



**Alabama State Board of Pharmacy
Facilities Change of Ownership Application**

Fee: \$750

Date Received

Office Use Only

- Do not submit this application until you have all the required documents.
- The application **must be signed by the owner, officer, or CEO only**. Power of Attorney's will not be accepted.
- Follow all directions completely as failure to submit required documentation will cause delays in processing your new application.
- If additional forms are needed, please make copies. If additional space is required to answer a question, please attach the information on a separate sheet of paper.
- A **check list** is provided. The documents listed are required for submission with the change of ownership application.

Required for All Applicants

- Completed Application for Change of Ownership**
- Payment Form and check if applicable**
 - Change of Ownership Fee \$750
- DEA Certificate (copy) or Controlled Substance Waiver**
 - If your facility does not have a controlled substance permit you must complete the attached waiver.
- Facility Designated Representative**
 - This must be a person of authority that works at the applicant facility.
 - An **Individual History Affidavit Form** must be completed for this person.
- Copy of Home State License**
 - This must be a copy of the actual certificate.
 - If your state does not require your facility to have license, provide proof of exemption.
- Verification of the Home State License**
 - This can be a current online verification from the home state issuing agency, but the printed verification should be within the past 30 days.
 - Verifications mailed directly to our office from other regulatory agencies will not be accepted. The verification must be submitted with all other required documentation as part of the original submission.
 - If your state does not require your facility to have license, then a verification is not required.
- Copy of legal document showing the change of ownership**
 - This can be a bill of sale, stock transfer, or other legal transfer document. Please include the first page(s) that shows all parties involved in the transfer and the last page(s) that has the signatures and date.
- Application Contact Form**
 - One contact per application.

Ownership:

Individual Owner

Individual History Affidavit Forms

Complete one form for Owner(s) listed in section 6 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business.

Partnership

Individual History Affidavit Forms

Complete one form for each Partner/Authorized Agent listed in section 6 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

Partnership Agreement

Current executed agreement

Corporation

Individual History Affidavit Forms

Complete one form for each owner, officer, stockholder, and executive officer listed in section 6 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

Ownership Organizational Chart

Provide an organizational chart that clearly outlines the company's ownership structure and includes percentages for each party.

Publicly Traded Corporation

Individual History Affidavit Forms

Complete one form for each executive officer and any authorized agent listed in section 6 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

Limited Liability Company

Individual History Affidavit Forms

Complete one form for each member, executive officer, and authorized agent listed in section 6 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

Ownership Organizational Chart

Provide an organizational chart that clearly outlines the company's ownership structure and includes percentages for each party.

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



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Business Details: If any of the below information changed because of the CHOW please provide the new details.

Name of Business: Permit #
Business Address: Number and Street
City State Zip County (If in Alabama)
Phone Number Fax Number FEIN/TIN

Regulatory

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?
Has this business ever surrendered, had suspended or lost its license or received any other disciplinary action?
Has the applicant ever received a FDA 483, warning letter, recall, or seizures?

If you answered "yes" to any of the above questions attach a copy of the official documents and an explanation to the application.

Facility Designated Representative: This must be a person of authority that works at the applicant's facility.

Name Date of Birth Social Security Number
Title Email
Phone Number Home Address: Number and Street
City State Zip

Ownership: Please provide the details for the new ownership

Individual Owner Partnership Corporation (Not publicly traded) Publicly Traded Corporation
Limited Liability Company Other

Entity Owners

If the applicant business is owned by an entity (not a natural person), the applicant must identify each parent company that has 10% or more ownership.

Name FEIN/TIN# % of Ownership Phone Number
Address: Number and Street City State Zip
Authorized Agent Authorized Agent Phone Number:

Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Authorized Agent		Authorized Agent Phone Number:	

Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Authorized Agent		Authorized Agent Phone Number:	

Natural Person Ownership

Complete the details below for each owner, partner, member and/or stockholder (as appropriate) with 10% or more ownership that is a natural person owner for this business.

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		% of Ownership

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		% of Ownership

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		% of Ownership

Executive Officer(s):

Complete the details for each executive officer for the business. If there are no officers for the business list the officers for the parent company listed in the Entity Owners section. At a minimum you must include the President/CEO, Vice President, Secretary, and Treasurer.

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

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

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

FORM MUST BE NOTARIZED

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

Notary Public (seal)



INDIVIDUAL HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Name: <i>First</i> <i>MI</i> <i>LAST</i>			Date of Birth:
Social Security Number:	Telephone Number:	Email Address:	
Home Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>

Company Name:	Permit Number:
Company Address: <i>Number and Street</i>	<i>City</i> <i>State</i> <i>Zip</i>

Position with Business: *(Check all that apply)*

Owner Partner Officer Stockholder Member Designated Representative

Other: Specify _____

Provide details for any professional or vocational license held in the past five years. (Pharmacist, physician, dentist, veterinarian attorney, accountant etc.)

License Held	State Issued	License Number

1.	Have you 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.	Have you ever had any professional or vocational (e.g. pharmacist, technician, pharmacy) license/registration revoked, suspended, denied, suspended, placed on probation or any other disciplinary action by any Federal or State authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been arrested and/or convicted of a felony or misdemeanor (excluding minor traffic violations that do not involve drugs or alcohol) in any state?	<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, board 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

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)



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)



CONTROLLED SUBSTANCE WAIVER

Date Received
Office Use Only

Applicant Business Information

<i>Name of Business:</i>			
<i>Address of Business: Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

I am hereby requesting the Board to issue only a permit and that no activities requiring a controlled substance registration will be performed during the referenced period. I understand that providing a false statement or engaging in any activity requiring a controlled substance registration may result in discipline.

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)



Application Contact Person

Date Received
Office Use Only

Applicant Business Information

<i>Name of Business:</i>			
<i>Address of Business: Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Please provide the best contact details for the person to be contacted regarding any deficiencies, questions, or concerns regarding this application. All official correspondence regarding this application will be directed to this individual only.

<i>Name:</i>	<i>Telephone Number:</i>		
<i>Mailing Address: Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Email Address:</i>			

Signature Owner, Officer, or CEO only

Title

Printed Name

Date



PAYMENT FORM

Date Received
Office Use Only

You may pay by check or credit card. Please denote below which method of payment you will be sending.

Business Name: _____ Permit # _____

Check # _____ is attached – Please make check payable to the Alabama State Board of Pharmacy

Charge fees to credit card (There will be an additional 5% transaction fee)

Credit Card Type: Visa MasterCard Discover American Express (please circle)

Card Number: _____

Expiration Mo/Yr: _____/_____ (MM/YY)

Security Code _____

Card Holder Name: _____

Complete Billing Address: _____

(City) (State) (Zip)

Signature of Card Holder _____

MUST be Signature of Card Holder

If you need a transaction receipt, please provide an email address.
