



**NON-RESIDENT PHARMACY CHANGE OF OWNERSHIP  
PERMIT APPLICATION & INSTRUCTIONS**

**IMPORTANT INFORMATION:**

- Submit this application if you are applying to change ownership for a pharmacy that is not physically located in Missouri. A different form is required if the pharmacy is changing location, changing names or adding/removing a permit classification. Forms are available online at <http://pr.mo.gov/pharmacists-forms.asp>.
- Please allow **4-6 weeks** for your application to be processed.
- Questions regarding this application may be sent to [pharmacy@pr.mo.gov](mailto:pharmacy@pr.mo.gov) or (573) 526-6985 (phone) or (573) 526-3464 (fax). Please limit phone calls to the extent necessary.
- Keep a copy of the completed application for your records.

**OVERVIEW OF NON-RESIDENT PHARMACY CHANGE OF OWNERSHIP PROCESS**

▶ <b>STEP 1:</b>	Submit a completed Non-Resident Pharmacy Change of Ownership Application along with the <u>Prior Owner Affidavit</u> and the required \$ 300.00 application fee.
▶ <b>STEP 2:</b>	Notify the Board office that the change of ownership has been completed. Notification can be made by calling (573) 526-6985 or e-mailing <a href="mailto:pharmacy@pr.mo.gov">pharmacy@pr.mo.gov</a> . You are responsible for notifying the Board once the change has been completed. Your application will be voided if notification of the change of ownership is not received within six (6) months after the application is filed.
▶ <b>STEP 3:</b>	<p>The Board will issue a temporary pharmacy permit once the office is notified that the change of ownership has been completed. Applicants may begin operating under the new ownership once a temporary permit has been issued.</p> <ul style="list-style-type: none"><li>• A temporary permit will not be issued unless a fully completed application form and <u>Prior Owner Affidavit</u> have been returned to the Board office along with the required application fee.</li><li>• The Board recognizes additional time may be needed to obtain some of the required application documents (i.e.,- home state license verification, new controlled substance registrations). New owners may operate under a temporary permit pending receipt of all final application documents.</li><li>• <u>Temporary permits expire within six (6) months</u>. Temporary permits will be voided if the application is not completed and all required documents submitted within the required six (6) months.</li><li>• The temporary permit number will be reflected on the Board’s website within twenty-four (24) hours after issuance. On request, a temporary permit number will be provided by the office over the phone or e-mailed.</li><li>• The prior permit will be deemed <u>null and void</u> and officially terminated in the Board’s records once the temporary license is issued.</li><li>• <i>The Board reserves the right to withhold a temporary permit pending further investigation or inquiry.</i></li></ul>
▶ <b>STEP 4:</b>	Complete and return all outstanding application documents ( <i>if any</i> ).
▶ <b>STEP 5:</b>	Final application approval and the pharmacy’s permanent permit issued. The permanent permit will be mailed to the pharmacy’s physical address. Please allow 3-5 days for mailing. <i>The Board reserves the right to deny or restrict a permanent permit as provided by Missouri law even if a temporary permit has been issued.</i>



## Missouri Non-Resident Pharmacy Change of Ownership Application

### APPLICATION CHECKLIST/INSTRUCTIONS

- Completed and signed application form.** Incomplete applications will be returned for correction.
- Application fee of \$300.00** made payable to the Missouri Board of Pharmacy. All fees are deposited upon receipt and are **non-refundable**. A deposited fee does not indicate that the application has been accepted or approved.
- Pharmacist-in-Charge Statement:** The statement must be signed and notarized by the designated pharmacist-in-charge.
- Prior Owner Affidavit:** Must be signed, notarized and returned to the Board **before** a temporary permit is issued.
- Business Entity State Tax Compliance Form:** A “Business Entity State Tax Compliance Form” is included with this application. **This application will not be accepted without a Business Entity State Tax Compliance Form.**
- Certificate of No Tax Due:** Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained at <http://dor.mo.gov/business/sales/notaxdue/>. Questions about obtaining a Certificate of No Tax Due should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*
- Non-Resident Pharmacy License Verification Affidavit:** An official Non-Resident Pharmacy Verification Affidavit form must be completed and sealed by the appropriate state agency that regulates and licenses pharmacies in the applicant’s home state. The top portion of the Affidavit should be completed by the applicant then forwarded **to the licensing agency in the state where the facility is located.** Copies will not be accepted.
- Pharmacist License Verification Affidavit:** To be eligible for licensure, non-resident applicants must designate a pharmacist-in-charge that will be responsible for the supervision of the pharmacy. The designated pharmacist-in-charge must be licensed as a pharmacist in Missouri or in the applicant’s home state. A Pharmacist License Verification Affidavit form must be completed and officially sealed/certified by the state agency that licenses pharmacists in the applicant’s home state.
- Compounding and Internet Activity Statement:** The statement must be completed, signed and notarized by the designated pharmacist-in-charge.
- Copy of state controlled substance registration.** Not required if your state does not issue a separate controlled substance registration or if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.
- Copy of federal controlled substance registration.** Not required if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.
- Copy of most recent state pharmacy inspection.** Should be submitted for applicants **applying for a Class H (Sterile Compounding) permit.**
- Subscribe to Board’s electronic newsletter/e-alerts:** The Board provides important regulatory news and licensing updates via its electronic newsletter and specially issued e-alerts. E-alerts include notice of disciplinary actions, including, actions against pharmacy technicians. Sign up for the Board’s newsletter and e-alerts online at <http://pr.mo.gov/pharmacists-newsletter.asp>.



## **MISSOURI PHARMACY PERMIT CLASS DEFINITIONS**

(The Board's rules & statutes are available at <http://pr.mo.gov/pharmacists-rules-statutes.asp>)

1. **Class A: Community/Ambulatory.** A pharmacy that provides services as defined in section 338.010, RSMo, to the general public (including veterinary).
2. **Class B: Hospital Pharmacy.** A hospital as defined in section 197.020 or a clinic or facility under common control, management, or ownership of the same hospital or hospital system.
3. **Class C: Long-Term Care.** A pharmacy that provides services as defined in section 338.010, RSMo, by the dispensing of drugs and devices to patients residing within long-term care facilities. a long-term care facility means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients.
4. **Class D: Non-Sterile Compounding.** A pharmacy that provides services as defined in section 338.010, RSMo, and provides a non-sterile compounded product as defined in 20 CSR 2220-2.400(1) made from any bulk active ingredient in a batch quantity as defined in 20 CSR 2220-2.400(3).
5. **Class E: Radiopharmaceutical.** A pharmacy that is not open to the general public and provides services as defined in section 338.010, RSMo, limited to the preparation and dispensing of radioactive drugs as defined by the food and drug administration (FDA) to health care providers for use in the treatment or diagnosis of disease and that maintains a qualified nuclear pharmacist as the pharmacist-in-charge.
6. **Class F: Renal Dialysis:** A pharmacy that is not open to the general public that provides services as defined in section 338.010, RSMo, limited to the dispensing of renal dialysis solutions and other drugs and devices associated with dialysis care.
7. **Class G: Medical Gas.** A pharmacy that provides services as defined in section 338.010, RSMo, through the provision of oxygen and other prescription gases for therapeutic uses.
8. **Class H: Sterile Product Compounding.** A pharmacy that provides services as defined in section 338.010, RSMo, and provides a sterile pharmaceutical as defined in 20 CSR 2220-2.200(11)(i) and (aa). A Class H permit is not required for pharmacies only providing sterile products within the exemptions outlined in 20 CSR 2220-2.200(25). **Copy of the most recent state inspection should be submitted if applying for a Class H permit.**
9. **Class I: Consultant.** A location where any activity defined in section 338.010, RSMo, is conducted, but which does not include the procurement, storage, possession or ownership of any drugs from the location.
10. **Class J: Shared Service.** A pharmacy that provides services as defined in section 338.010, RSMo, and is involved in the processing of a request from another pharmacy to fill or refill a prescription drug order, or that performs or assists in the performance of functions associated with the dispensing process, drug utilization review (DUR), claims adjudication, refill authorizations and therapeutic interventions.
11. **Class K: Internet.** A pharmacy that provides services as defined in section 338.010, RSMo, and is involved in the receipt, review, preparation, compounding, dispensing or offering for sale any drugs, chemicals, medicines or poisons for any new prescriptions originating from the internet for greater than ninety percent (90%) of the total new prescription volume on any day. A prescription must be provided by a practitioner licensed in the United States authorized by law to prescribe drugs and who has performed a sufficient physical examination and clinical assessment of the patient.
12. **Class L: Veterinary.** A pharmacy that dispenses, sells or provides legend drugs for animal use only. Not required if the pharmacy is applying for a Class A permit.
13. **Class M: Specialty (Bleeding Disorder).** A pharmacy that provides services as defined in section 338.010, RSMo, that dispenses blood-clotting products to bleeding disorder patients or that offers or advertises to provide blood-clotting products specifically for bleeding disorder patients, as defined by 20 CSR 2220-6.100.
14. **Class N: Automated Dispensing System (Health Care Facility).** A pharmacy operating an automated dispensing system within a licensed health care facility. An automated dispensing system is defined to include, but is not limited to, a mechanical system that performs operations or activities relative to the storage, packaging or dispensing of medications for patients, and which collect, control, and maintain all transaction information. See also 20 CSR 2220-2.900.
15. **Class O: Automated Dispensing System (Ambulatory Care).** A pharmacy operating an automated dispensing system for ambulatory patients. Not required if the pharmacy is applying for a Class A permit. An automated dispensing system is defined to include, but is not limited to, a mechanical system that performs operations or activities relative to the storage, packaging or dispensing of medications for patients, and which collect, control, and maintain all transaction information. See also 20 CSR 2220-2.900.
16. **Class P: Practitioner/Office Clinic.** A pharmacy located in a healthcare practitioner's office or clinic. A pharmacy permit is not required for practitioner office dispensing to his/her own patients. *Final rules not promulgated.*



## Missouri Non-Resident Pharmacy Change of Ownership Application

### MISSOURI NON-RESIDENT PHARMACY CHANGE OF OWNERSHIP APPLICATION

<p><b>SUBMIT THIS COMPLETED APPLICATION TO:</b></p> <p><u>MAILING ADDRESS</u>  <b>MISSOURI BOARD OF PHARMACY</b>          P.O. Box 625          JEFFERSON CITY, MO 65102</p> <p><u>OVERNIGHT ADDRESS</u>  <b>MISSOURI BOARD OF PHARMACY</b>          3605 MISSOURI BOULEVARD          JEFFERSON CITY, MO 65109</p> <p>✓ SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM          ✓ <b>\$300.00 APPLICATION FEE. FEE IS NON-REFUNDABLE</b>          ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS</p>	FOR OFFICE USE ONLY		
	PRE-LICENSE #		
	PERMIT #		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">TEMP ISSUE DATE</td> <td style="width: 50%; border: none;">PERM ISSUE DATE</td> </tr> </table>	TEMP ISSUE DATE	PERM ISSUE DATE
TEMP ISSUE DATE	PERM ISSUE DATE		
	RECEIVED		

### SECTION A: PHARMACY INFORMATION

CURRENT PHARMACY NAME	CURRENT MO PHARMACY PERMIT #					
NEW PHARMACY NAME <i>(List the new pharmacy dba name after the change of ownership. The pharmacy may only operate under the name and address listed below)</i>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">PHARMACY PHYSICAL ADDRESS</td> <td style="width: 20%;">(STREET)</td> <td style="width: 20%;">(CITY)</td> <td style="width: 20%;">(STATE)</td> <td style="width: 10%;">(ZIP)</td> </tr> </table>		PHARMACY PHYSICAL ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PHARMACY PHYSICAL ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)		
NEW PHARMACY TELEPHONE #	NEW PHARMACY FAX #	NEW PHARMACY E-MAIL ADDRESS				
NEW PHARMACY WEBSITE (IF APPLICABLE)						
<b>PHARMACIST-IN-CHARGE:</b> <i>Pharmacy operations must be conducted at all times under the supervision of a properly designated pharmacist-in-charge. The attached Pharmacist-in-Charge Statement must be submitted with this application.</i>						
NAME OF DESIGNATED PHARMACIST-IN-CHARGE	MISSOURI PHARMACIST LICENSE #					
<b>DATE OF OWNERSHIP CHANGE</b>						
<i>List the proposed date of ownership change. Answer "unknown" if a date has not been identified. You must notify the Board office when the change of ownership officially occurs by calling (573) 526-6985 or e-mailing <a href="mailto:pharmacy@pr.mo.gov">pharmacy@pr.mo.gov</a>. A temporary permit will be issued once notification of the change is made. The pharmacy may not begin operating under the new ownership until a new temporary or permanent pharmacy permit has been issued for the new owners. <b>Pharmacy permits are not transferable.</b></i>						
PROPOSED DATE OF OWNERSHIP CHANGE						

### SECTION B: OWNERSHIP INFORMATION

<ul style="list-style-type: none"> <li>Provide ownership information for the new pharmacy identified in Section A. The owner listed below will be deemed the <b>official permit holder</b> of record that is authorized to operate the pharmacy identified in Section A.</li> <li>The official mailing address listed below will be used for official Board communications, including, legal notices. Note: Renewal notices will be mailed to the pharmacy's physical address.</li> </ul>									
OWNER NAME (ENTITY/INDIVIDUAL)									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">OFFICIAL MAILING ADDRESS</td> <td style="width: 20%;">(STREET)</td> <td style="width: 20%;">(CITY)</td> <td style="width: 20%;">(STATE)</td> <td style="width: 10%;">(ZIP)</td> </tr> </table>					OFFICIAL MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
OFFICIAL MAILING ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)					
TELEPHONE #	FAX #	E-MAIL ADDRESS							
<b>OWNER TYPE:</b>									
THE ABOVE OWNER IS A:									
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Government/Tribal Agency <input type="checkbox"/> Other _____									



## Missouri Non-Resident Pharmacy Change of Ownership Application

List the name of all officers, owners, partners or members for the owner listed above. If the owner is a government or tribal agency, list the names of any agency managers or directors connected with the applicant. Attach a separate sheet if necessary.

NAME	TITLE	ADDRESS	SSN

Provide the following information for any individual, sole proprietor, partner, corporation or other entity owning more than 25% of the applicant. Attach a separate sheet if necessary.

NAME	ADDRESS	SSN (If applicable)	% OWNED

### SECTION C: PHARMACY CLASSIFICATION/MANAGEMENT

The new pharmacy is applying for the following permit classes (check ALL that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Class A (Community/Ambulatory)</b><br><input type="checkbox"/> <b>Class B (Hospital Pharmacy)</b><br><input type="checkbox"/> <b>Class C (Long-Term Care)</b><br><input type="checkbox"/> <b>Class D (Non-Sterile Compounding)</b><br><input type="checkbox"/> <b>Class E (Radio Pharmaceutical)</b><br><input type="checkbox"/> <b>Class F (Renal Dialysis)</b><br><input type="checkbox"/> <b>Class G (Medical Gas)</b><br><input type="checkbox"/> <b>Class H (Sterile Product Compounding)</b><br><input type="checkbox"/> <b>Class I (Consultant Services)</b> | <input type="checkbox"/> <b>Class J (Shared Services) **Class J Questionnaire must be completed &amp; attached**</b><br><input type="checkbox"/> <b>Class K (Internet)</b><br><input type="checkbox"/> <b>Class L (Veterinary)</b><br><input type="checkbox"/> <b>Class M (Specialty Bleeding Disorder)</b><br><input type="checkbox"/> <b>Class N (Automated Dispensing System- Health Care Facility)</b><br><input type="checkbox"/> <b>Class O (Automated Dispensing System- Ambulatory Care)</b><br><input type="checkbox"/> <b>Class P (Practitioner Office/Clinic)</b> |
|---|--|

SEE APPLICATION INSTRUCTIONS FOR PHARMACY CLASS DEFINITIONS

*\*Applicants for a Class H Sterile Compounding permit should submit a copy of the entity's most recent state pharmacy inspection.*

#### CONTROLLED SUBSTANCES:

**Will the pharmacy dispense controlled substances into Missouri?**       YES       NO

If YES, copies of the pharmacy's state and federal controlled substance registrations/licenses must be submitted with this application. Check below if the applicable state does not issue a separate controlled substance registration/license

- I hereby attest and certify that the pharmacy's home licensing state does not issue a separate controlled substance registration. I further certify the pharmacy identified above is legally authorized to dispense, procure, possess or store controlled substances at the address designated herein. *Proof of state controlled substance registration is not required if checked.*



# Missouri Non-Resident Pharmacy Change of Ownership Application

## SECTION D: CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer “yes” to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer “yes” and provide an explanation.

- o **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer “yes” to the criminal history questions and to provide an explanation even if a Suspended Imposition of Sentence (“SIS”) or Suspended Execution of Sentence (“SES”) has been received. An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer “yes” even if you received a SIS or a SES.
- o If you answer “yes” to any of the criminal history questions, you must provide court documents that show the dates, charges and dispositions of your arrests/convictions. This typically includes copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case.
- o *338.185, RSMo, provides: “After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed.”*

1. Has any owner, partner, officer or the pharmacist-in-charge ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)?  YES  NO
2. Does any owner, partner, officer or the pharmacist-in-charge currently have any felony or misdemeanor criminal charges pending against them in Missouri or in any other state, country or court (including federal court)?  YES  NO
3. Has any owner, partner, officer or the pharmacist-in-charge ever received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)?  YES  NO
4. Has any owner, partner, officer or the pharmacist-in-charge ever been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed (SIS) or a suspended execution of sentence (SES) was received?  YES  NO
5. Has any owner, partner, officer or the pharmacist-in-charge ever been, or is now, addicted to any drugs, controlled substances or alcoholic beverages?  YES  NO
6. Has any owner, partner, officer or the pharmacist-in-charge ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*)  YES  NO
7. Has any owner, partner, officer or the pharmacist-in-charge ever had any controlled substance registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*)  YES  NO
8. Has any owner, partner, officer or the pharmacist-in-charge ever been adjudged insane or incompetent by or in any state, country or court?  YES  NO



# Missouri Non-Resident Pharmacy Change of Ownership Application

## SECTION E: TAX COMPLIANCE

Missouri law requires that the Board verify compliance with designated state sales and withholding tax laws before issuing certain professional licenses or permits that are required to conduct business in this state. Except as otherwise provided below, this application will not be processed unless you provide:

- Business Entity State Tax Compliance Form** (attached to this application).
- A Certificate of No Tax Due** (required for businesses that engage in retail sales other than prescriptions). Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained online at <http://dor.mo.gov/business/sales/notaxdue/>. Questions about obtaining a Certificate should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*

### **Individuals/Sole Proprietors must also complete the following:**

PURSUANT TO SECTION 324.010, RSMo:

Were you a Missouri resident in any of the last 3 years?  YES  NO

Did you have Missouri income in any of the last 3 years?  YES  NO

Were you subject to any Missouri income tax in any of the last 3 years?  YES  NO

*All tax questions must be completed. False statements are subject to criminal penalties and/or license discipline. Questions regarding income taxes should be sent to the Department of Revenue at (573) 751-7200 or e-mailed to [income@dor.mo.gov](mailto:income@dor.mo.gov).*

## SECTION F: APPLICANT AFFIDAVIT

*This affidavit must be signed by a partner, corporate officer, or the sole proprietor named in this application. Alternatively, the application may be signed by a person with a designated power of attorney who is authorized to sign and submit this application on the pharmacy's behalf. Proof of the designated power of attorney must be submitted with this application.*

This application is hereby submitted on behalf of the pharmacy identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/pharmacy must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I attest and understand that the pharmacy shall maintain a pharmacist-in-charge for the facility and such pharmacy shall be conducted and operated in full compliance with state and federal pharmacy, controlled substance and drug distributor laws and regulations. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT NAMED IN SECTION C ABOVE	TITLE
PRINT NAME	DATE

## SECTION G: APPLICATION CONTACT PERSON

*Please provide a contact person for questions from the Board office regarding this license application.*

CONTACT NAME	POSITION/TITLE
CONTACT MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
CONTACT TELEPHONE #	CONTACT FAX #
CONTACT E-MAIL ADDRESS	



# Missouri Non-Resident Pharmacy Change of Ownership Application

## PHARMACIST-IN-CHARGE (PIC) STATEMENT (MUST BE COMPLETED BY THE DESIGNATED PHARMACIST-IN-CHARGE)

PHARMACY NAME				
PHARMACY ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
DESIGNATED PHARMACIST-IN-CHARGE NAME			PHARMACIST LICENSE #	
DESIGNATED PHARMACIST-IN-CHARGE E-MAIL ADDRESS			PHARMACIST-IN-CHARGE PHONE #	

### ATTESTATION

I \_\_\_\_\_ do solemnly swear or affirm that I am a licensed pharmacist in the state of \_\_\_\_\_ holding license number \_\_\_\_\_.

- I agree that I will serve as the pharmacist-in-charge of the pharmacy identified in this application.  YES
- I understand that the permit will be issued to the applicant with my name appearing as pharmacist-in-charge.  YES
- I understand that I am personally responsible for ensuring the pharmacy's compliance with all applicable state and federal law governing the practice of pharmacy, controlled substances and drug distribution.  YES
- If my designation as pharmacist-in-charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy.  YES

All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY		
SIGNATURE OF PROPOSED PHARMACIST-IN-CHARGE	PHARMACIST LICENSE #	
PRINT NAME	DATE SIGNED	
NOTARY PUBLIC EMBOSSER OF BLACK INK RUBBER SEAL STAMP	STATE  SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____	COUNTY (OR CITY OF ST. LOUIS)



## Missouri Non-Resident Pharmacy Change of Ownership Application

### PRIOR OWNER AFFIDAVIT (THIS SECTION MUST BE COMPLETED BY THE PRIOR OWNERS)

*This affidavit must be signed by a partner, corporate officer, or the sole proprietor of the permit holder being purchased, sold or otherwise changing ownership. Alternatively, the application may be signed by a designated power of attorney who is authorized to sign and submit this application on the pharmacy's behalf. Proof of the designated power of attorney must be submitted with this application.*

NAME OF INDIVIDUAL SUBMITTING THIS AFFIDAVIT	POSITION/TITLE
NAME OF PHARMACY BEING PURCHASED/CHANGING OWNERSHIP	PERMIT #
CONTACT MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP)	
CONTACT E-MAIL ADDRESS	PHONE #

**CHECK:**

I hereby request and understand that the Missouri pharmacy permit number identified herein will be deemed **null and void** after the Board has been notified that the change of ownership is effective.

#### RECORDS

Complete the following section if the pharmacy records required to be maintained by law (i.e. - prescription records, records regarding the receipt, distribution or other disposition of legend drugs) are **not** being transferred to the new owner. Do not complete if pharmacy records are being transferred to the new owner.

CONTACT PERSON FOR RECORDS QUESTIONS	CONTACT TELEPHONE #
ADDRESS WHERE THE PHARMACY'S PRESCRIPTION RECORDS WILL BE STORED/HELD AFTER THE CHANGE OF OWNERSHIP (STREET, CITY, STATE, ZIP)	

#### ATTESTATION

*This affidavit must be signed by a partner, corporate officer, or the sole proprietor named in this application. Alternatively, the application may be signed by a person with a designated power of attorney authorizing the individual to sign and submit this application on the pharmacy's behalf. Proof of the designated power of attorney form must be submitted with this application.*

I \_\_\_\_\_ do solemnly swear or affirm that I am a partner, corporate officer or the sole proprietor of the pharmacy identified herein. I hereby request and understand that the Missouri pharmacy permit number identified herein will be deemed **null and void** on the effective date of the ownership change and terminated by the Board. I understand that no pharmacy service identified in section 338.010, RSMo, may be performed by or on behalf of the pharmacy under the current permit number after the permit has been terminated by the Board. All this I affirm under penalty of perjury.

#### MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE	TITLE	
PRINT NAME	DATE SIGNED	
NOTARY PUBLIC EMBOSSER OF BLACK INK RUBBER SEAL STAMP	STATE	COUNTY (OR CITY OF ST. LOUIS)
SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____		



*Missouri Division of Professional Registration*

**MISSOURI BOARD OF PHARMACY**

**BUSINESS ENTITY STATE TAX  
COMPLIANCE FORM**

Missouri state law requires that businesses engaged in the retail sale of goods must possess a no tax due letter from the Department of Revenue at the time of licensing. Section 114.083.4 RSMo. (Cum Supp 2008) states:

In addition to the provisions of subsection 2 of this section, beginning January 1, 2009, **the possession of a statement from the department of revenue stating no tax is due under sections 143.191 to 143.265, RSMo, or sections 144.010 to 144.510 shall also be a prerequisite to the issuance or renewal of any city or county occupation license or any state license required for conducting any business where goods are sold at retail.** The statement of no tax due shall be dated no longer than ninety days before the date of submission for application or renewal of the city or county license.

You may obtain a tax clearance letter by visiting <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>, e-mailing <mailto:taxclearance@dor.mo.gov>, or calling the Department of Revenue at (573) 751-9268.

**Compliance Statement**

PLEASE SELECT ONE OF THE FOLLOWING:

- This business engages in the sale of goods at retail and has filed and paid all of its sales tax obligations. Please provide a copy of your Missouri No Tax Due compliance letter or provide your 8-digit Missouri state tax ID number below.  
Missouri state tax number \_\_\_\_\_
- This business does not engage in the sale of goods at retail (other than prescriptions).

**WARNING: Statements made on this form are subject to audit. A false statement on this form subjects the license to discipline. Any person who makes a false statement on this form, and the business for which the false statement is made, are subject to criminal penalties for misleading a public servant. § 575.060 RSMo.**

Name of Entity: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Owner, President, Partner)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**PHARMACY LICENSE VERIFICATION AFFIDAVIT**

**MAILING ADDRESS:**  
 MISSOURI BOARD OF PHARMACY  
 P.O. BOX 625  
 JEFFERSON CITY, MO 65102  
 (573) 751-0091

**DELIVERY ADDRESS:**  
 3605 MISSOURI BOULEVARD  
 JEFFERSON CITY, MO 65109

<b>APPLICANT</b>			
1. Complete items 1-6 only on: 1. Pharmacy License Verification Affidavit (page 1) 2. Pharmacist License verification Affidavit (page 2)  2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.  3. <b>DO NOT RETURN</b> the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located. <b>ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED</b>			
1. PHARMACY DBA NAME		PERMIT NUMBER	
2. ADDRESS (STREET, CITY, STATE, ZIP CODE)			
3. APPLICANT NAME (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, LLC, LLP)			
4. I HEREBY AUTHORIZE THE _____ (STATE TO WHICH SENDING FORM) TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.			
5. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT		6. PRINT NAME	
<b>DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY</b>			
LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES
HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?  <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF DISCIPLINE <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PROBATION <input type="checkbox"/> CENSURE <input type="checkbox"/> LIMITED <input type="checkbox"/> RESTRICTED <input type="checkbox"/> SURRENDERED	
<b>ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS</b>			
<b>ATTACH COPY OF MOST RECENT INSPECTION REPORT CONDUCTED BY HOME STATE BOARD OF PHARMACY</b>			
BOARD SEAL AREA (AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)		<b>RETURN COMPLETED FORM TO:</b>  MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102	
SIGNATURE	TITLE	STATE	DATE



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**PHARMACIST LICENSE VERIFICATION AFFIDAVIT**

**MAILING ADDRESS:**  
 MISSOURI BOARD OF PHARMACY  
 P.O. BOX 625  
 JEFFERSON CITY, MO 65102  
 (573) 751-0091

**DELIVERY ADDRESS:**  
 3605 MISSOURI BOULEVARD  
 JEFFERSON CITY, MO 65109

**APPLICANT**

1. Complete items 1-6 only on:
    1. Pharmacy License Verification Affidavit (page 1)
    2. Pharmacist License verification Affidavit (page 2)
  2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
  3. **DO NOT RETURN** the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.
- ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED**

1. PHARMACIST-IN-CHARGE NAME	LICENSE NUMBER
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2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. PHARMACY DBA NAME

4. PHARMACY DBA ADDRESS

5. I HEREBY AUTHORIZE THE \_\_\_\_\_ (STATE TO WHICH SENDING FORM) TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

6. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT	PRINT NAME
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**DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY**

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES
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HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?  <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DISCIPLINE <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PROBATION <input type="checkbox"/> CENSURE <input type="checkbox"/> LIMITED <input type="checkbox"/> RESTRICTED <input type="checkbox"/> SURRENDERED
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**ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS**

BOARD SEAL AREA (AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)	<b>RETURN COMPLETED FORM TO:</b>  MISSOURI BOARD OF PHARMACY P.O. BOX 625 JEFFERSON CITY, MO 65102
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SIGNATURE	TITLE	STATE	DATE
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**MISSOURI BOARD OF PHARMACY  
NON-RESIDENT PHARMACY  
COMPOUNDING AND INTERNET ACTIVITY STATEMENT**

**COMPOUNDING:**

Missouri regulations pertaining to compounding include **20 CSR 2220-2.200 Sterile Pharmaceuticals** and **20 CSR 2220-2.400 Compounding Standards of Practice**. Both regulations can be found in their entirety at our website: <http://pr.mo.gov/pharmacists>. Specifically, Missouri regulation prohibits/restricts the compounding of commercially-available products and the distribution of compounded products to the other pharmacies, practitioners, or commercial entities. Missouri regulations 20 CSR 2220-2.400 states:

*(9) Compounding of drug products that are commercially available in the marketplace or that are essentially copies of commercially available Federal Drug Administration (FDA) approved drug products is prohibited. There shall be sufficient documentation within the prescription record of the pharmacy of the specific medical need for a particular variation of a commercially available compound.*

*(12) Pharmacists shall not offer compounded drug products to other pharmacies, practitioners or commercial entities for subsequent resale or administration, except in the course of professional practice for a prescriber to administer to an individual patient by prescription.*

A pharmacy cannot distribute compounded products for “office use” or “office stock” but must be in receipt of a valid patient-specific prescription prior to dispensing the product.

\_\_\_ Yes, I have read Missouri regulations 20 CSR 2220-2.200 and 20 CSR 2220-2.400 and intend to comply with them.

**INTERNET ACTIVITY:**

Missouri regulation **20 CSR 2220-2.020 (11) Pharmacy Permits** states:

*(11) Prescriptions processed by any classification of licensed pharmacy must be provided by a practitioner licensed in the United States authorized by law to prescribe drugs and who has performed a sufficient physical examination and clinical assessment of the patient. A pharmacist shall not dispense a prescription drug if the pharmacist has knowledge, or reasonably should know under the circumstances, that the prescription order for such drug was issued on the basis of an Internet-based questionnaire, an Internet-based consultation, or a telephonic consultation, all without a valid preexisting patient-practitioner relationship.*

The use of a form, questionnaire and/or telephone interview to fulfill the examination or assessment of a patient shall not be considered sufficient to provide or execute a valid prescription.

\_\_\_ Yes, I have read Missouri regulation 20 CSR 2220-2.020 (11) and intend to comply with it.

PHARMACIST-IN-CHARGE SIGNATURE: \_\_\_\_\_

PRINT PHARMACIST-IN-CHARGE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_