

MISSOURI DISTRIBUTOR INSTRUCTION SHEET

DRUG DISTRIBUTOR LICENSE APPLICATION APPLICATION FEE \$300.00

PLEASE READ THIS CAREFULLY TO ENSURE THE APPLICATION IS PROPERLY COMPLETED.

Please use these instructions and application checklist when completing the application. If **ANY** of the items are incomplete or not provided, **your application WILL NOT be processed until those items are completed/provided.**

BLOCK 1 **TYPE OF APPLICATION – New or Change of Ownership** - Please check “New” or “Change of Ownership”. If this is a change of ownership, please provide the previous license number in the space provided and the effective date of change.

BLOCK 2 **APPLICANT NAME** - Name of the corporation, partnership, sole proprietor, LLC or LLP of the facility seeking licensure.

BLOCK 3 **APPLICANT ADDRESS** - Address of the corporation, partnership, sole proprietor, LLC or LLP of the facility seeking licensure.

BLOCK 4 **DBA NAME OF DRUG DISTRIBUTOR AND TELEPHONE NUMBER** - “Doing business as” name of the actual facility that will be shipping product into the state of Missouri and its telephone number.

BLOCK 5 **DBA MAILING ADDRESS AND FAX NUMBER** - Mailing address (if different than physical address) and fax number.

BLOCK 6 **DBA PHYSICAL ADDRESS** - Physical address of the distribution facility named in Block 4. Pursuant to 20 CSR 2220-5.030(3)(O), no drug distributor license shall be issued to a location that is a residence or that shares an address and/or physical space with a business not related to the distribution of prescription drugs or drug-related devices, or not licensed and regulated by the state of Missouri.

IN-STATE APPLICANTS NEED NOT COMPLETE BLOCK 7

BLOCK 8 **MANAGER-IN-CHARGE** - Provide the name, license number (if applicable), date of birth, and social security number for the individual who is physically in charge of the distribution facility. Provide the MIC’s employment history, including company name, city/state, job title/position held, and dates of employment, for the past seven (7) years.

BLOCK 9 **TYPE OF PRODUCTS DISTRIBUTED** - Check each box that applies to this distributor.

BLOCK 10 **OWNERSHIP TYPE** - Indicate whether the applicant (owner of the distribution site) is a sole proprietor, partnership, corporation, LLC, or LLP, and the state of incorporation.

BLOCK 11 **IF SOLE PROPRIETOR** - Effective July 1, 2003, all persons and business entities issued/renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the Governor on July 1, 2003, Section 324.010, RSMo.

BLOCK 12 **OWNER/CORPORATE OFFICER DETAIL** – Complete this section or attach a separate sheet listing the name, title, home address, telephone number, % ownership, and social security number for each corporate officer, owner or sole proprietor.

BLOCK 13 **APPLICANT DISCIPLINE/CRIMINAL HISTORY** - Answer all questions regarding action taken on the **applicant or Manager-In-Charge**. If any question is answered "yes", a notarized explanation must be attached and court documents attached.

Court Documents Examples: (The court documents MUST BE CERTIFIED by the court.): Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), sections of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment & Sentence, Docket Sheet or other documents showing disposition of case.

BLOCK 14 **NOTARIZATION** - If the applicant is a corporation, this section **MUST** be signed by a **corporate officer**; If applicant is a proprietorship or partnership, this section **MUST** be signed by the **owner or partner**. The signature must be notarized.

BLOCK 15 **AFFIDAVIT OF MANAGER-IN-CHARGE** - This section **MUST** be signed by the **Manager-in-Charge** (person physically in charge of daily operations of the facility) as indicated on page 1 of the application, and notarized.

ATTACHMENTS TO ACCOMPANY THE APPLICATION -- CHECK OFF ITEMS AS COMPLETED

1. ___ Completed, signed by owner and MIC, notarized application form.
2. ___ A check/money order in the amount of \$300.00, made payable to Missouri Board of Pharmacy.
3. ___ The completed, signed BUSINESS ENTITY STATE TAX COMPLIANCE FORM. Effective January 1, 2009, Missouri state law requires that any business licensed by the state that engages in retail sales must provide a no tax due letter from the Department of Revenue to be licensed. A BUSINESS ENTITY STATE TAX COMPLIANCE FORM is available on the Board's website at www.pr.mo.gov/pharmacists.asp.
4. ___ The completed CORPORATE OFFICERS LIST. Form included with downloadable application.
5. ___ The completed CONTROLLED SUBSTANCE AFFIDAVIT (site specific). **Form included with downloadable application must be completed if your facility distributes controlled substances.**
6. ___ Criminal history background checks. **Each owner** with a ten percent (10%) or more interest in a drug distributor entity (applying to non-publicly traded companies only) **AND** the person designated in Block 8 of the application as **manager-in-charge** must telephone 3M Cogent at 877-862-2425 or visit www.machs.mo.gov to schedule an appointment to be fingerprinted; provide Cogent "**Registration Number: 0003**" to insure the results are reported to the Missouri Board of Pharmacy. At the time the individuals are fingerprinted, they will be required to show a valid photo ID, their picture will be taken for verification purposes, and they will be given a receipt substantiating proof that they were fingerprinted. Each person being fingerprinted will pay a fee directly to Cogent for this service, and a receipt will be issued to them. These receipts must be submitted with this application. A receipt cannot be used from a previous application, it must be dated no more than six months prior to submission of the application, and the name on the receipt must be the same as on the application. [Click here](#) for more information about the Missouri fingerprint process.

NOTICE -- If the manager-in-charge of the facility as named on the application is a registered pharmacist licensed in the State of Missouri, include that information on this application and items 5 & 6 of this checklist do not apply.

7. ___ Attach the receipts issued from 3M Cogent at the time fingerprints were taken substantiating proof of fingerprinting. This application cannot be processed without submission of these receipts.
___ Cogent receipt for each owner
___ Cogent receipt for Manager-in-Charge

Once your application has been received and accepted, you will be notified to contact the Pharmacy Board inspector assigned to your county to schedule an initial inspection. A license will not be issued until all acceptable documentation is received, an initial inspection of the facility has been completed, and the application has been successfully reviewed by the Board.

NOTICE

YOU MAY NOT LEGALLY OPEN FOR BUSINESS UNTIL YOUR LICENSE HAS BEEN ISSUED.

LICENSES EXPIRE ON OCTOBER 31 OF ODD NUMBERED YEARS. RENEWALS ARE MAILED ON OR ABOUT AUGUST 1st OF THE RENEWAL YEAR AS STATED.

AN ADDITIONAL \$25 RETURNED CHECK FEE WILL APPLY TO INSUFFICIENT FUNDS CHECKS.

12. Below or on a separate page, list the information requested below for the sole proprietor, all partners of the partnership, all corporation/LLC officers and individuals owning more than 10% of the entity.

NAME	TITLE	HOME ADDRESS	TELEPHONE	% OWNED	SOCIAL SECURITY NUMBER

13. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS, AND STATUS (ALL QUESTIONS MUST BE ANSWERED)

Suspended Imposition of Sentence (SIS) Information: An attorney may advise you that you do not have to report SIS information on any future application. However, the Board has authority under section 338.185, RSMo, to access those records, via the use of fingerprints. This type of action **MUST BE REPORTED ON THIS APPLICATION.**

NOTE TO APPLICANT: The following questions must be answered truthfully and completely by you without any omissions. Your failure to answer truthfully may subject you to penalties under the law for providing a false affidavit, or to the denial of your drug distributor application. If you are in doubt on a question, mark the answer "yes" and explain on a separate sheet.

To the best of your knowledge, have any of the applicant(s), owners, partners, officers, and/or manager-in-charge associated with this application ever:

- A. been denied, refused, convicted, fined, disciplined or had a drug distributor license disciplined for violation of pharmacy, liquor or drug laws, or are presently charged in any such violations in Missouri or any other state? Yes No
- B. are now charged in any criminal prosecution (felony or misdemeanor), or ever been adjudicated guilty or entered a plea of guilty or nolo contendere (felony or misdemeanor), in any criminal prosecution in Missouri, in any other state, or in a United States court:
 - (a) for any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not sentence was imposed? Yes No
 - (b) for any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug distributor setting or incident to pharmacy practice, whether or not sentence was imposed? Yes No
 - (c) for any offense involving fraud, dishonesty, or an act of violence (for example, Medicaid fraud, theft of money or drugs, or robbery), whether or not sentence was imposed? Yes No
 - (d) for any offense involving moral turpitude whether or not sentence was imposed? If you are unsure, mark "yes." Yes No
- C. had an application for a drug distributor, pharmacy, pharmacist, pharmacy intern, pharmacy technician, or other healthcare, or controlled substance registration, license, permit, or certificate denied or refused in this state, or any other state or country? Yes No
- D. had disciplinary action taken against you, a pharmacy or drug distributor facility you owned, or a pharmacy or drug distributor facility where you were employed, by a pharmacy board or authority, or other healthcare licensing board or authority, or controlled substance authority, in this state or any other state or country? Yes No
- E. violated the drug laws or rules and regulations of this state, or any other state or country, or the United States? Yes No
- F. in the last five (5) years, been adjudged insane or incompetent by a court in this, or any other state or country? Yes No
- G. in the last ten (10) years:
 - (a) used, or are you now using any drugs, controlled substances or alcoholic beverages to an extent that such use impaired or may impair your ability to perform the work of a manager-in-charge? Yes No
 - (b) been, or are now, addicted to any drugs, controlled substances or alcoholic beverages? Yes No
- H. If you answered "yes" to any part of questions A-G, please give all details, including city and state where occurred, and fully explain "yes" answer on a separate sheet. **Attach copies of all applicable court documents.**

338.185 RSMo, "After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed."

14. THIS SECTION MUST BE COMPLETED BY A CORPORATE OFFICER, PARTNER, OR INDIVIDUAL OWNER

Applicant promises and swears that if a license is issued, such business shall maintain a manager-in-charge and such business will be conducted and operated in full compliance with the pharmacy laws and regulations, professional ethics and all other laws of Missouri as long as continued under such license.

I do solemnly swear or affirm that I am the aforementioned applicant and that the statements and representations made in the foregoing application are true and correct. All this I affirm under penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	PRINT NAME
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
NOTARY PUBLIC EMBOSSEER SEAL OR BLACK INK RUBBER STAMP	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

15. TO BE COMPLETED BY THE MANAGER-IN-CHARGE

I, do solemnly swear or affirm that I serve as the manager-in-charge of the business described in the foregoing application, that I understand and meet the manager-in-charge requirements set forth in 20 CSR 2220-5.030(2), that my employment history provided on this application is true and correct, and that I understand the license will be issued with my name appearing thereon as manager-in-charge. All this I affirm under penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF MANAGER-IN-CHARGE ▶	PRINT NAME
	STATE	COUNTY (OR CITY OF ST. LOUIS)
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

CORPORATE OFFICER LIST

You must supply a list of the company's corporate officers' names, home addresses, dates of birth, and social security numbers. You must at least provide this information for the President, Vice President, Secretary, and Treasurer.

You may use this sheet to provide this information or you may provide a separate listing.

INFORMATION PROVIDED WILL NOT BE DISCLOSED TO THE PUBLIC.

President:

Name:

Home Address: _____

Date of Birth: ___/___/___

Soc. Sec. Number: ___-___-___

Vice President:

Name:

Home Address: _____

Date of Birth: ___/___/___

Soc. Sec. Number: ___-___-___

Secretary:

Name:

Home Address: _____

Date of Birth: ___/___/___

Soc. Sec. Number: ___-___-___

Treasurer:

Name:

Home Address: _____

Date of Birth: ___/___/___

Soc. Sec. Number: ___-___-___

STATE OF MISSOURI

CONTROLLED SUBSTANCE AFFIDAVIT

THIS AFFIDAVIT MUST BE SIGNED BY A CORPORATE OFFICER IN THE
PRESENCE OF A NOTARY

This affidavit is to certify that there have been no controlled substance violations brought against this facility by the Drug Enforcement Administration (DEA) or any state agency.

NOTARY SECTION

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, ____

COMMISSIONED IN:

MY COMMISSION EXPIRES:

State and County

Date

Notary Signature

Date

Signature of Corporate Officer

Date

SEAL



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573-751-0091 PHONE
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
www.pr.mo.gov/pharmacists
e-mail: MissouriBOP@pr.mo.gov

IT MAY BE NECESSARY FOR BOARD OFFICE STAFF TO CONTACT SOMEONE WITH QUESTIONS ABOUT THE ENCLOSED APPLICATION. PLEASE PROVIDE CONTACT INFORMATION BELOW AND SUBMIT WITH THE APPLICATION.

PHARMACY/DRUG DISTRIBUTOR NAME (as on application)	
NAME OF PERSON TO CONTACT	
TITLE OF PERSON TO CONTACT	
ADDRESS OF PERSON TO CONTACT	STREET: CITY, STATE, ZIP:
DIRECT TELEPHONE NUMBER OF PERSON TO CONTACT (include extension)	
FAX NUMBER OF PERSON TO CONTACT	
EMAIL ADDRESS OF PERSON TO CONTACT	

INSPECTION MEMO

FOLLOWING IS A LIST OF THE MOST COMMON DEFICIENCIES FOUND ON THE INITIAL INSPECTION AND SUBSEQUENT ROUTINE INSPECTIONS OF IN-STATE DRUG DISTRIBUTORS. PLEASE PAY SPECIAL ATTENTION TO EACH ITEM ON THIS LIST AND CHECK FOR ACCURACY IN YOUR FACILITY.

Drug distributor laws and regulations may be found at <http://pr.mo.gov/pharmacists-rules-statutes.asp>

FACILITY:

1. Insufficient outside lighting.
2. Lack of thermometer in refrigerator.
3. No alarm system on facility.
4. No separate area for distressed/outdated products.
5. No separate area for flammable products.
6. Veterinary products not stored separately from human products.
7. All products not kept off floor or on pallets.
8. No daily temperature and humidity recordings for the facility.
9. No daily temperature recordings for refrigerator and freezer if used for drug storage.
10. Insufficient security measures: doors/locks, no physical barrier to prevent access (drop ceiling).

RECORDS:

1. No written current list of personnel who are authorized to be in facility.
2. Non-existence or incompletely written policy and procedures, including required topics of:
 - a. Drug disposition and control
 - b. Drug security
 - c. Drug storage
 - d. Monitoring/Reporting losses or thefts
 - e. Inventory inaccuracies
 - f. Stock rotation
 - g. Drug recalls
 - h. National/Regional emergencies and crisis management
 - i. Disposition and recordkeeping requirements for outdated drugs
 - j. Reporting counterfeit or suspected counterfeit drugs
 - k. Reporting drug losses
 - l. Investigating counterfeit drugs
 - m. Reporting criminal activities
3. No written job description of Manager-in-Charge, any other supervisors of distribution and control.

MISCELLANEOUS:

1. Purchasing from UNLICENSED VENDORS.
Please be aware 20 CSR 2220-5.020 requires you to receive legend drugs and drug-related devices from Missouri-licensed distributors or pharmacies.
2. Distributing to customer not appropriately licensed to receive legend drugs.

Missouri Division of Professional Registration
MISSOURI BOARD OF PHARMACY

**BUSINESS ENTITY STATE TAX
COMPLIANCE FORM**

Missouri state law requires that businesses engaged in the retail sale of goods must possess a no tax due letter from the Department of Revenue at the time of licensing. Section 114.083.4 RSMo. (Cum Supp 2008) states:

In addition to the provisions of subsection 2 of this section, beginning January 1, 2009, **the possession of a statement from the department of revenue stating no tax is due under sections 143.191 to 143.265, RSMo, or sections 144.010 to 144.510 shall also be a prerequisite to the issuance or renewal of any city or county occupation license or any state license required for conducting any business where goods are sold at retail.** The statement of no tax due shall be dated no longer than ninety days before the date of submission for application or renewal of the city or county license.

You may obtain a tax clearance letter by visiting <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>, e-mailing <mailto:taxclearance@dor.mo.gov>, or calling the Department of Revenue at (573) 751-9268.

Compliance Statement

PLEASE SELECT ONE OF THE FOLLOWING:

- This business engages in the sale of goods at retail and has filed and paid all of its sales tax obligations. Please provide a copy of your Missouri No Tax Due compliance letter or provide your 8-digit Missouri state tax ID number below.
Missouri state tax number _____

- This business does not engage in the sale of goods at retail (other than prescriptions).

WARNING: Statements made on this form are subject to audit. A false statement on this form subjects the license to discipline. Any person who makes a false statement on this form, and the business for which the false statement is made, are subject to criminal penalties for misleading a public servant. § 575.060 RSMo.

Name of Entity: _____

Signature: _____ Title: _____
(Owner, President, Partner)

Print Name: _____ Date: _____