

Kentucky Permit Number
OSF _____

DON'T FORGET!



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 OUTSOURCER FACILITY LICENSE RENEWAL

Enclose a check or money order for \$250.00, made payable to 'Kentucky State Treasurer'. Please print legibly and complete this application; including the required original signature and return to the Board office no later than June 30th.

Facility Name _____

Address _____

Telephone No. _____ Fax No. _____

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

Ownership: Sole Proprietor Partnership Unincorporated Business Incorporated Business

Please provide the following information for each owner/officer. Use a separate sheet of paper if necessary.

❖ Name and Title (e.g. Pres. John Jones, M.D.) _____

❖ Address (Business) _____

Phone Number _____

❖ Address (Home) _____

Phone Number _____

❖ Social Security Number XXX-XX-_____ Date of Birth[Month & Year only] _____

Schedule of Hours:

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

- Do you perform sterile compounding? _____ Yes _____ No
- Do you perform nonsterile compounding? _____ Yes _____ No
- Have you had a license/permit surrendered to or fined, suspended, probated, or revoked which you have not previously reported to this Board? _____ Yes, attach an explanation _____ No

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.

(Date)

(Signature of Owner)