

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806
Email: pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Application for Special Limited Pharmacy Permit ⇨ Medical Gas Renewal

Enclose a check or money order for \$150.00, made payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal> . Please print legibly and complete this application; including the required original signature and return to the Board office no later than June 30th. All renewals received after June 30th will be assessed a delinquent fee of \$150.00 pursuant to 201 KAR 2:050, Section 1(10).

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

I. Facility Information:

Name of Facility:

Kentucky Permit Number:

Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Email:

Phone number:

Fax number:

Website Address:

II. Ownership:

How are you registered with the Kentucky Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- Other

★★ Name and title for each owner/officer/member, including professional designation(e.g. Pres. John Jones, PharmD):

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

(Use supplemental information page if necessary)

III. Has the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
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**If yes:* please attach statement

IV. Pharmacist in Charge:

Name:	KY License No.:
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Kentucky Pharmacy Regulation 201 KAR 2:205 requires the Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

V. Schedule of Store Hours:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

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 practice of pharmacy and certify that this pharmacy 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].

Original Signature of Pharmacist in Charge: _____

Date: _____

I hereby certify that the above Application for Pharmacy Permit Renewal was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Original Signature of Owner: _____

Date: _____

I hereby certify that the above Application for Pharmacy Permit Renewal was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.