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 for Permit to Operate as a Manufacturer or Virtual Manufacturer

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 September 30th following the date of issuance.

1. Name of Facility _____

Physical Address of Facility _____
(Street and Number)

City _____ State _____County _____ 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 Manufacturer or Virtual Manufacturer $125.00
Proposed date of Opening _____
(Filed with Board 30 days in advance of Opening)

☐ 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 _____

2. Registration Numbers and Expiration Dates:

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

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

3. Name and title of facility contact person:

Name: _____ Title: _____

Email: _____

4. Has applicant, or any owner [s], partner [s], officer [s], agent or employee of the applicant, ever been convicted of any felony under federal, state, and/or local laws?

☐ Yes, attach explanation ☐ No

Has applicant, or any owner [s], partner [s], officer [s], agent or employee of the applicant, ever had a license or permit related to drugs revoked or suspended by any federal, state, or local government?

☐ Yes, attach explanation ☐ No

Has applicant, or any owner [s], partner [s], officer [s], agent or employee of the applicant, ever been convicted under federal, state and/or local laws relating to drugs, including drug samples and controlled substances?

☐ Yes, attach explanation ☐ 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. Identify the Pharmacist-in-Charge:

Name: _____ License No:_____

7. List of state, districts, or territories in which licensed/permitted:

_____

8. Ownership:

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

Name and title for each owner/officer, including professional designation *(e.g. Pres. John Jones, M.D.)*

_____

_____

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.

_____ _____/_____/_____

(Signature of Owner/Officer and Title) *(Date)*