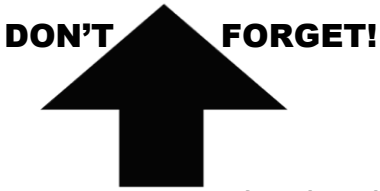


Kentucky Permit Number
MG _____

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 SPECIAL LIMITED PHARMACY PERMIT - MEDICAL GAS RENEWAL

Enclose a check or money order for \$125.00, 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. All renewals received after June 30th will be assessed a delinquent fee of \$100.00 pursuant to 201 KAR 2:050, Section 1(11).

Facility Name _____ Permit No. _____

Address _____

Email Address _____

Telephone No. _____ Fax No. _____

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

OWNERSHIP:

____ Sole Proprietor ____ Partnership ____ Corporation ____ LLC ____ Other

Name and title for each owner/officer, including professional designation:

PHARMACIST IN CHARGE:

Name _____

KY License No. _____

Kentucky Pharmacy Regulation 201 KAR 2:205 requires a Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

SCHEDULE OF STORE HOURS:

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

Monday _____ to _____ Thursday _____ to _____

Tuesday _____ to _____ Friday _____ to _____

Wednesday _____ to _____ Saturday _____ to _____

Sunday _____ to _____

Have you had a Pharmacy license/permit surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy 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 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].