# OUT-OF-STATE 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** **FACILITY MAILING ADDRESS AND FAX NUMBER -** Mailing address (if different than physical address) and fax number.

**BLOCK 6** **FACILITY 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.

**BLOCK 7** **REGISTERED AGENT –** Non-resident distributors must designate a registered agent located in Missouri. The Missouri Secretary of State will automatically be designated as its true and lawful attorney for service of process as authorized by law if none is specifically listed on the application.

**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.

**NOTICE**

**YOU MAY NOT LEGALLY CONDUCT BUSINESS IN MISSOURI 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.

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

1.____ Completed, signed by owner and MIC, notarized original application form. Copies will not be accepted.

2.____ A signed check/money order in the amount of $300.00, made payable to Missouri Board of Pharmacy.

3.____ The completed CORPORATE OFFICERS LIST. Form included with downloadable application.

4.____ The completed CONTROLLED SUBSTANCE AFFIDAVIT (site specific). **Form included with downloadable application must be completed if your facility distributes controlled substances.**

5.____ 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 be fingerprinted as per the following instructions.

***Missouri Residents*** - Go to www.machs.mo.gov to register and to schedule an appointment to be fingerprinted for a criminal history background check. The individuals must provide IdentoGO (the approved vendor) "**Registration Number: 0003.**" They will each pay a fee directly to IdentoGO for this service. At the time they 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. 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.

***Non-Missouri Residents*** - If the individuals live near the Missouri border and are able to be fingerprinted in Missouri, it is recommended they follow the Missouri resident instructions above. If not possible, proceed with the following to be fingerprinted out of Missouri:

a. Email drugdistributor@pr.mo.gov or call 573-526-6985 to request two fingerprint cards be mailed to them, or use standard FBI FD-258 fingerprint cards.

b. Go to www.machs.mshp.dps.mo.gov/ to register to be fingerprinted for a criminal history background check. You must provide IdentoGO (the approved vendor) **"Registration Number: 0003."** You will pay a fee directly to IdentoGO for this service.

c. Fill in the following mandatory information on the cards. If any of the below fields are left blank, the fingerprint cards will not be able to be processed and a fingerprint rejection notice will be mailed back to the applicant.

| | |
|---|---|
| First Name | Height |
| Last Name | Weight |
| Street Address | Hair Color |
| City | Eye Color |
| State | Race (Black, White, Hispanic, Indian, Asian, Other) |
| Zip Code | Place of Birth |
| Date of Birth | Citizenship |
| Sex (Male or Female) | Social Security Number (if a US Citizen) |

d. Take the fingerprint cards to a law enforcement agency to be fingerprinted.

e. After fingerprinted, mail the fingerprint cards and signed pre-enrollment confirmation page to ***IndentoGo, MO Cardscan Department, 6840 Carothers Pkwy, Ste. 650, Franklin, TN 37067***

f. A fingerprint receipt is NOT required to be submitted with the application if the individual is fingerprinted out of Missouri.

g. DO NOT SEND THE LICENSE APPLICATION TO IdentoGO.

h. DO NOT SEND YOUR FINGERPRINT CARDS TO THE MISSOURI BOARD OF PHARMACY.

**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 fingerprints are not required for the MIC.

6.____ Attach proof of fingerprinting as noted in #5 above. This application cannot be processed without provision of fingerprints.

____ Proof of fingerprinting for each owner

____ Proof of fingerprinting for Manager-in-Charge

**NOTE:** A fingerprint receipt is NOT required to be submitted with the application if the individual is fingerprinted out of Missouri.

7.____Copy of the wholesale/manufacturer license **issued by the state in which the facility is PHYSICALLY located.** Your company is NOT eligible for licensure in Missouri if it is not licensed by the state in which it is physically located. (NOTE: This copy is not required if the Drug Distributor License Verification Affidavit is enclosed with your application.)

8.____ Copy of your state controlled substance registration. If your state does not issue a separate controlled substance registration, a letter stating such must be submitted.

9.____ Copy of your federal controlled substance license (DEA registration), if you handle controlled substances.

10.___ Drug Distributor License Verification Affidavit – The top portion must be completed by the applicant, then forwarded to **the licensing agency in the state where the facility is physically located** for completion of the lower portion. Mail the completed Verification Affidavit with the Drug Distributor Application to the Missouri Board of Pharmacy.

The Application cannot be processed without the Verification Affidavit.

11.___ 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.

# Missouri Procedures for Out-of-State Applicant Fingerprint Cards

Out-of-State applicants should mail their fingerprint cards to IdentoGO for criminal background check processing.

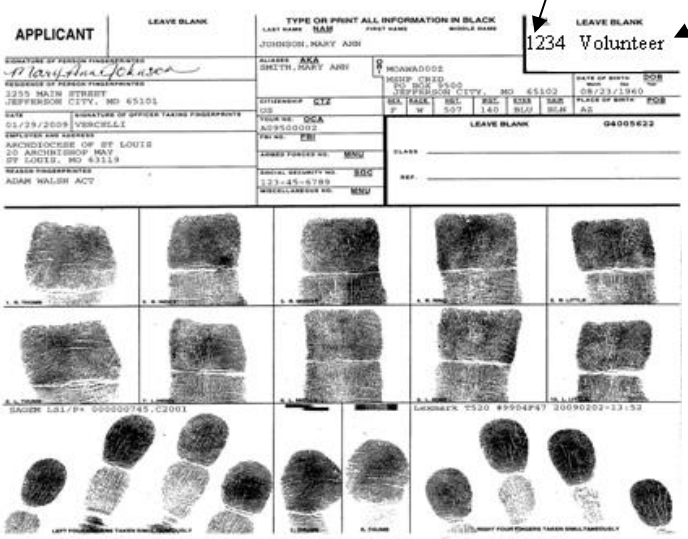
Also go to www.machs.mshp.dps.mo.gov/ to register for the criminal history background check. You must provide IdentoGO **"Registration Number: 0003."** For more information about fees please visit www.machs.mshp.dps.mo.gov/ for a complete fee schedule.

All fingerprint cards should contain the mandatory demographic information listed below. If any of the below fields are left blank the fingerprint card will not be able to be processed and a rejection notice will be mailed back to the applicant. Mandatory Information that must be included on the fingerprint card:

| | |
|---|---|
| First Name | Height |
| Last Name | Weight |
| Street Address | Hair Color |
| City | Eye Color |
| State | Race (Black, White, Hispanic, Indian, Asian, Other) |
| Zip Code | Place of Birth |
| Date of Birth | Citizenship |
| Sex (Male or Female) | Social Security Number (if a US Citizen) |

The Missouri Board of **Pharmacy's Registration Number: 0003** must be notated in the upper right hand corner of the fingerprint card. Failure to include this information on the fingerprint card will result in an incorrect type of background check being done. Additional fees may be accessed if a correction is later needed.

Sample Registration #




Only include "Volunteer" if the background check is being conducted for a position as a volunteer.

**Fingerprint cards and associated fees should be mailed to:**

**IdentoGO**
**MO CardScan Dept.**
**6840 Carothers Pkwy, Ste. 650**
**Franklin, TN 37067**

**Questions about this process may be directed to IndentoGO at 1-844-543-9712 or to the Missouri State Highway Patrol at 573-526-6312**

# Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Cogent, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or machs@mshp.dps.mo.gov

## AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

**Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.**

- **Officials must provide to the applicant written notice[1] that his/her fingerprints will be used to check the criminal history records of the FBI.**
- **Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.**
- **Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.**
- **Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.[2]**

**The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.**

**Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.**

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[1] Written notification includes electronic notification, but excludes oral notification.

[2] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

**As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.**

- **You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.**
- **If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.**
- **The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.[2]**

**You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

**If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.**

**If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**

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[1] Written notification includes electronic notification, but excludes oral notification.
[2] See 28 CFR 50.12(b).
[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

**MAILING ADDRESS:**
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091

**DELIVERY ADDRESS:**
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

**STATE OF MISSOURI**
DIVISION OF PROFESSIONAL REGISTRATION

# DRUG DISTRIBUTOR LICENSE APPLICATION

**PLEASE COMPLETE ALL QUESTIONS**

SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM.

**ORI - AGENCY #MO920120Z**

APPLICATION FEE IS NON-REFUNDABLE

**FOR OFFICE USE ONLY**

| LICENSE NUMBER | | |
|---|---|---|
| DATE TEMP. MAILED | DATE TEMP. ISSUED | APPROVED BY |
| DATE PERM. MAILED | DATE PERM. ISSUED | INSPECTOR |

1. CHECK ONE OF THE FOLLOWING

☐ NEW APPLICATION ☐ CHANGE OF OWNERSHIP FOR A CURRENTLY LICENSED FACILITY LIC. NO. _____
EFFECTIVE DATE OF CHANGE _____

2. APPLICANT NAME (SOLE PROPRIETOR, CORPORATION, PARTNERSHIP, LLC, LLP)

3. APPLICANT ADDRESS (STREET, CITY, STATE, ZIP CODE)

4. D/B/A NAME - INDICATE NAME OF DISTRIBUTION FACILITY | FACILITY TELEPHONE NUMBER ( )

5. FACILITY'S MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) | FACILITYFAX NUMBER ( )

6. FACILITY'S PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY) | FACILITY EMAIL ADDRESS

7. REGISTERED AGENT – NON-RESIDENT DISTRIBUTORS MUST DESIGNATE A REGISTERED AGENT LOCATED IN MISSOURI. THE MISSOURI SECRETARY OF STATE WILL AUTOMATICALLY BE DESIGNATED AS ITS TRUE AND LAWFUL ATTORNEY FOR SERVICE OF PROCESS AS AUTHORIZED BY LAW IF NONE IS SPECIFICALLY LISTED HERE.

| NAME | COMPANY |
|---|---|
| STREET ADDRESS | CITY/STATE/ZIP |

8. MANAGER-IN-CHARGE. APPLICANT WILL PLACE THE FOLLOWING INDIVIDUAL AS MANAGER-IN-CHARGE OF THE DISTRIBUTION SITE.

| FULL NAME | MO PH LIC # | DATE OF BIRTH | SSN |
|---|---|---|---|
| | | | |

MANAGER-IN-CHARGE EMPLOYMENT HISTORY – PROVIDE INFORMATION FOR PAST SEVEN (7) YEARS.

| COMPANY NAME | CITY/STATE | JOB TITLE/POSITION HELD | DATES |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. TYPE OF PRODUCTS DISTRIBUTED

☐ HUMAN PRESCRIPTION DRUGS ☐ VETERINARY PRESCRIPTION DRUGS ☐ CONTROLLED SUBSTANCES ☐ LEGEND MEDICAL GAS ☐ LEGEND DRUG-RELATED MEDICAL DEVICES

IF YOU CHECK THE CONTROLLED SUBSTANCE BOX, YOU MUST ATTACH COPIES OF YOUR STATE & FEDERAL CONTROLLED SUBSTANCE LICENSES.

10. THE APPLICANT IS (CHECK ONE)

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP

IF A CORPORATION OR LLC, INDICATE STATE OF INCORPORATION

**NOTE: If sole proprietor, complete question 11**

11.

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

***False statements are subject to criminal penalties and/or license discipline.***
**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.**

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 |
| NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP | STATE OF | | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS<br>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 |
| NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL | STATE | | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS<br>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.**

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*****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**

Eric R. Greitens
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
Chlora Lindley-Myers, 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
email: 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 | |

**MAILING ADDRESS:**
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091
(573) 526-3464 (FAX)

**DELIVERY ADDRESS:**
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

**STATE OF MISSOURI**
DIVISION OF PROFESSIONAL REGISTRATION

# DRUG DISTRIBUTOR LICENSE VERIFICATION AFFIDAVIT

**APPLICANT**

1. Complete items 1-6 only on this form.
2. Forward the form to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
3. **COMPLETED FORM MUST BE RETURNED WITH THE APPLICATION**

**ORIGINAL IS REQUIRED WITH BOARD SEAL - COPIES WILL NOT BE ACCEPTED**

1. DRUG DISTRIBUTOR DBA NAME

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. APPLICANT NAME (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, LLC, LLP)

4. I HEREBY AUTHORIZE THE _____ *(STATE TO WHICH SENDING FORM)* TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

5. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT

6. PRINT NAME

**DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY**

DRUG DISTRIBUTOR LICENSURE IS REQUIRED IN THIS STATE

☐ YES ☐ NO

| LICENSE NUMBER | LICENSE STATUS | DATE LICENSE ISSUED | DATE LICENSE EXPIRES |
|---|---|---|---|
| | | | |

| HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY? | TYPE OF DISCIPLINE |
|---|---|
| ☐ YES ☐ NO | ☐ REVOKED ☐ SUSPENDED ☐ PROBATION ☐ CENSURE<br>☐ LIMITED ☐ RESTRICTED ☐ SURRENDERED |

**ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS**

**ATTACH COPY OF MOST RECENT INSPECTION REPORT CONDUCTED BY HOME STATE BOARD OF PHARMACY**

BOARD SEAL AREA *(AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)*

**RETURN COMPLETED FORM TO:**

The applicant for mailing with the application.

| SIGNATURE | TITLE | STATE | DATE |
|---|---|---|---|
| | | | |

*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: _____