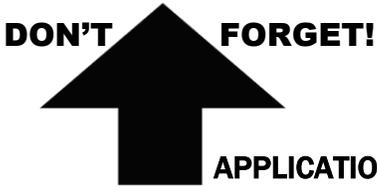


Kentucky Permit Number  
TPL \_\_\_\_\_

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



**APPLICATION FOR THIRD PARTY LOGISTICS PROVIDER LICENSE RENEWAL**

Enclose a check or money order for \$200.00, 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 30<sup>th</sup>.

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 Store 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.

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)