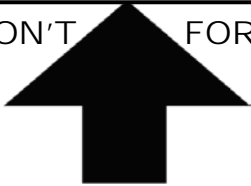


Kentucky Permit Number
OSF _____

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 and that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the Regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the provision of medical equipment service and certify that this medical equipment service will be conducted in full compliance with all federal and state laws. [If applicable, this pharmacy is currently licensed and in good standing in all states of licensure].

(Date)

(Signature of Owner)