



**STATE OF
OHIO**
BOARD OF PHARMACY

eLicense Guide: Dispensary – Certificate of Operation Renewal

Updated 9-3-2020

Certificate of Operation Renewal Required Information and Documentation:

- Attestation Form and Release, found [here](#)
- Active Employee Roster – Create and upload a list that includes first & last name, license type and license number for all employees associated with the dispensary
- Tax Authorization Form, found [here](#)
- Ownership Verification Attestation, found [here](#)
- Criminal conviction or disciplinary action documentation (*if applicable*)
- Valid payment via credit card (Visa, MasterCard, or Discover) or check delivered to the Board office (see instructions within this guide for how to pay by check).

Accessing the Certificate of Operation Renewal Application:

1. Access the portal using the eLicense system at <https://elicense.ohio.gov/>
2. Login to your current license account, if you do not yet have an eLicense account, please visit www.pharmacy.ohio.gov/elicenseinstruct for guidance on how to register.

Completing the Certificate of Operation Renewal Application:

1. **BUSINESS INFORMATION:** Ensure all business information is current, including primary contact, e-mail address, and phone number and select 'Save and Continue'.
2. **APPLICATION QUESTIONS:** This section will have questions related to continuing education, ownership, and Legal/Disciplinary Action questions. Answer all questions truthfully and select 'Save and Continue'.
3. **ATTACHMENTS:** This section will have (1) attest button. The entity will also be required to upload the Tax Authorization Form, Ownership Attestation Form, and Attestation & Release Form. Other attachments may be required based upon answers to questions in the previous section. Upload the required documentation then select 'Save and Continue'.
4. **REVIEW & SUBMIT:** Select the 'Consent to Electronic Signature' check box and Type the applicant's first and last name in the box provided. Select 'Submit' to proceed to payment.

*****STOP HERE IF THE ENTITY WILL PAY THE RENEWAL FEE BY CHECK*****
Renewal fees paid via eLicense must be paid via credit card (Visa, MasterCard, or Discover). An entity may mail a check directly to the Board or contact the licensing department to schedule a time to hand deliver a check.

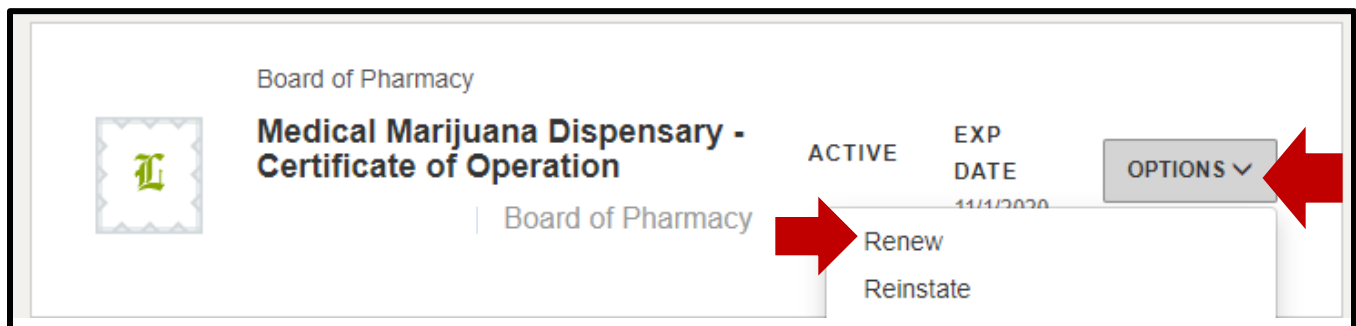


5. **CART:** Click the 'Select All' check box then 'Continue' to checkout then 'continue' again to proceed to the payment screen.
6. **PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue' then select 'Submit' on the next screen.

If you need help or have questions pertaining to your Certificate of Operation Renewal Application, for fastest response time, please e-mail licensing@pharmacy.ohio.gov

CERTIFICATE OF OPERATION RENEWAL APPLICATION:

From your dashboard, select **OPTIONS** from the Certificate of Operation license tile, then select '**Renew**'.



BUSINESS INFORMATION:

Review and ensure all business information is correct, including primary contact name and e-mail address.

Business Information

Provide the necessary business information in the fields to the right.

Business Name

Doing Business As

Website

Business Fax Number

* Business Phone Number

* Business Email

Primary Contact First Name

Primary Contact Last Name

* Primary Contact Phone Number

* Primary Contact Email

License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license.) To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

77 S High St
Columbus OH 43215-6108
Franklin
United States

[USE DIFFERENT ADDRESS](#)

Once all information is populated, select **'Save and Continue'**.

APPLICATION QUESTIONS:

Answer all application questions and select '**Save and Continue**'.

Has the Entity experienced a change of ownership, officers, or individuals exercising substantial control in which notification via a variance request or change application has not been submitted to the Board by the submission date of this application?

Yes

No

Has the Entity experienced a change of business or tradename in which notification via a variance request or change application has not been submitted to the Board by the submission date of this application?

Yes

No

Has the Entity experienced a change of location in which notification via a variance request or change application has not been submitted to the Board by the submission date of this application?

Yes

No

Are the premises on which the dispensary operates subject to a lease or other contractual agreement?

Yes

No

The Designated Representative for this dispensary has established a dispensary training program and ensured employees required to complete foundational and continuing education requirements pursuant to OAC 3796:6-3-19 have done so by the submission date of this application.

Yes

No

In the last 3 years has the Entity been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties or fines being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, test or dispense medical marijuana in any state?

Yes

No

In the last 3 years, has the Entity been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, test, or dispense medical marijuana in any state?

Yes

No

In the last 3 years, has criminal, civil, or administrative action been taken against the Entity for obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, testing lab, or dispensary of medical marijuana in any state, federal, or other jurisdiction by fraud, misrepresentation, or the submission of false information?

Yes

No

In the last 3 years, has criminal, civil or administrative action been taken against the Entity under state or federal law or the equivalent thereof in any other international jurisdiction relating to any of the Entity's associated key employees profession or occupation?

Yes

No

Provide the name, title, and email address of the PRIMARY CONTACT. Failure to provide all requested information may cause delays in the Entity receiving communication regarding this renewal application.

Provide the name, title, and email address of the APPLICANT (individual completing this renewal application who is legally authorized to sign on behalf of the entity). Failure to provide all requested information may cause delays in the Entity receiving communication regarding this renewal application.

Provide the name, license number, and email address of the DESIGNATED REPRESENTATIVE. Failure to provide all requested information may cause delays in the Entity receiving communication regarding this renewal application.

ATTACHMENTS:

Read and attest to the following:

Training and Continuing Education Attestation

The Entity attests that the Designated Representative has ensured all employees have received foundational and continuing education as required in OAC 3796:6-3-19.

ATTEST

Required Attachments:

Tax Authorization Form

Submit a copy of the completed Tax Authorization Form. A copy of the form may be found [here](#).

ADD ATTACHMENT

List of Current Employees

Please upload a list of all current associated key employee, key employees and support employees (full names, license numbers, and license types) associated with this dispensary certificate of operation.

ADD ATTACHMENT

Attestation and Release Form

Attestation and Release Form signed by the APPLICANT, an individual with authority to sign on behalf of the entity. The form can be found [here](#).

ADD ATTACHMENT

Ownership Verification Attestation

Submit the Ownership Verification Attestation. Ownership information must be listed as of the last submission to the Board. The form can be found [here](#).

ADD ATTACHMENT

REVIEW & SUBMIT:

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 3715., 3719., 3796., 4752., AND 4729. OF THE OHIO REVISED CODE THAT I AM AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE ENTITY LISTED IN THIS APPLICATION. I HEREBY CERTIFY THAT THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE. I HEREBY ACKNOWLEDGE THAT THE ENTITY HOLDING THE MEDICAL MARIJUANA DISPENSARY CERTIFICATE OF OPERATION SHALL SUBMIT TO THE JURISDICTION OF THE STATE OF OHIO BOARD OF PHARMACY AND TO THE LAWS OF THIS STATE FOR THE PURPOSE OF ENFORCEMENT OF CHAPTERS 2925., 3715., 3719., 3796., 4752., AND 4729. OF THE OHIO REVISED CODE AND ALL RELATED LAWS AND RULES.

I FULLY UNDERSTAND, ACKNOWLEDGE, AND AGREE THAT SUBMISSION OF THIS APPLICATION WITH THE STATE OF OHIO BOARD OF PHARMACY CONSTITUTES EXPRESS WRITTEN CONSENT FOR AN AUTHORIZED BOARD AGENT TO ENTER AND PERFORM AN ON-SITE INSPECTION OF THE LICENSED DISPENSARY IN ACCORDANCE WITH RULE 3796:6-2-06 OF THE OHIO ADMINISTRATIVE CODE.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

JANE DOE|

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

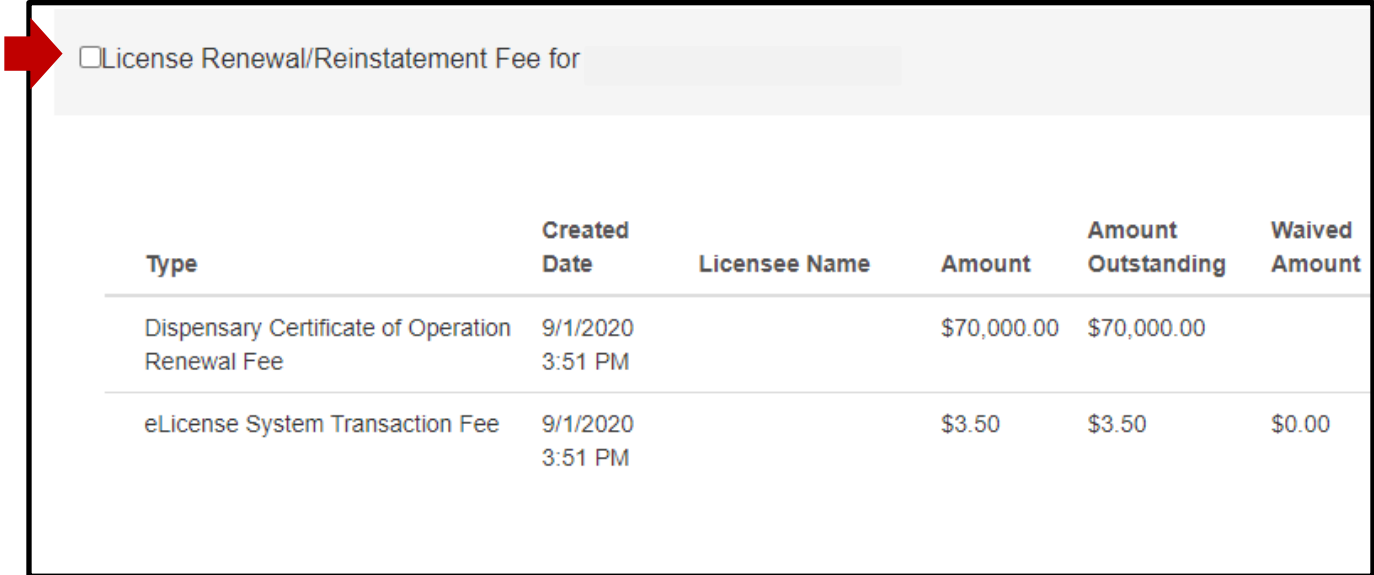
SAVE & FINISH LATER

SUBMIT



CART & PAYMENT:

OPTION #1: If paying by **credit card**, select the 'License Renewal/Reinstatement' fee check box and select 'Continue' then follow the prompts to complete payment.



License Renewal/Reinstatement Fee for

Type	Created Date	Licensee Name	Amount	Amount Outstanding	Waived Amount
Dispensary Certificate of Operation Renewal Fee	9/1/2020 3:51 PM		\$70,000.00	\$70,000.00	
eLicense System Transaction Fee	9/1/2020 3:51 PM		\$3.50	\$3.50	\$0.00

OPTION #2: If paying by **check**, please make check payable to 'Ohio Treasurer of State' in the amount of \$70,003.50 and mail to the Board Office located at 77 S High St, 17th Floor, Columbus, Ohio 43215.

Once payment is received, your renewal application will be considered complete and submitted.

If you need help logging in to your 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 EST.