

4. Has applicant, or any owner [s], partner [s], officer [s], agent or employee of the applicant, ever been convicted of any felony under federal, state, and/or local laws?
 Yes, attach explanation No

Has applicant, or any owner [s], partner [s], officer [s], agent or employee of the applicant, ever has a wholesale distributor license/permit revoked or suspended by any federal, state, or local government?
 Yes, attach explanation No

Has applicant, or any owner [s], partner [s], officer [s], agent or employee of the applicant, ever been convicted under federal, state and/or local laws relating to drug samples and wholesale or retail drug distribution of controlled substances?
 Yes, attach explanation No

5. Schedule of Hours:

Monday: _____ A.M. to _____ P.M. Friday: _____ A.M. to _____ P.M.
Tuesday: _____ A.M. to _____ P.M. Saturday: _____ A.M. to _____ P.M.
Wednesday: _____ A.M. to _____ P.M. Sunday: _____ A.M. to _____ P.M.
Thursday: _____ A.M. to _____ P.M.

6. Is this facility VAWD accredited?

____ Yes ____ No

The Board may refuse to issue or renew a license/permit or suspend, temporarily suspend, revoke, fine or reasonably restrict the license/permit holder for knowingly making or causing to be made any false, fraudulent or forged statement in connection with an application for a permit. See KRS 315.121.

I hereby certify that the foregoing is true and correct to the best of my knowledge. If the registration herein applied for is granted, I certify that this business will be conducted in full compliance with all applicable federal and state laws and that I will make available any or all records required by law to the extent authorized by law.

Signature and Title of Owner / Manager

Date

Changes in the above information must be submitted in writing with the appropriate application fee to the Board office within thirty (30) days.