



## Written Notice of Discontinuing Business

(Rev. 3.27.24)

1. Complete the form, sign, and date.
2. Make a copy for your file.
3. Submit to the Board via email ([new.license@pharmacy.ohio.gov](mailto:new.license@pharmacy.ohio.gov)) or via [eLicense Ohio](#).

### Part 1 – Licensee Information

<b>Business Name</b>	<b>License Number</b>
<b>Street Address</b>	<b>County</b>
<b>City, State, Zip</b>	<b>Phone (XXX-XXX-XXXX)</b>

### Part 2 – Reason for Discontinuation

Closure

Ownership Change

Other (please provide a short description):

**Part 3 – Date of Discontinuation**

<b>Date of Discontinuation (MM/DD/YYYY)</b>	<i>(Select One)</i>	
	<b>Actual</b>	<b>Proposed</b>

***A licensee who plans to discontinue business activities must file a notice with the Board of Pharmacy at least thirty days in advance of the proposed date of discontinuing business, unless waived by the Board's Director of Licensing due to extraordinary circumstances beyond the licensee's control.***

**If the proposed date of discontinuation is in less than thirty days, provide a detailed explanation.**

**Part 4 – Transfer of Drug Stock - *Select all the apply.***

No drug stock on-site.

Drug stock to be disposed of on-site. Records of disposal must be maintained in accordance with the Ohio Administrative Code.

Drug stock is being transferred (include those who may be engaged in drug disposal) to another business or location. **Provide business/location information below.**



<b>Business/Location Name</b>	<b>License Number (if applicable)</b>
<b>Street Address</b>	<b>County</b>
<b>City, State, Zip</b>	<b>Phone (XXX-XXX-XXXX)</b>

*(Attach separate sheet if drug stock is being transferred to multiple locations.)*

**Part 5 – Location Where Drug Records will be Maintained**

<b>Location Name</b>	<b>License Number (if applicable)</b>
<b>Street Address</b>	<b>County</b>
<b>City, State, Zip</b>	<b>Phone (XXX-XXX-XXXX)</b>
<b>Is this location receiving active patient prescriptions?</b>	
<b>Yes</b>	<b>No/Not Applicable</b>

*(Attach separate sheet if records are being maintained at multiple locations.)*

**IMPORTANT:** Unless a licensee is informed by the Board’s Executive Director before the proposed date of discontinuing business that the transfer of dangerous drugs and records may not occur, the licensee discontinuing business may transfer the dangerous drugs and records in accordance with the following:

On the date of discontinuing business, a complete inventory of all controlled substances being transferred, or disposed of shall be made. The inventory shall list the name, strength, dosage form, and quantity of all controlled substances transferred or disposed.

This inventory shall serve as the final inventory of the licensee discontinuing business and the initial inventory of the licensee to whom the controlled substances are being transferred. A copy of the inventory shall be included in the records of each licensee involved in the transfer.

**Part 6 – Attestation** - *To be completed by the licensee’s Responsible Person, owner, or individual who is otherwise authorized to sign for this licensee. Must be manually signed in ink.*

I DECLARE UNDER THE 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>	
<b>Signature</b>	<b>Date Signed</b>
<b>Print Name</b>	
<b>Contact Phone</b>	<b>Contact Email</b>
<b>Please indicate you are signing as one of the following:</b>  <b>Licensee</b>  <b>Owner</b>  <b>Individual who is otherwise authorized to sign for the licensee</b>	