

For Office Use Only
P _____

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 335242
(205) 981-2280 fax (205) 981-2330
www.albop.com

Permit # _____

2017/18 PHARMACY SERVICES PERMIT APPLICATION
Valid through 12/31/2018

Initial Permit Fee \$200

Date of prior Board approval _____
Date of planned opening _____
Date ready for inspection _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Name of owner(s): (If corporation, attach list of officers) _____

FEIN # _____ Required in the event of reporting to HIPDB

Phone # _____ Fax # _____ Cell # _____

E-mail _____

Give hours office is open for business: (M-F) _____ (Sat) _____ (Sun) _____

List name, address, license number, and hours employed of registered pharmacists, including owners, and registered technicians. (Use back of application if necessary) NOTE: Pharmacist must be on duty at all times when pharmacy is open.

Name	Address	License/Registration #	Hrs employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Designate Supervising Pharmacist Name and Alabama License # _____

FOR OUT OF STATE PERMIT HOLDERS ONLY: (680-X-2-.41)

Alabama Agent of Record: (name) _____

(Address) _____ **(phone)** _____

1. Has applicant, officer, member, or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? If yes, explain _____	YES	NO
2. Are you currently registered or permitted in any other state(s)? If yes, list state(s) (including AL) _____	YES	NO
3. Has applicant, officer, member, or partner owned a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) and status _____	YES	NO
4. Has applicant, officer, member, or partner been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s), status and explanation _____	YES	NO
5. Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant, officer, member or partner involving the operation or ownership of a pharmacy, manufacturer, wholesaler or distributor? If yes, give state(s), status and explanation _____	YES	NO
6. Has the applicant, officer, member or partner been issued a license to practice pharmacy? If yes, give state(s) and status of license? _____	YES	NO
7. Has the license been sanctioned or subject to discipline? If yes, explain _____	YES	NO

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Practice Act, the Rules of the Board and all other applicable statutes and rules.

Signed _____ (Officer, give title) _____ Date _____ Applicant SS# _____

Are you a US Citizen? YES NO If NO, submit documentation of legal status in this country.

Subscribed and sworn to before me this _____ day of _____ 20_____ A.D.

Application Must Be Notarized _____ Notary (seal)