eLicense Guide: Applying for a Change in Business Description

Updated 1/13/2025

This guide applies to terminal distributors and drug distributors that are required to report a change in ownership, business name (including DBA), address (physical location of the facility), and/or category. To review the specific scenarios that constitute a change in business description please review the appropriate rule linked below:

- Terminal Distributors – OAC 4729:5-2-03
- Drug Distributors – OAC 4729:6-2-05

Change in Business Description Application Requirement Information and Documentation:

- Applicant Attestation Form – www.pharmacy.ohio.gov/Applicantattest
- Responsible Person Attestation Form – www.pharmacy.ohio.gov/RPattest
- Articles of Incorporation or Formation (if applicable)
- Criminal conviction or disciplinary action documentation *(if applicable)*
- Valid payment via credit card (Visa, MasterCard, or Discover)

Accessing the Change in Business Description Application:

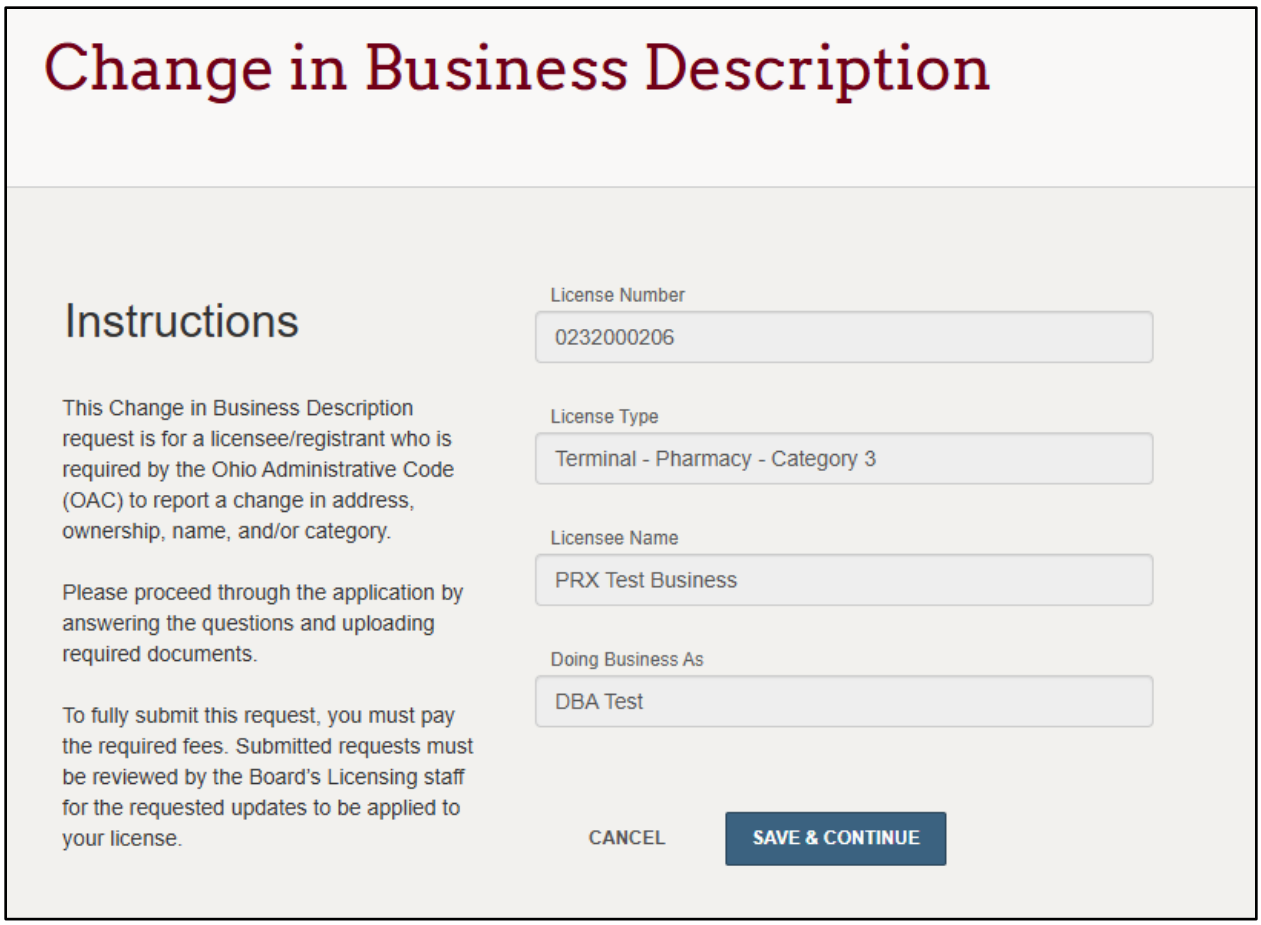
1. The licensee must designate someone to file the application in the eLicense Ohio system. Each user must create or use their own eLicense Ohio account. For information on how to register for or link a license(s) to an existing user account please refer to this guidance.
2. Access the portal using the eLicense system at https://elicense.ohio.gov/oh_communitieslogin.
3. Log in to the user's current account. You may utilize the 'Reset Password?' option to reset the password.

For assistance with an eLicense Ohio account, please contact the Customer Support Center at (855) 405-5514, Monday – Friday, 8:00am to 5:00pm ET.

Completing the Change in Business Description Application:

From the user's dashboard, select **OPTIONS** beside the license tile that needs to submit a change, then select **CHANGE IN BUSINESS DESCRIPTION**.

The next screen will provide an overview of the current license information and instructions. Once reviewed, select **Save & Continue.**



The application will provide a series of questions to be completed. The user should consult with the Responsible Person and other individuals associated with the business to answer the questions truthfully and completely.

First, select all the changes that need reported. Some answers may require additional information depending on the type of change occurring.

Are you applying for a change of business name?

(●) Yes ( ) No

Please enter your new business name (i.e. reflected by signage/how you will answer phone)

Please enter your DBA name

Are you requesting a change of address?

(●) Yes ( ) No

Please enter the mailing address of the business. Include Street Address, City, State, and Zip Code.

Please enter the public address (the physical location) of the business. Include Street Address, City, State, and Zip Code.

Please enter the date that the address change will be effective.

Are you requesting a change in ownership?

○ Yes ○ No

Are you requesting a license downgrade?

○ Yes ○ No

Please select type of Business organization.

The next series of questions pertain to legal and disciplinary action against the Applicant (this includes the business entity and certain individuals associated with it) and the Responsible Person. For guidance on how to answer this questions please visit – www.pharmacy.ohio.gov/legalbusiness.

Has the APPLICANT ever (1) committed an act that constitutes; (2) been charged with; (3) pleaded guilty to; (4) been convicted of; or (5) been subject to a judicial finding of guilt of a disqualifying offense, as outlined in this document (www.pharmacy.ohio.gov/DO), regardless of the jurisdiction in which the act was committed? *This includes a court granting intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC or TLC), or other court ordered diversion programs. Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed, expunged, or the equivalent.*

○ Yes ○ No

Has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

○ Yes ○ No

Has the APPLICANT ever had any application, license, permit, registration, certification, or other authorization suspended, rejected, revoked, denied, surrendered, placed on probation, or otherwise restricted either by order, settlement, or other decree or disciplinary action by any governmental agency, court, tribunal, or other regulatory authority, or is any such action pending?

○ Yes ○ No

Provide the name, title, phone number and email for the applicant. The applicant must be an individual who can legally sign for the company and can verify the information provided in this application is true, correct and complete.

Add Information

Please list Applicant's Name

Please list Applicant's Title

Please list Applicant's Phone Number

Please list Applicant's Email

The questions directed towards the Responsible Person should be completed for the current individual listed on the license. To review the individual currently designated, please use the Board's license lookup feature here.

Note: A new individual can be named but they must meet the requirements as determined by the Board. To review the requirements, please visit www.pharmacy.ohio.gov/RP. If a new individual is named, the legal and disciplinary questions are directed towards the new individual.

Within the past 3 years, has the RESPONSIBLE PERSON been charged with and/or convicted of **traffic offenses involving drugs, alcohol, or other substances** regardless of whether the original charge was ultimately reduced or pleaded to a different offense other than the original charge? *Common offenses may be referred to as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction.*

○ Yes ○ No

Has the RESPONSIBLE PERSON ever (1) committed an act that constitutes; (2) been charged with; (3) pleaded guilty to; (4) been convicted of; or (5) been subject to a judicial finding of guilt of disqualifying offense, as outlined in this document (www.pharmacy.ohio.gov/DO), regardless of the jurisdiction in which the act was committed? *This includes a court granting intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC or TLC), or other court ordered diversion programs. Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed, expunged, or the equivalent.*

○ Yes ○ No

Has the RESPONSIBLE PERSON ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

○ Yes ○ No

Has the RESPONSIBLE PERSON ever had any application, license, permit, registration, certification, or other authorization suspended, rejected, revoked, denied, surrendered, placed on probation, or otherwise restricted either by order, settlement, or other decree or disciplinary action by any governmental agency, court, tribunal, or other regulatory authority, or is any such action pending? *This includes any business entity of which the responsible person was the majority owner.*

○ Yes ○ No

Provide the name, title, phone number and email of the Responsible Person. The Responsible Person is the individual responsible for the supervision and control of the dangerous drugs and drug records at this location. The Responsible Person is also responsible for ensuring that the application is true, correct and complete. Pursuant to rule 4729-5-11 of the Ohio Administrative Code, only individuals with certain qualifications approved by the Board can serve as the Responsible Person on a license. The Board has issued a resolution specifying the qualifications for each category of license, which can be accessed here: www.pharmacy.ohio.gov/Responsible.

Add Information

Please list Responsible Person's Name

Please list Responsible Person's Title

Please list Responsible Person's Phone Number

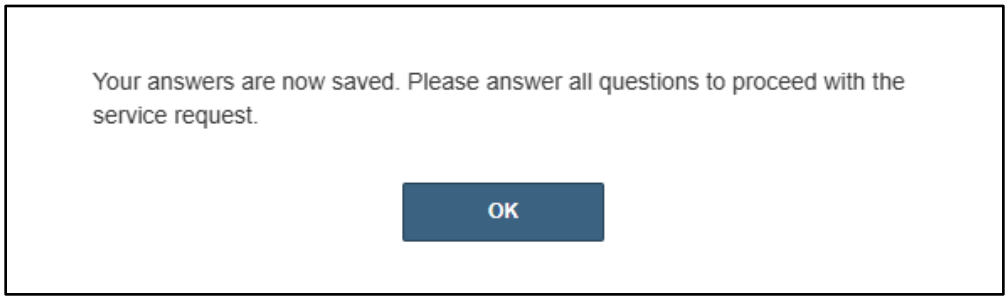
Please list Responsible Person's Email

Are you changing the type of business you are conducting?

(•) Yes ( ) No

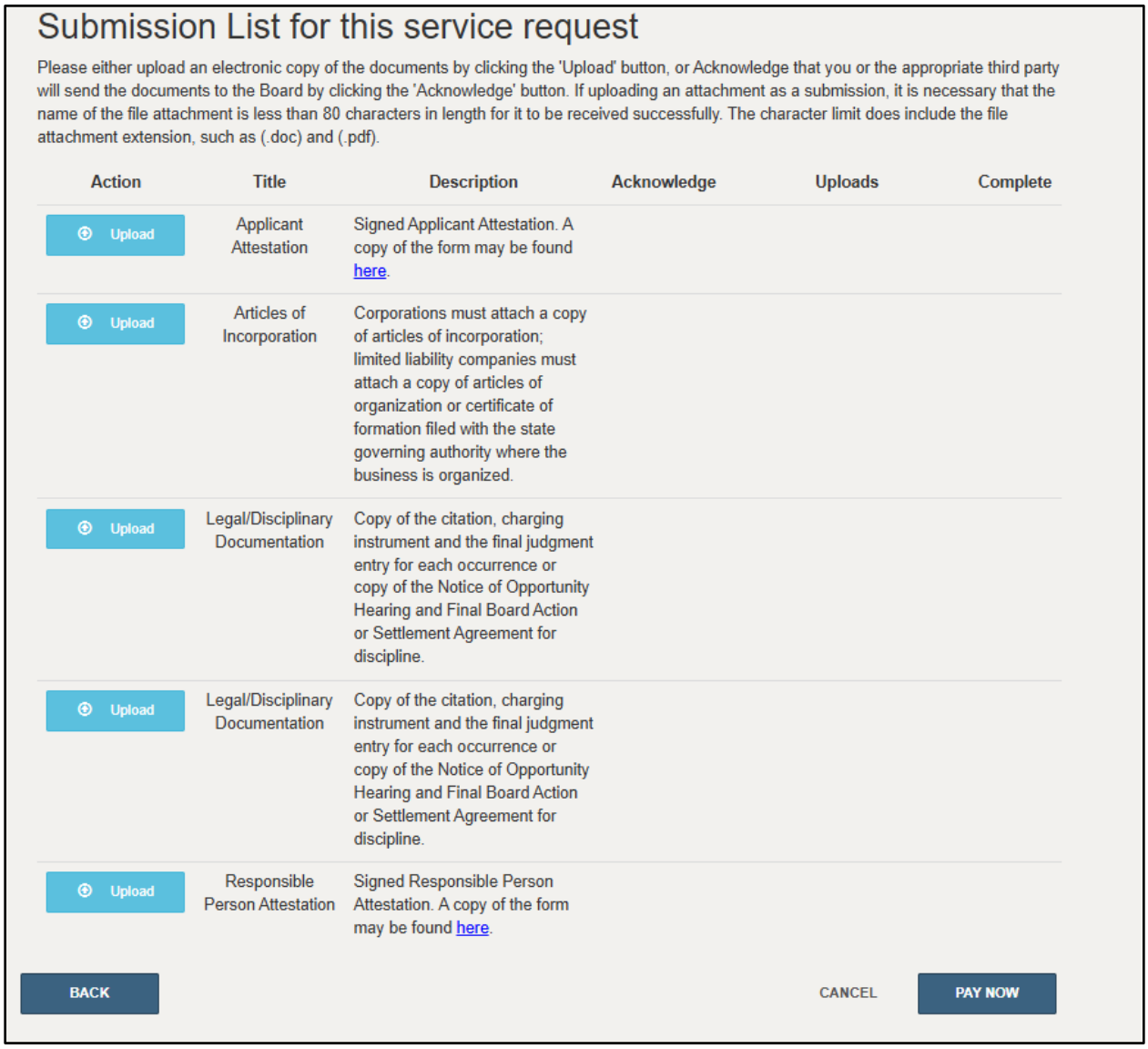
Please Explain .

***If the user needs to leave the application, select **Save and Continue** at the bottom of the page. A window will appear indicating the answers are saved. Users cannot proceed with the application until all questions are answered.



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

Next, the list of required submissions will appear. Upload all required documentation. Review the description to identify what to submit or the link to the attestation forms. If multiple legal and disciplinary actions are reported, a submission requirement will appear for each instance reported.



Submission List for this service request

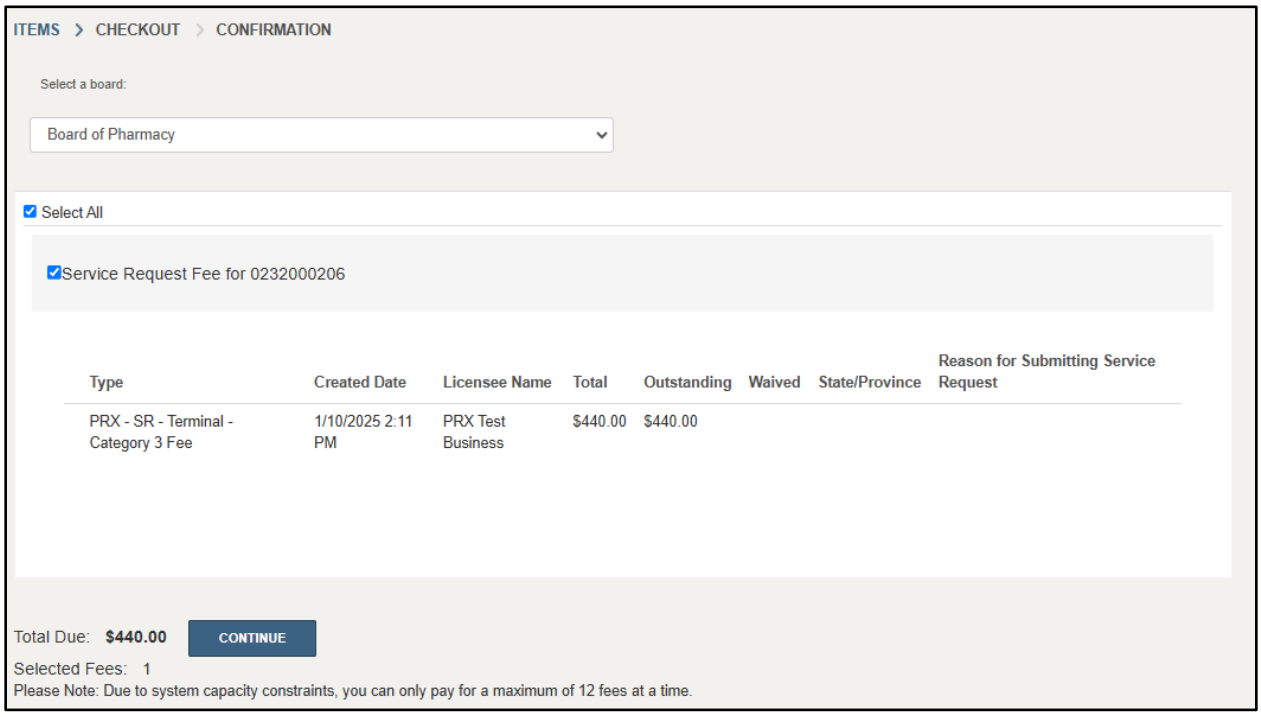
Please either upload an electronic copy of the documents by clicking the 'Upload' button, or Acknowledge that you or the appropriate third party will send the documents to the Board by clicking the 'Acknowledge' button. If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf).

Action	Title	Description	Acknowledge	Uploads	Complete
Upload	Applicant Attestation	Signed Applicant Attestation. A copy of the form may be found here.			
Upload	Articles of Incorporation	Corporations must attach a copy of articles of incorporation; limited liability companies must attach a copy of articles of organization or certificate of formation filed with the state governing authority where the business is organized.			
Upload	Legal/Disciplinary Documentation	Copy of the citation, charging instrument and the final judgment entry for each occurrence or copy of the Notice of Opportunity Hearing and Final Board Action or Settlement Agreement for discipline.			
Upload	Legal/Disciplinary Documentation	Copy of the citation, charging instrument and the final judgment entry for each occurrence or copy of the Notice of Opportunity Hearing and Final Board Action or Settlement Agreement for discipline.			
Upload	Responsible Person Attestation	Signed Responsible Person Attestation. A copy of the form may be found here.			

BACK CANCEL PAY NOW

Once all documentation is uploaded, select **PAY NOW**.

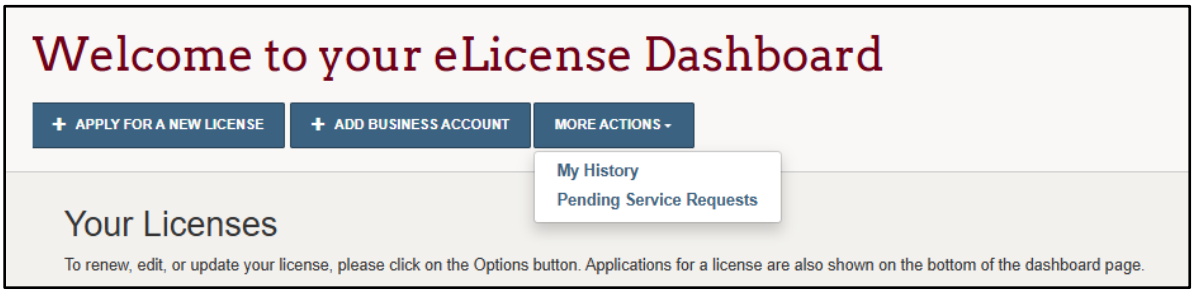
Select the **'Service Request Fee'** checkbox for the appropriate license, then select **Continue** and follow the prompts to complete payment.



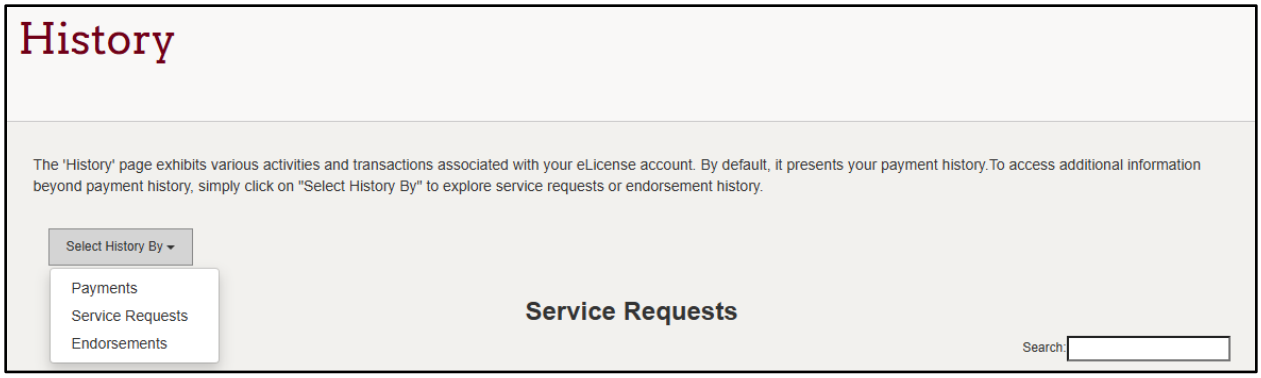
IMPORTANT - The name and billing address information (street number and zip code) must match what is on file with the financial institution EXACTLY or the payment will be declined for fraud protection reasons. If this happens, please contact the financial institution to verify the information on file.

Once payment is complete, the Board will receive the application into the processing queue. Please allow the Licensing Department thirty (30) days to review and process the change application. Once processed, a notice and updated wall certificate will be emailed to the licensee. If the application is incomplete or requires additional information, a Licensing Coordinator will email the licensee. All emails will be sent to the email listed on the license under 'Business Email'.

To check the status of the application, select My History from the user's dashboard.



The History screen will default to payment history. To view Service Requests, choose **Select History By** and then **Service Requests.**



Status definitions:

- ***Pending*** *– the application has not been completed (questions and answers and submissions)*
- ***Generate Fee*** *– the user has not submitted payment for the application*
- ***Submitted*** *– the Board has received the application in the queue to process*
- ***In Review*** *– the Board has started reviewing the application but needs additional information, review, or inspection.*
- ***Complete*** *– the application has been processed by the Licensing Department and changes were made to the license. An email was sent to the licensee.*

QUESTIONS:

For help or questions, please e-mail licensing@pharmacy.ohio.gov.

For help logging in to an 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.