

# GEORGIA BOARD OF PHARMACY

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

(404) 651-8000

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Pharmacy in the State of Georgia. Visit our website for information: [www.gbp.georgia.gov](http://www.gbp.georgia.gov).

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## INFORMATION SHEET FOR FILING AN APPLICATION FOR A LOW-THC PHARMACY DISPENSARY SPECIALTY PERMIT

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- The **required non-refundable application fee** must accompany the completed application. The fee for checks returned due to non-sufficient funds is \$30.00.
- **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE** – Do not staple pages or check/money order. Do not fold pages of the application.
- **Allow a minimum of 60 business days for the processing of the application.**
- The Board staff cannot provide legal advice, interpretations of the laws and rules, and cannot advise you as to which type of license your business should apply for; you will need to seek private legal counsel to assist you regarding these matters.
- Please refer to Georgia law and Board rules regarding the requirements for the permit type for which you are applying. These may be found on the Board's website at: [www.gbp.georgia.gov](http://www.gbp.georgia.gov).
- A GDNA inspection is required for Low-THC Specialty Permits.
- **All applications require completed affidavit of citizenship and appropriate secure and verifiable documents.**
- **When completing the application be sure to enter the name and license number of the existing, active retail pharmacy license that you currently hold.**



**APPLICATION FOR LOW-THC PHARMACY DISPENSARY SPECIALTY PERMIT**

1. Name of Pharmacist-in-Charge: \_\_\_\_\_ License No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Type of Ownership: ( ) Individual ( ) Partnership ( ) Corporation ( ) Sole Proprietorship ( ) LLC

State of Incorporation (if applicable): \_\_\_\_\_

Registered Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Names of Owners/Operators: (i) If a person, the name of the person; (ii) If a partnership, the name of each partner and the name of the partnership; (iii) If a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the incorporation, and the name of the parent company, if any; or (iv) If a sole proprietorship, the full name of the sole proprietorship and the name of the business entity. If additional space is needed, use additional paper.

_____	_____
(Name and Title)	(Address)
_____	_____
(Name and Title)	(Address)
_____	_____
(Name and Title)	(Address)
_____	_____
(Name and Title)	(Address)
_____	_____
(Name and Title)	(Address)

4. Documentation of one of the following:

(I) Written certification from the applicant that the applicant's operation of a Low THC Pharmacy Dispensary at the proposed location would comply with the location restrictions imposed by O.C.G.A. § 16-12-215(a); or

(II) Certified copy of an Order from the local zoning authority permitting the applicant to operate a Low THC Pharmacy Dispensary in the proposed location, as provided by O.C.G.A. § 16-12-215(a).

5. Has the predicate retail pharmacy facility applying for permitting ever had a revoked, suspended, or otherwise sanctioned license issued by any board or agency in Georgia or any other state? ( ) Yes ( ) No (If yes, please attach an explanation and copies of all documents and records.)

6. Has the facility applying for permitting ever been denied issuance of, or pursuant 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 and copies of all documents and records.)

7. Have any of the owners, partners of the firm, or officers of the corporation ever been convicted of any crime under the laws of the United States, Georgia, or any other state pertaining to the manufacturing, distribution, sale or dispensing of drugs or narcotics? ( ) Yes ( ) No (If yes, please attach an explanation and copies of all documents and records.)

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.

Firm Name: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(State whether individual Owner, Partner or Officer of the corporation)

Sworn and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Expiration Date/Seal

NOTARY SIGNATURE & SEAL REQUIRED

**AFFIDAVIT OF APPLICANT**

I hereby swear or affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear or affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear or affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on pages 6 & 7 of this application.

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

\_\_\_\_\_  
Print Applicant’s Name

\_\_\_\_\_  
Applicant’s Signature

Date: \_\_\_\_\_

Personally appeared before me, the undersigned official authorized to administer oaths, comes \_\_\_\_\_ who deposes and swears that he/she is the person who executed this (Applicant’s Name)

application for a Low-THC Pharmacy Dispensary Specialty Permit in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(seal)

NOTARY SIGNATURE & SEAL REQUIRED

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A **COPY** OF YOUR APPROPRIATE DOCUMENTATION. ONLY ONE DOCUMENT REQUIRED, **DO NOT SEND YOUR ORIGINAL.****

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued February 20, 2018, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]<sup>1</sup>
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

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<sup>1</sup> For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver’s license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be accessed at: <https://www.bia.gov/tribal-leaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law<sup>2</sup> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

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<sup>2</sup> Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.

