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.

Applicable for the following:

- Wholesale Distributors (OAC 4729-9-16) - *Please refer to the rule OAC 4729-9-16 of the Ohio Administrative Code for additional the requirements to be licensed as a wholesale distributor of dangerous drugs*.

☐	**Completed Application with original (wet ink) signatures – no copies**
☐	**Correct Fee (Check made payable to: *Treasurer, State of Ohio*):** • $950.00 to distribute non-controlled substances ONLY. • $1,000.00 to distribute non-controlled and controlled substances.
☐	**Corporation papers and/or articles of incorporation or Limited Liability (LLC) papers for the pharmacy must be attached (See 4b on Application).**
☐	**Responsible Person and all owners/officers must submit to a criminal records check (See Question 16).**
☐	**Legal and Disciplinary Questions (See 17 & 18 on Application)** 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.
☐	**Responsible Person (RP) must meet the requirements stated in the rule 4729-5-11 of the Ohio Administrative Code (See 20 on Application).** 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.
☐	**Non-Resident licensure inquiry affidavit (non-Ohio applicants only).** Form must be provided to the Board by the applicant's home state licensing authority (see page 13 of the application).

Mail completed application along with any attachments and fee to:
State of Ohio Board of Pharmacy, 77 South High Street, 17th Floor, Columbus OH 43215

Steven W. Schierholt, Esq.
Executive Director

STATE OF OHIO
BOARD OF PHARMACY

John R. Kasich
Governor

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.

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, 17TH 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 ***ALL*** 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 (**No P.O. Box**)	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 II III	License New # Same #