



# NEW BUSINESS HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Permit Holder (Business) Name:	Permit Number:
Company Address: <i>Number and Street</i>	<i>City State Zip</i>

Name of Entity Owner:	FEIN/TIN#
Address: <i>Number and Street</i>	<i>City State Zip</i>
Name of Authorized Agent:	Phone Number:
Authorized Agent's Position: <input type="checkbox"/> Owner <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Principal <input type="checkbox"/> Executive Director	

1.	Has this business ever been an owner, partner, officer, or member of any business (partnerships, corporation, firm, or association) whose license was denied, revoked, suspended, surrendered or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has this business ever been in violation of any part of the Alabama Pharmacy Law or its regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has this business ever been charged and/or convicted of violating any Federal or U.S. State law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any final judgment been entered or settlement reached resulting from a claim or action for damages caused by any error, omission or negligence in the performance of any pharmacy or pharmaceutical professional services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, disciplinary orders, or court proceedings.

*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 Act, the Rules of the Board and all other applicable statutes and rules.*

\_\_\_\_\_  
Signature Owner, Officer, or CEO only

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**FORM MUST BE NOTARIZED**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A.D.  
APPLICATION MUST BE NOTARIZED

\_\_\_\_\_  
Notary Public (seal)