



# Pharmacy Change of Location Application

## APPLICATION & INSTRUCTIONS

### INSTRUCTIONS

- Complete this application if you are applying to change the location of a pharmacy that is currently licensed with the Board.
- This application may not be used if a change of ownership is involved in the location change as described in 20 CSR 2220-2.020(3). A change of ownership application must be submitted if the pharmacy's ownership has changed. Forms are available online at <http://pr.mo.gov/pharmacists-forms.asp> *Note: Corporate structure changes are generally considered a change of ownership and require a Change of Ownership application (i.e., - changing to a corporation, LLC, LLP or sole proprietorship).*
- 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).
- **IN-STATE PHARMACIES:** Pharmacies located in Missouri must pass a Board inspection before opening for business at the new location. After your application is processed, you will receive written instructions for contacting your local inspector to schedule an inspection. You are responsible for contacting the inspector to schedule the inspection. However, do not contact your inspector prior to receiving notice from the Board.
- **NON-RESIDENT PHARMACIES:** Non-Resident pharmacies must submit a copy of the updated state pharmacy license and updated controlled substance registration(s) (if applicable).
  - The Board recognizes additional time may be needed to obtain proof of licensure/new controlled substance registrations. Online license verification documents printed from the pharmacy's state licensing authority will be accepted if the verification shows the pharmacy's disciplinary history.
  - Until a final licensure decision is made by the Board, non-resident pharmacies may temporarily use their current license to continue operating at the new location if a Change of Location application has been filed with the Board with the appropriate fee.



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## PHARMACY CHANGE OF LOCATION 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.          ✓ \$ 175.00 APPLICATION FEE. FEE IS NON-REFUNDABLE          ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS</p>	FOR OFFICE USE ONLY
	PERMIT #
	ISSUE DATE
	RECEIVED

### SECTION A: PHARMACY INFORMATION

*Provide information in this section about the pharmacy that is changing locations.*

PHARMACY NAME	PHARMACY PERMIT #
CURRENT PHARMACY ADDRESS (STREET) (CITY) (STATE) (ZIP)	
CURRENT PHARMACY TELEPHONE #	CURRENT PHARMACY FAX #
PHARMACIST-IN-CHARGE NAME	PHARMACIST-IN-CHARGE LICENSE #

### NEW LOCATION INFORMATION

NEW PHARMACY PHYSICAL ADDRESS (STREET) (CITY) (STATE) (ZIP)	
NEW PHARMACY TELEPHONE #	NEW PHARMACY FAX #
NEW PHARMACY E-MAIL ADDRESS	EFFECTIVE DATE OF LOCATION CHANGE

### NON-RESIDENT PHARMACIES

Pharmacies that are not physically located in Missouri must also attach:

- A copy of the updated state pharmacy license or its equivalent from the state where the pharmacy is located for the new location listed above. Online license verification documents printed from the pharmacy's state licensing authority will be accepted if the verification shows the pharmacy's disciplinary history, AND
- A copy of the pharmacy's updated state and federal controlled substance registration(s).

An updated controlled substance registration is **not** required if one of the following boxes is checked (*check as applicable*):

- The pharmacy does not distribute or dispense controlled substances in Missouri.
- The pharmacy's licensing state does not issue a separate controlled substance registration/license. By checking this box, the applicant hereby attests and certifies that the pharmacy identified above is legally authorized to dispense, procure, possess or store controlled substances at the new location designated herein.



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## SECTION B: APPLICANT AFFIDAVIT

*This affidavit must be signed by the pharmacist-in-charge or a partner, corporate officer, or the sole proprietor named in the Board's records. 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 certify that no change of ownership as described in Missouri Rule 20 CSR 2220-2.020(3) is involved in this location change. I understand that the current pharmacy permit will be rendered null and void once a permanent permit is issued for the new location identified above. I hereby certify under penalty of perjury that the information and answers contained in herein and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	TITLE
PRINT NAME	DATE

## SECTION C: 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	