

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

Application for 'Special Pharmacy Permit for Clinical Practice'

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer'. Mail to the above address. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires June 30th following the date of issuance.

1. Name of Facility _____

Physical Address of Facility _____
(Street and Number)

City _____ County _____ State _____ Zip _____

Phone Number _____ Fax 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 Facility \$100.00
Proposed date of Opening _____
(Filed with Board 30 days in advance of Opening) OR Current Permit No. _____ Expiration Date _____
(In State where presently located)

Change of Ownership \$75.00
Date of Proposed Acquisition _____
Name of Previous Owner(s) _____
(Confirmation statement of previous owner must be attached)

Change of Address/Location \$75.00
Date of Proposed Relocation _____
Previous Address _____

Name Change **NO CHARGE**
Previous Name _____

