

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806
Email: pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Application for Permit to Operate as a Manufacturer or Virtual Manufacturer

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal> . Mail to the above address. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires September 30th following the date of issuance.

I. Facility Information:

Name of Facility:

Physical Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Mailing address of facility:

CITY:

STATE:

COUNTY:

ZIP:

Email Address:

Phone Number:

Fax Number:

Website Address:

II. Check and complete one of the following and attach proper fee:

New Manufacturer or Virtual Manufacturer → \$150.00

Proposed date of opening:

(Filed with Board 30 days in advance of Opening)

Change of Ownership → \$150.00

Proposed date of Acquisition:

Name of Previous Owner(s):

(Confirmation statement from previous owner must be attached)

Change of Address/Location → \$150.00

Date of Proposed Relocation:

Previous Address:

Name Change → NO CHARGE

Previous Name:

III. Registration Numbers and Expiration Dates:

DEA:	Exp. Date:
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FDA:	Exp. Date:
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IV. Name, title and email of Facility Contact Person:

Name:	Title:
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Email Address:

V. Qualifying Questions:

1. **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?**

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
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**If yes:* please provide explanation below:

Explanation:

2. Has the applicant, or any owner [s], partner [s], officer [s], agent or employee of the applicant, ever had a license or permit related to drugs revoked or suspended by any federal, state, or local government?

YES*

NO

**If yes:* please provide explanation below:

Explanation:

3. Has the 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 drugs, including drug samples and controlled substances?

YES*

NO

**If yes:* please provide explanation below:

Explanation:

VI. Schedule of Hours:

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
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OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

VII. Identify the Pharmacist-In-Charge:

Name:	License No.:
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201 KAR 2:205 requires pharmacists-in-charge to notify the Board of all personnel changes.

VIII. Ownership:

How is the facility registered with the Kentucky Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- Other

★ ★ Name and title for each owner/officer/manager, including professional designation (e.g. Pres. John Jones, M.D.):

Name:	Title:
<hr/>	
Name:	Title:
<hr/>	
Name:	Title:
<hr/>	
Name:	Title:
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Name:

Title:

Name:

Title:

(Use supplemental information page if necessary)

IX. Has this facility had an FDA or third-party inspection?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
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**If yes:* please provide a copy of the inspection report

Supplemental Information Page:

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

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. 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 of Pharmacist-in-Charge: _____

Date: _____

I hereby certify that the above Application for Manufacturer/Virtual Manufacturer Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Signature of Owner: _____

Date: _____

I hereby certify that the above Application for Manufacturer/Virtual Manufacturer Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.