

Permit # _____
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**2021/2022 PHARMACY SERVICES PERMIT REINSTATEMENT OR CHANGE OF OWNERSHIP APPLICATION**  
**Permit Fee \$100 Change of Ownership Fee \$250 Late Fee \$25 per month**

Name/Address (existing info)	
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Name of owner(s): (If corporation, attach list of officers) \_\_\_\_\_

FEIN # \_\_\_\_\_ Required in the event of reporting to HIPDB

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Give hours office is open for business: (M-F) \_\_\_\_\_ (Sat) \_\_\_\_\_ (Sun) \_\_\_\_\_

List name, address, license number, and hours employed of registered pharmacists, including owners, and registered technicians. (Use back of application if necessary)

Name	Address	License/Registration #	Hrs employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Designate Supervising Pharmacist Name and Alabama License # \_\_\_\_\_

**Since last renewal:**

- Has applicant, officer, member, or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? YES NO  
 If yes, explain \_\_\_\_\_
- Are you currently registered or permitted in any other state(s)? YES NO  
 If yes, list state(s) (including AL) \_\_\_\_\_
- Has applicant, officer, member, or partner owned a pharmacy, manufacturer, wholesaler, or distributor? YES NO  
 If yes, give state(s) and status \_\_\_\_\_
- Has applicant, officer, member, or partner been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s), status and explanation 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  
 If yes, give state(s), status and explanation \_\_\_\_\_
- Has the applicant, officer, member or partner been issued a license to practice pharmacy? YES NO  
 If yes, give state(s) and status of license? \_\_\_\_\_
- Has the license been sanctioned or subject to discipline? YES NO  
 If yes, explain \_\_\_\_\_
- 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? 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 \_\_\_\_\_ (Officer, give title) \_\_\_\_\_ Date \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ A.D.

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

*Application Must be Notarized*

## CHECKLIST FOR CHANGE OF OWNERSHIP:

**The following is required for change of ownership. DO NOT submit the application without all required documents.**

1. Application and Fee
2. If the change of ownership resulted in a name or address change, please provide a copy of your updated credentials (i.e. DEA certificate and/or pharmacy permit)
3. Bill of Sale (Purchase agreement, etc.)
4. Owner information: (**complete the attached ownership form**)
  - a. For individual(s)- Name, SSN, DOB, home address & percent of ownership
  - b. For business entities- Name, FEIN#, address, percent of ownership, & officers
    - i. Officer(s)- Name, SSN, DOB, home address, & title
5. Power of Attorney (POA)
6. Discipline