



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.*

Responsible Person First Name	Responsible Person Last Name
Applicant Business Name	

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 **TRUE, CORRECT, AND COMPLETE** AND THAT NO DANGEROUS DRUGS WILL BE PURCHASED, POSSESSED, STORED OR USED AT THE LOCATION SEEKING LICENSURE AS A TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS.

Signature of Applicant's Responsible Person	Date Signed
Print Name of Responsible Person	

