

Alabama State Board of Pharmacy

111 Village Street
Birmingham, AL 35242
(205) 981-2280 fax (205) 981-2330

2017/2018 MANUFACTURER/WHOLESALER/DISTRIBUTOR
APPLICATION FOR NEW PERMIT

Permit Fee: \$500 Controlled Substance Fee: \$600 (Valid through 12/31/2018)

If you do not manufacture/wholesale/distribute controlled substances, complete Controlled Substance Waiver form. Go to www.albop.com

For Office Use Only
P
CS

For Office Use Only
Permit #
Inspector
Date
Approved
Payment

In state only: Date ready for Inspection
Opening Date

Name FEIN# (required in the event of reporting to HIPDB)

Address

City State Zip County

Contact Person Phone Fax

Cell E-mail

Name of Owner(s): (if corporation, attach list of officers)

All other trade or business names ("DBA" names) used by same corporation

Type of Operation: (Circle all that apply)
Full Service; Manufacturer; Repackager (name of Pharmacist); Buying Group; Import/Export; Distribution Center
For Multiunit Pharmacy Corporation; Other (Please Specify)

Sells To: (Circle All That Apply)
Community Pharmacies; Hospitals; Other Wholesalers; Physicians Or Other Practitioners Licensed To Prescribe; Veterinarians; Other
(Please Specify)

Type Distributed: (Circle All That Apply)
Controlled Substances; Prescription Drugs; Over-The-Counter Drugs (Please Specify); Precursor Chemicals; Medicinal Gases;
Other (Please Specify)

Check CS applicable for distribution in Alabama: Schedule II Schedule III Schedule IV Schedule V
Do you currently have a federal registration with the Drug Enforcement Administration? Yes No Applied for
DEA # Expiration date

Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? YES NO
Are you currently registered or permitted in any other states? YES NO
Has applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor? YES NO
Has applicant, officer, member or partner ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor? YES NO
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? YES NO
Has the applicant, officer, member or partner ever been issued a license to practice pharmacy? YES NO
Has the license ever been sanctioned or subject to discipline? 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 (Title) Date Applicant's SS # Required by the Code of Alabama 1975 § 30-3-194 (a)

Are you a US Citizen? (Circle) 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 Public (seal)

Precursor chemicals are those designated as such by Federal Regulation. Please review Board Rule 680-X-2-.24 as it is your responsibility to know which substances are designated as precursors. You are required to complete a separate Precursor Chemical application.

* Alabama has adopted the 2009 International Fire Code as minimum standard for the Fire Code in Alabama. Requirements for the storage of compressed gases are covered in Chapters 27, 30, and 40. You must submit a letter or certified document from the State Fire Marshall or from a Fire Prevention Division in your area stating you meet all requirements for storage of medical oxygen, before a permit is issued. (Applicable to in state only)

FOR APPLICANTS LOCATED OUTSIDE OF ALABAMA, SEND A COPY OF THE RESIDENT STATE LICENSE.
Registration with the Alabama Secretary of State is required. Go to www.sos.state.al.us for further info.