

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](mailto:pharmacy.board@ky.gov)  
<http://pharmacy.ky.gov>



## Renewal Application to Operate as a Manufacturer or Virtual Manufacturer

Enclose a check or money order for \$150.00, made payable to 'Kentucky State Treasurer' Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal> . Please print legibly and complete this application; including the required original signature and return no later than September 30th. All renewals received after September 30<sup>th</sup> will be assessed a delinquent fee of \$150.00 pursuant to 201 KAR 2:050, Section 1(14).

Incomplete applications will be returned.

Type:

Manufacturer

Virtual Manufacturer

### I. Facility Information

License/Permit Number:

Name of Facility:

Physical Address of Facility:

CITY:	STATE:	COUNTY:	ZIP:
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Mailing address of facility:
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CITY:	STATE:	COUNTY:	ZIP:
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Email Address:
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Phone Number:
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Fax Number:
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Website Address:
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## II. Registration Numbers and Expiration Dates:

DEA Registration No.:	Exp. Date:
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FDA Registration No.:	Exp. Date:
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## III. Name, title and email of Facility Contact Person:

Name:	Title:
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Email Address:
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#### IV. 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.

#### V. Ownership:

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

- Sole Proprietor
- Partnership
- LLC
- Corporation
- Other

VI: Have you had a license/permit disciplined by any other agency or has your PIC been disciplined by any other agency which you have not previously reported to this Board?

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

<u>Explanation:</u>   
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#### VII. Schedule of Hours:

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

**VIII. List of state, districts, or territories in which licensed/permitted:**

:

**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.

**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 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 of Pharmacist-in-Charge:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

By: \_\_\_\_\_

**Signature:** \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.