



**Alabama State Board of Pharmacy
New Retail Medical Oxygen Supplier
Permit Fee \$400**

DATE RECEIVED
Office Use Only

Any person, company, agency, business or entity of any kind which sells or provides medical oxygen directly or indirectly to patients or consumers and which bill the patient or consumer or their insurance, Medicare, Medicaid or other third-party payor for the sale or providing of medical oxygen must obtain a Retail Medical Oxygen Permit from the Alabama State Board of Pharmacy.

1. Applicant Business Details

Name			
All other trade or business names ("DBA" names) used by applicant:			
Business Address: <i>Number and Street</i>			
City	State	Zip	County (If in Alabama)
Telephone Number for Business:		Federal Employer Identification Number/TIN:	
Alternate Phone Number:		Business E-mail:	

2. Hours of Operation

<i>Monday – Friday</i>	<i>Saturday</i>	<i>Sunday</i>
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3.

Give date you plan to open:	Date ready for inspection
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(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.)

4. Compliance Officer

Name	Address of Compliance Officer
Phone number of Compliance Officer	Email Address of Compliance Officer

5. Ownership: Ownership details must be provided for the applicant business. Include the details for the parent level ownership.

Type of Ownership:

<input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Not publicly traded) <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Limited Liability Company
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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.

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

1

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

Entity Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i> <i>City</i> <i>State</i> <i>Zip</i>			
Authorized Contact Person		Authorized Contact 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. At a minimum you must include the top 3 officers.

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		

1.	Has Applicant or any Owner, Officer, Member, Director, Manager or Partner thereof ever been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the applicant or any owner, officer, member, director, manager or partner thereof ever acquired, in whole or part, any interest or ownership in any pharmacy, manufacturer, wholesaler, distributor, private label distributor, repackager, 503b outsourcer, third party logistic provider and/or any other entity which may be regulated by the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any license or permit issued to any entity described in Question 2 above and/or any owner, officer, etc. thereof, ever been the subject of discipline by any pharmacy board or by any regulatory board from whom a license or permit has been issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has Applicant ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503b outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has Applicant ever withdrawn an application for a permit or surrendered license once issued to any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503b outsourcer, and/or third-party logistic company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has any Owner, Officer, Member, Director, Manager or Partner of the Applicant ever owned in whole or in part or now owns any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, distributor, repackager, private label distributor, 503b outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has Applicant or any Owner, Officer, Member, Director, Manager or Partner thereof ever been issued a license to practice pharmacy or as a pharmacy technician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has any final judgment ever 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 by the Applicant or any Owner, Officer, Member, Director, Manager or Partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has the applicant ever been subject to any form of discipline by any state pharmacy board or by any regulatory board from whom a license or permit had issued to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Act, the Rules of the Board and all other applicable statutes and rules.

Signature of 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)