter the business's current e-mail address that is on file with the Board for correspondence OR by entering the businesses FEIN number.



If the **OBTAIN SECURITY CODE** feature does <u>NOT</u> work, please send an email to <u>new.license@pharmacy.ohio.gov</u> and include the license number to request the security code.

Once you have successfully entered the security code, return to your **DASHBOARD** and the license tile will be displayed.

#### PART C: SUBMITTING A CHANGE IN BUSINESS DESCRIPTION APPLICATION

Change in business description include the following:

• CHANGE OF BUSINESS NAME

- CHANGE OF ADDRESS
- CHANGE OF OWNERSHIP
- CHANGE OF CATEGORY

From your dashboard, select **OPTIONS** beside the license tile in which you need to submit a change, then select **CHANGE IN BUSINESS DESCRIPTION.** 

Board	of Pharmacy			
<u>A</u>		ACTIVE	EXP DATE 8/31/2020	OPTIONS V
	Board of Pharmacy		Renew	
				siness Description
			License Inacti	vation
			Manage Affilia	tions
Now Liconso	Applications		Send License	Verification
INEW LICENSE	Applications		Submit Additio	onal Documentation

The first screen will display all current license affiliations. <u>All business owners/officers, the</u> <u>Applicant and Responsible Person should be listed as affiliates on the license</u>.

To remove an affiliation, select the drop-down under details, then select the Edit/Deactivate drop-down, click **DEACTIVATE**.

Search:						+ ADD	NEW AFFILIATION		
Number	<ul> <li>Supervisor</li> </ul>	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details		
REL-238841		Unlicensed Supervisee	Business Owner			Active	^		
Super	visor Details					Edit / Dead	ctivate -		
	Primary Work Setting:								
	Average Hours Worked:								

Select **DEACTIVATE** on the confirmation pop-up.

This License Affiliation would be de	eactivated.		1
CANCEL	DEACTIVATE	-	

The request will be sent to the Board for processing.

To ADD an affiliation, select ADD NEW AFFILIATION

Search:					+ ADD I	NEW AFFILIATION
Number Supervisor	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details

NOTE: If the Business Owner/Officer, Applicant or Responsible Person is a licensed healthcare professional in the state of Ohio, all personal information (name, date of birth, social security number and email) must EXACTLY match what is on their personal eLicense account. If you need assistance identifying that information contact the eLicense Customer Support Service Center at 855-4055514. Enter the individual's license number (if applicable), start date, affiliation type and select **ADD.** 

		Sup	ervisee
Average Hours Worked			
Business Name		Phone	
Address			
	State		
City	None	T	ZipCode
Start Date		End Date	
11/01/2018			
		Type of Affiliation	
Primary Work Setting		Business Owne	r

# Once all affiliations are updated, select **NEXT**

Current Lic	cense Affilia	tions						
Number *	Supervisor	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details	Deactivate
	ADD INDIVIDUAL		No da	ata available			NEXT	

The next screen will bring you to the application, here you will select the change(s) needed.



After answering all required questions, select **SAVE AND CONTINUE**.

Next, attach all required documentation and select **PAY NOW** and complete payment.

Once payment is complete, you will receive a 'SR' number. This will be the application number for the pending changes requested.

If you need help logging in to your eLicense account, registering, or any other technical issues with eLicense Ohio, please call the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.