



Georgia Board of Pharmacy

2 MLK Jr. Drive, SE, 11th Floor
East Tower
Atlanta, GA 30334
Phone: 404-651-8000

Do Not Write in this Section:

Receipt#: _____

Amount: _____

Applicant#: _____

Initials/Date: _____

APPLICATION FOR LICENSURE AS A PHARMACY FACILITY

(Application is valid for six (6) months from receipt by Board office.)

Application Fee \$400.00 (Non-Refundable)

The fee for checks returned due to non-sufficient funds is \$40.00.

NOTE: The fee for a name change is only \$10.00

License Type:

() School of Pharmacy

Purpose of Application:

() New Registration

() Change of Ownership

() Change of Location

() Change of Name

Current License Number _____

(If Applicable)

Method Obtained by: () Application

Affiliation:

Name or title under which business is conducted: _____

Physical Address

(P.O. Box not acceptable) Number and Street _____ City/State _____ County _____ Zip _____

Mailing Address

(if different) Number and Street _____ City/State _____ County _____ Zip _____

Employer Identification Number: _____

Telephone Number Day _____

Give the name, address and title of contact person to whom the Board may contact regarding the application only:

Name: _____

Title: _____

Address: _____

Phone#: _____

Email Address: _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Please list the date the Change of Name, Change of Location or Change of Ownership will be effective.

Revised 2/20/2023

1. Does the Pharmacy School have a policies and procedures manual as required by Rule 48-29-04?
 Yes **No** If no, attach an explanation.

2. Date the pharmacy school will be open for business: _____

Please furnish the information requested in subsections (A0, (B), (C), (D), and (E) below for each individual owner, all members of a partnership, and all officers and directors of a corporation having less than 26 stockholders.

In addition, this must be furnished for

- All stockholders if applicant is a corporation with five (50 or fewer stockholders).
- 1/2 of the stockholder if applicant is a corporation with between 6 and 26 stockholders
- Corporations having more than 26 stockholders need only submit the requested information for individuals owning 25% or more of the total stock.

(A) Name _____

(indicate whether individual owner, partner, officer, director and percentage of stock owned

Home Address _____
Street Address City State Zip

(B) Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI and DUI's are **not** minor traffic violations.) **Yes** **No** **If, yes, please attach an explanation and have certified documents sent to the Board office.**

(C) Have you ever had any restrictions as a Medicaid or Medicare Provider? **Yes** **No** **If yes, please attach an explanation and have certified documents sent to the Board office.**

(D) Have you ever had revoked or suspended or otherwise sanctioned any license issued by any Board or Agency in Georgia or in any other state: **Yes** **No**
If yes, please attachment an explanation and have certified documents sent to the Board office.

(E) Have you ever been denied issuance or of, pursuit to disciplinary proceedings, refused renewal of a license by any Board or agency in Georgia or any other State? **Yes** **No** **If yes, please attach an explanation.**

The undersigned hereby swears, or affirms that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon will be faithfully observed during the period any permit issued may be in force and effect.

Sworn to and subscribed before me this _____ day
of _____, _____.

Notary Public/Expiration Date of Commission/Seal
NOTARY SIGNATURE & SEAL REQUIRED

Firm Name: _____

Applicant Printed Name: _____

Applicant Signature: _____

By: _____

(State whether individual owner, Partner or Officer of the Corporation)

date: _____