



# Missouri Third-Party Logistics Provider (3PL) Application

## MISSOURI Third-Party Logistic Provider (3PL) APPLICATION & INSTRUCTIONS

### IMPORTANT INFORMATION:

- Complete this application if you are applying for a new third-party logistic provider (3PL) license or if you are changing ownership for a currently licensed 3PL. A different application is required if the 3PL is changing names or location. Forms are available online at <http://pr.mo.gov/pharmacists-forms.asp>.
- Please allow **4-6 weeks** for your application to be processed.
- Your 3PL license will be reflected on the Board's website within twenty-four (24) hours after the license has been issued. The license will be mailed to the facility's physical address listed on the application. Please allow 5-10 days for mailing.
- Questions regarding this application may be sent to [drugdistributor@pr.mo.gov](mailto:drugdistributor@pr.mo.gov) or (573) 526-6985.
- Keep a copy of the completed application for your records.
- **INCOMPLETE APPLICATIONS WILL BE REJECTED.**

### OVERVIEW OF THIRD-PARTY LOGISTIC PROVIDER LICENSING

▶ <b>STEP 1:</b>	<ul style="list-style-type: none"> <li>• <u>Submit a completed Missouri Third-Party Logistics Provider Application</u>, along with the \$ 300.00 application fee.</li> </ul>
▶ <b>STEP 2:</b>	<ul style="list-style-type: none"> <li>• <b>Resident Applicants:</b> 3PL facilities located in Missouri must schedule and pass a Board inspection. Instructions for scheduling an inspection will be mailed to you after your application is received. <u>You are responsible for contacting the inspector to schedule your inspection.</u> In most instances, the inspector will give you a temporary license number immediately after the facility has passed inspection. You may begin operating as a 3PL once you receive a temporary license number. Do not contact the inspector prior to receiving your Inspection Scheduling Letter.</li> <li>• <b>Non-Resident Applicants:</b> Facilities that <u>will not</u> be located in Missouri must submit a copy of their most recent state inspection. The inspection must have occurred within the last twenty-four (24) months.</li> </ul>
▶ <b>STEP 4:</b>	<ul style="list-style-type: none"> <li>• <u>Final Approval:</u> Your application will be finally reviewed and approved by the Board office. This process may take 2-3 weeks. Additional time may be required if additional Board review is necessary.</li> </ul>
▶ <b>STEP 5:</b>	<ul style="list-style-type: none"> <li>• Your license will be mailed to the facility's address. Please allow 5-10 days for mailing.</li> </ul>



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## APPLICATION CHECKLIST/INSTRUCTIONS

- Completed and signed application form.** Incomplete applications will be returned for correction.
- Application fee of \$300.00** made payable to the Missouri Board of Pharmacy. All fees are deposited upon receipt and are **non-refundable**. A deposited fee does not indicate that the application has been accepted or approved.
- Business Entity State Tax Compliance Form:** A “Business Entity State Tax Compliance Form” is included with this application. This application will not be accepted without a Business Entity State Tax Compliance Form.
- Certificate of No Tax Due:** Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained at <http://dor.mo.gov/business/sales/notaxdue/>. Questions about obtaining a Certificate of No Tax Due should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*
- Manager-in-Charge Statement:** The statement must be signed and notarized by the designated manager-in-charge.
- Subscribe to Board’s electronic newsletter/e-alerts:** The Board provides important regulatory news and licensing updates via its electronic newsletter and specially issued e-alerts. Sign up for the Board’s newsletter and e-alerts online at: <https://pr.mo.gov/pharmacists.asp>.

## NON-RESIDENT APPLICANTS:

*(Non-Residents applicants must also submit the following)*

- State License:** Provide a copy of the applicant’s 3PL license issued by the state/foreign jurisdiction where the 3PL facility is physically located. You are not eligible for licensure in Missouri if the facility is not licensed as a 3PL or its equivalent in the state/jurisdiction where the facility is located.
- Facility License Verification:** An official Non-Resident Verification Affidavit form must be submitted from the state or foreign jurisdiction where the 3PL facility is located verifying that the applicant holds a current and active 3PL license or its equivalent in that state/foreign jurisdiction. The top portion of the Affidavit should be completed by the applicant then forwarded to the licensing agency in the applicable state/jurisdiction. The Affidavit must be officially sealed/certified by the applicable state/foreign jurisdiction. Copies and online printouts will not be accepted. RETURN THE COMPLETED VERIFICATION WITH THE APPLICATION. The Affidavit must be submitted in addition to a copy of your 3PL license.
- State Inspection:** Non-resident applicants must submit a copy of the facility’s most recent inspection report from the state board of pharmacy or its equivalent state/foreign regulatory body. The inspection must have occurred within the last twenty-four (24) months.
- Copy of state controlled substance registration:** Not required if your state/jurisdiction does not issue a separate controlled substance registration or if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.
- Copy of federal controlled substance registration:** Not required if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.

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The applicant should also obtain and submit applications to the following agencies (as applicable):

- **Missouri Department of Revenue (Taxation)** (573) 751-5860  
Div. of Taxation, Office of Registration  
P.O. Box 3300, Jefferson City, MO 65102
  
- **Bureau of Narcotics and Dangerous Drugs\*\* (State Controlled Substances)** (573) 751-6321  
P.O. Box 570, Jefferson City, MO 65102
  
- **Drug Enforcement Administration\*\* (Federal Controlled Substances)** (913) 951-4100  
7600 College Blvd, Suite 100, Overland Park, KS 66210/
  
- Drug Enforcement Administration\*\*** (314) 538-4600  
317 South 16th Street, Saint Louis, MO 63103 (888) 803-1179

*(Requests for DEA Order Forms to purchase Schedule II drugs should be made on the DEA application.)*

*\*\* The Missouri Bureau of Narcotics and Dangerous Drugs (“BNDD”) and the Drug Enforcement Administration will generally hold processing their applications until the Board of Pharmacy has issued a license. During the inspection, the Board’s inspector will verify that the 3PL facility has a Missouri Sales Tax License and will review security arrangements to assure proper storage. Unless cause exists for delaying or preventing BNDD from issuing a registration, BNDD will usually issue a Missouri Controlled Substance Registration Number after the Board’s 3PL license has been issued. The applicant will be notified that a BNDD registration number has been issued. BNDD will subsequently notify DEA to approve the federal registration. The federal Certificate of Registration is issued from Washington, D.C.*





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**SECTION B: OWNERSHIP INFORMATION**

*Provide ownership information for the 3PL. The owner listed below will be deemed the **official licensee** of record authorized to operate the 3PL facility identified in Section A.*

**OWNER NAME (ENTITY/INDIVIDUAL)**

**ADDRESS** (STREET) (CITY) (STATE) (ZIP)

**TELEPHONE #** **FAX #** **E-MAIL ADDRESS**

**OWNER TYPE:**

**THE ABOVE OWNER IS A:**

- Individual/Sole Proprietorship  
  Corporation  
  LLC  
  LP/LLP  
  Partnership  
 Government/Tribal Agency  
  Other \_\_\_\_\_

**OFFICIAL MAILING ADDRESS:** *This address will be used as the mailing address for official Board communications, including, legal notices. Note: Renewal notices will be mailed to the 3PL's physical address.*

**OFFICIAL MAILING ADDRESS** (STREET) (CITY) (STATE) (ZIP)

*List the name of all officers, owners, partners or members for the owner listed above. If the owner is a government or tribal agency, list the names of any agency managers or directors connected with the applicant. Attach a separate sheet if necessary.*

NAME	TITLE	ADDRESS	SSN

**REGISTERED AGENT:** *Non-resident applicants must designate a registered agent located in Missouri for service of process. If a registered agent is not provided, the Missouri Secretary of State will automatically be designated as the licensee's true and lawful attorney for service of process as authorized by law.*

**REGISTERED AGENT NAME** **POSITION/TITLE**

**REGISTERED AGENT MAILING ADDRESS** (STREET) (CITY) (STATE) (ZIP)

**REGISTERED AGENT CONTACT TELEPHONE #** **CONTACT FAX #**

**REGISTERED AGENT E-MAIL ADDRESS**



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## SECTION C: MANAGER-IN-CHARGE

Applicants must designate a Manager-in-Charge (MIC) who is responsible for managing the daily operations of the 3PL. The Manager-in-Charge Statement included with this application must also be submitted.

MANAGER-IN-CHARGE FULL NAME		DATE OF BIRTH	SSN
MANAGER-IN-CHARGE ADDRESS			
MANAGER-IN-CHARGE E-MAIL ADDRESS		MANAGER-IN-CHARGE CONTACT PHONE NUMBER	
MANAGER-IN-CHARGE EMPLOYMENT HISTORY (Attach a resume or provide information for the last two (2) years).			
COMPANY NAME	CITY/STATE	JOB TITLE/POSITION HELD	DATES

## SECTION D: CHARGES, CONVICTIONS & DISCIPLINARY ACTIONS (All questions must be answered)

Answer all questions in this section. If you answer “yes” to any question, a detailed written explanation must be included with your application (attach additional sheets if necessary). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer “yes” and provide an explanation.

- **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer “yes” to the criminal history questions and to provide an explanation even if a Suspended Imposition of Sentence (“SIS”) or Suspended Execution of Sentence (“SES”) has been received. An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer “yes” even if you received a SIS or a SES.
- If you answer “yes” to any of the criminal history questions, you must provide court documents that show the dates, charges and dispositions of your arrests/convictions. This typically includes copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case.
- 338.185, RSMo, provides: “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.”

1. Has any owner, partner, officer or the Manager-in-Charge ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)?  YES  NO

2. Does any owner, partner, officer or the Manager-in-Charge currently have any felony or misdemeanor criminal charges pending against them in Missouri or in any other state, country or court (including federal court)?  YES  NO



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3. Has any owner, partner, officer or the Manager-in-Charge <u>ever</u> received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has any owner, partner, officer or the Manager-in-Charge <u>ever</u> been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed (SIS) or a suspended execution of sentence (SES) was received?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has any owner, partner, officer or the Manager-in-Charge <u>ever</u> been, or is now, addicted to any drugs, controlled substances or alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has any owner, partner, officer or the Manager-in-Charge <u>ever</u> had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor, 3PL, drug outsourcer or any other healthcare registration, license, permit, or certificate <u>denied</u> , <u>disciplined</u> or <u>refused</u> in this state, or any other state or country? <i>(If yes, copies of any denial/refusal/disciplinary documents must be provided)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has any owner, partner, officer or the Manager-in-Charge <u>ever</u> had any controlled substance registration, license, permit, or certificate <u>denied</u> , <u>disciplined</u> or <u>refused</u> in this state, or any other state or country? <i>(If yes, copies of any denial/refusal/disciplinary documents must be provided)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has any owner, partner, officer or the Manager-in-Charge <u>ever</u> been adjudged insane or incompetent by or in any state, country or court?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION E: TAX COMPLIANCE**

*Missouri law requires that the Board verify compliance with designated state sales and withholding tax laws before issuing certain professional licenses or permits that are required to conduct business in this state. Except as otherwise provided below, this application will not be processed unless you provide:*

- Business Entity State Tax Compliance Form** (attached to this application).
- A Certificate of No Tax Due** *(required for businesses that engage in retail sales other than prescriptions).* Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained online at <http://dor.mo.gov/business/sales/notaxdue/>. Questions about obtaining a Certificate should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*

**Individuals/Sole Proprietors must also complete the following:**

**PURSUANT TO SECTION 324.010, RSMo:**

Were you a Missouri resident in any of the last 3 years?  YES  NO

Did you have Missouri income in any of the last 3 years?  YES  NO

Were you subject to any Missouri income tax in any of the last 3 years?  YES  NO

*All tax questions must be completed. False statements are subject to criminal penalties and/or license discipline. Questions regarding income taxes should be sent to the Department of Revenue at (573) 751-7200 or e-mailed to [income@dor.mo.gov](mailto:income@dor.mo.gov).*



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## SECTION F: APPLICANT AFFIDAVIT

*This affidavit must be signed by a partner, corporate officer, or the sole proprietor named in this application. Alternatively, the application may be signed by a person with a designated power of attorney who is authorized to sign and submit this application on the applicant's behalf. Proof of the designated power of attorney must be submitted with this application.*

This application is hereby submitted on behalf of the third-party logistics (3PL) facility identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/3PL must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I attest and understand that the 3PL shall maintain a Manager-in-Charge for the facility and 3PL activities shall be conducted and operated in full compliance with state and federal laws and regulations. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

TITLE

PRINT NAME

DATE

## SECTION G: APPLICATION CONTACT PERSON

*Please provide a contact person for questions from the Board office regarding this license application.*

CONTACT NAME

POSITION/TITLE

CONTACT MAILING ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

CONTACT TELEPHONE #

CONTACT FAX #

CONTACT E-MAIL ADDRESS



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## MANAGER-IN-CHARGE (MIC) STATEMENT

*(Must be completed by the designated manager-in-charge)*

LICENSE/FACILITY NAME				
FACILITY ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
DESIGNATED MANAGER-IN-CHARGE NAME			DESIGNATED MANAGER-IN-CHARGE PHONE #	
DESIGNATED MANAGER-IN-CHARGE E-MAIL ADDRESS				

## ATTESTATION

I \_\_\_\_\_ do solemnly swear or affirm that:

- I agree that I will serve as the Manager-in-Charge of the third-party logistics provider (3PL) identified in this application.  YES
- I agree that I meet the Manager-in-Charge experience requirements as identified in 20 CSR 2220-8.045(2).  YES
- I understand that the 3PL license will be issued to the applicant with my name appearing as Manager-in-Charge.  YES
- I understand that I am personally responsible for ensuring the 3PL's compliance with all applicable state and federal law governing controlled substances and 3PL activity.  YES
- I understand and agree that as Manager-in-Charge, I must be physically present at the 3PL facility during normal business hours, except for absences due to illness, scheduled vacations or other authorized absences.  YES
- If my designation as Manager-in-Charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy.  YES

All this I affirm under penalty of perjury.

### MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE OF PROPOSED MANAGER-IN-CHARGE		PHARMACIST LICENSE # (IF APPLICABLE)
PRINT NAME		DATE SIGNED
NOTARY PUBLIC EMBOSSER OF BLACK INK RUBBER SEAL STAMP	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____	

*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. 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: \_\_\_\_\_



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**NON-RESIDENT ENTITY LICENSE VERIFICATION AFFIDAVIT**

**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

**APPLICANT**

1. Complete items 1-6 only. The remaining form must be officially completed by the applicable licensing authority.
2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
3. DO NOT RETURN the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.

ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED

1. 3PL/DRUG OUTSOURCER DBA NAME	LICENSE NUMBER
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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
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**DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY**

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES
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HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DISCIPLINE <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PROBATION <input type="checkbox"/> CENSURE <input type="checkbox"/> LIMITED <input type="checkbox"/> RESTRICTED <input type="checkbox"/> SURRENDERED
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**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)	<b>RETURN COMPLETED FORM TO:</b>  MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102
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SIGNATURE	TITLE	STATE	DATE
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