



Alabama State Board of Pharmacy
Facilities Change of Name and/or Address Application
Fee: \$10

Date Received
Office Use Only

Information Currently on your permit:

Name of Business:		Permit#	
Business Address: <i>Number and Street</i>			
City	State	Zip	County (If in Alabama)

New Information:

Name of Business:			
Phone Number:	Fax Number:	Contact Email:	
Business Address: <i>Number and Street</i>			
City	State	Zip	County (If in Alabama)

1. If this facility is in Alabama, please indicate when you will be ready for an inspection _____
2. Out of state facilities need to attach a copy of your updated home state license and DEA certificate if applicable.

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)

Mail Completed Applications to:
Alabama Board of Pharmacy
Attn: New Applications
111 Village Street
Birmingham, AL 35242