



# CHECKLIST FOR CLOSING A PHARMACY

**PHARMACY OWNER**  
Name, Address, City, Zip

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**RE: PERMIT #** \_\_\_\_\_  
Pharmacy Name, Address, City, Zip

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<b>THE FOLLOWING INFORMATION IS REQUIRED WITHIN 10 DAYS OF THE CLOSING OF THE PHARMACY:</b>	<b>Board has received this information</b>	<b>Send this information to the Board</b>
Written notification of closing date.		
Written notification of whereabouts of the remaining drugs		
Written notification of the whereabouts of the files		
Return Alabama Permit & Controlled Substances license for the current year		
Copy of the CS inventory taken at the close of business		
Return DEA controlled substance license to <b>local DEA agency</b> , along with any used DEA 222 forms.		

**Mail requested information to:**  
 Alabama State Board of Pharmacy  
 111 Village Street  
 Birmingham, AL 35242  
 Phone #205-981-2280

Cc: Eddie Braden  
 Chief Drug Investigator