



### Consulting Pharmacy – No Drugs On-Site

To be completed by the Responsible Person for a consulting pharmacy. This form must be submitted with an application in the [eLicense system](#).

**Part 1 – Responsible Person Information** - To be completed by the applicant's Responsible Person.

<b>Responsible Person First Name</b>	<b>Responsible Person Last Name</b>
<b>Applicant Business Name</b>	

**Part 2 – Attestation by Responsible Person** - To be completed by the applicant's Responsible Person. Must be manually signed in ink.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE <b>TRUE, CORRECT, AND COMPLETE</b> AND THAT NO DANGEROUS DRUGS WILL BE PURCHASED, POSSESSED, STORED OR USED AT THE LOCATION SEEKING LICENSURE AS A TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS.	
<b>Signature of Applicant's Responsible Person</b>	<b>Date Signed</b>
<b>Print Name of Responsible Person</b>	