

**KENTUCKY BOARD OF PHARMACY**  
**State Office Building Annex, Suite 300**  
**125 Holmes Street**  
**Frankfort KY 40601**  
**Phone (502) 564-7910                      Fax (502) 696-3806**

**RENEWAL APPLICATION TO OPERATE AS A MANUFACTURER OR VIRTUAL MANUFACTURER**

All permits expire September 30 and are not transferable. Please print legibly and submit each application with a check or money order in the amount of \$125.00 made payable to the "KENTUCKY STATE TREASURER".

**Incomplete applications will be returned.**

TYPE: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> VIRTUAL MANUFACTURER		
LICENSE/PERMIT NUMBER: _____		
NAME OF FACILITY: _____		
PHYSICAL ADDRESS: _____		
CITY: _____ STATE: _____ COUNTY _____ ZIP _____		
PHONE NUMBER: _____ FAX NUMBER: _____		
EMAIL ADDRESS: _____		
MAILING ADDRESS:	REGISTRATION NO.:	EXP DATE:
_____	DEA: _____	_ / _ / _
_____	FDA: _____	_ / _ / _
_____		

**1. Name and title of facility contact person:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Identify the Pharmacist-in-Charge:**

Name: \_\_\_\_\_ License No: \_\_\_\_\_

**3. Ownership:**

- Sole Proprietor  
 Partnership  
 Unincorporated Business  
 Incorporated Business  
 Other

Pursuant to 201 KAR 2:105, Section 4, on a separate sheet of paper, please provide the following information for each owner/officer, including professional designation (e.g. Pres. John Jones, M.D.):

- |   |   |   |  |
|---|---|---|--|
| ❖ | <b>Name and Title</b>                   | ❖ | <b>Social Security Number[XXX-XX-____]</b> |
| ❖ | <b>Address (Business and Home)</b>      | ❖ | <b>Date of Birth[Month and Year only]</b>  |
| ❖ | <b>Phone Number (Business and Home)</b> |   |  |

**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 not previously reported to the Board?**

- 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 not previously reported to the Board?**

- 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 not previously reported to the Board?**

- Yes, attach explanation                       No

**5. Schedule of Hours:**

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

**The Board may refuse to issue or renew a license/permit or suspend, temporarily suspend, revoke, fine or reasonably restrict the license/permit holder for knowingly making or causing to be made any false, fraudulent or forged statement in connection with an application for a permit. See 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 and Title of Owner / Manager

\_\_\_\_\_  
Date

**Changes in the above information must be submitted in writing with the appropriate application fee to the Board office within thirty (30) days.**