KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910 Fax (502) 696-3806

Application to Operate as an Third Party Logistics Provider

Print legibly. Make check or money order payable to Kentucky State Treasurer. Mail completed notarized application to the above address with required documentation. Incomplete applications will be returned. Licenses expire June 30 following date of issuance.

1. Name of Facility _____

Physical Address of Facility _____
(Street and Number)

City _____ State _____ County _____ Zip _____

Phone Number _____ Email address _____

Mailing Address of Facility _____
(Street and Number)

City _____ State _____ Zip _____

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

☐ New Third Party Logistics Provider $200.00
Proposed date of Opening _____

☐ Renewal (add $200 for each year delinquent). $200.00

☐ Ownership Change $100.00
Date of Proposed Acquisition _____
Name of Previous Owner(s) _____
(Confirmation statement of previous owner must be attached)

☐ Change of Address/Location $100.00
Date of Proposed Relocation _____
Previous Address _____

☐ Name Change . . . . . NO CHARGE
(Attach legal proof)
Previous Name _____

2. Registration Numbers and Expiration Dates

DEA: _____ Exp. Date: _____/_____/_____

FDA: _____ Exp. Date: _____/_____/_____

3. Designated Facility Representative:

Name: _____ Contact No.: _____

Address: _____ Email: _____

4. **Has applicant, officer, partner, or director, ever been convicted of a felony of federal, state, drug law, or medical assistance program?**

☐ Yes, attach explanation ☐ No

Has applicant, officer, partner, or director ever had a professional license or permit disciplined by federal, state, or local law?

☐ Yes, attach explanation ☐ No

Has applicant/officer/partner/director ever applied for a license with this Board?

☐ Yes, include license or permit number ☐ No

5. **Schedule of Hours:**

Monday . . . . _____ A.M. to _____ P.M.

Tuesday . . . _____ A.M. to _____ P.M.

Wednesday ._____ A.M. to _____ P.M.

Thursday . . . _____ A.M. to _____ P.M.

Friday . . . _____ A.M. to _____ P.M.

Saturday . _____ A.M. to _____ P.M.

Sunday . . ._____ A.M. to _____ P.M.

6. Ownership (include state of incorporation):

☐ **Sole Proprietor** ☐ **Partnership** ☐ **Unincorporated Business** ☐ **Incorporated Business** ☐ **Other**

On a separate sheet of paper, please provide the following information for each partner/director/officer:

- **Name and Title**
- **Email addresses**
- **Federal Employer ID Number**
- **Address (Business and Home)**
- **Phone Number (Business & Home)**
- **Social Security Number**
- **Date of Birth**

Pursuant to KRS 315.121, the Board may refuse to issue or otherwise discipline any licensee or permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit.

I hereby certify that the foregoing is true and correct to the best of my knowledge. If the license 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 Owner/Officer and Title) *(Date)*

NOTARY INFORMATION - I hereby certify that the above **Application to Operate as an Third Party Logistics Provider** was signed, subscribed and sworn to before me this_____day of _____, 20____.

My Commission Expires_____State of_____ Signature_____

REQUIRED DOCUMENTATION:

[Only required with initial application and updates as necessary]

- o Completed application
- o Correct Fee
- o Copy of Current Inspection Report by FDA, NABP or Board
- o Copy of FDA Third Party Logistics Registration and other state license (if applicable)
- o Copy of DEA Registration
- o Confirmation Statement of former owner for Section 1
- o Legal proof of name change for Section 1
- o Explanations for Section 4
- o Ownership information for Section 6