



BUSINESS HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Applicant Business Business Entity Owner

Name:				FEIN/TIN#
Address:	Number and Street	City	State	Zip

1.	Has this entity or any Owner, Officer, Member, Director, Manager or Partner thereof been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has this entity ever owned or now own in whole or part any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer and/or third-party logistics company? If so, has any license or permit issued to any described entity been surrendered or subject to discipline in connection with the activities of any such entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has this entity ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503 outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any license or permit issued to any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer, third-party logistics company and/or any other entity and/or any owner, officer, etc. thereof, been the subject of discipline by any pharmacy board or by any regulatory board from whom a license or permit has been issued?	
5.	Has this entity ever withdrawn an application for a permit or surrendered a license once issued to any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has this entity ever owned in whole or in part or now own any entity that has been denied, refused, or withdrawn an application for a permit or license of a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has an FDA 483 or Warning Letter ever been issued to Applicant or to any entity in which any Owner, Officer, Member, Director, Manager, or Partner of the Applicant has been or is currently involved/affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has any final judgement 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

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)
8/22