## 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 licensee/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 licensed facility'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 FACILITY BEING PURCHASED/CHANGING OWNERSHIP** | **LICENSE/PERMIT #** |
| | |

**CONTACT MAILING ADDRESS** **(STREET)** **(CITY)** **(STATE)** **( ZIP)**

| E-MAIL ADDRESS | PHONE # |
|---|---|
| | |

CHECK:

☐ I hereby request and understand that the Missouri license/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 facility records required to be maintained by law (i.e.- prescription records, legend drug distribution/receipt/disposition records) are **not** being transferred to the new owner. **Do not complete if facility records are being transferred to the new owner.**

| CONTACT PERSON FOR RECORDS QUESTIONS | CONTACT TELEPHONE # |
|---|---|
| | |

**ADDRESS WHERE THE FACILITY'S 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 licensed/permitted facility'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 licensed facility identified herein. I hereby request and understand that the Missouri license/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/3PL/drug distributor/drug outsourcer services may be performed under the current license/permit number after the license/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<br><br>SUBSCRIBED AND SWORN BEFORE ME, THIS<br>_____DAY OF _____ YEAR _____ | COUNTY (OR CITY OF ST. LOUIS) |
|---|---|---|