

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



## Renewal Application to Operate as a Wholesaler

*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 \$150.00 made payable to the "KENTUCKY STATE TREASURER". Mail to the above address. Payment can also be made online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>.*

**Incomplete applications will be returned.**

### Type:

<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Virtual Wholesale Distributor
<input type="checkbox"/> Medical Gas Wholesale Distributor	<input type="checkbox"/> Other: _____.

### I. Facility Information:

Name of Facility:
License Number:

Form 6/2023

Physical Address of Facility:	
CITY:	STATE:
COUNTY:	ZIP:
Email:	
Phone number:	
Fax number:	
DEA Registration No.:	Exp. Date:

**II. Name, title, phone and email of the facility contact person:**

Name:
Title:
Phone number:
Email:

**III. Ownership:**

**How is the facility registered with the Secretary of State?**

Sole Proprietor



- Partnership
- LLC
- Corporation
- Other

**★★ Pursuant to 201 KAR 2:105, Section 4, please provide the following information for each owner/officer/member, including professional designation (e.g. Pres. John Jones, M.D.):**

1.

Name:	Title:
-------	--------

Phone number(Business):
-------------------------

Phone number(Home):
---------------------

Social Security Number:	Date of Birth:
-------------------------	----------------

Address(Home):
----------------

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Address(Business):
--------------------

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

2.

Name:	Title:
-------	--------

Phone number(Business):
-------------------------

Phone number(Home):
---------------------

Social Security Number:	Date of Birth:
-------------------------	----------------

Address(Home):
----------------

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Address(Business):
--------------------

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

**3.**

Name:	Title:
-------	--------

Phone number(Business):
-------------------------

Phone number(Home):
---------------------

Social Security Number:	Date of Birth:
-------------------------	----------------

Address(Home):
----------------

CITY:	STATE:	COUNTY:	ZIP:
-------	--------	---------	------

Address(Business):			
CITY:	STATE:	COUNTY:	ZIP:

4.

Name:	Title:
-------	--------

Phone number(Business):
-------------------------

Phone number(Home):
---------------------

Social Security Number:	Date of Birth:
-------------------------	----------------

Address(Home):			
CITY:	STATE:	COUNTY:	ZIP:

Address(Business):			
CITY:	STATE:	COUNTY:	ZIP:

5.

Name:	Title:
-------	--------

Phone number(Business):
-------------------------

Phone number(Home):			
Social Security Number:	Date of Birth:		
Address(Home):			
CITY:	STATE:	COUNTY:	ZIP:
Address(Business):			
CITY:	STATE:	COUNTY:	ZIP:

(Use supplemental information page if necessary)

#### IV. Qualifying Questions:

1. **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?**

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

***\*If yes:*** please provide explanation below:

Explanation:

2. **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?**

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

*\*If yes:* please provide explanation below:

Explanation:

**3. 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 drug laws, including drug samples and wholesale or retail drug distribution of controlled substances not previously reported to the Board?**

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

*\*If yes:* please provide explanation below:

Explanation:

### V. Schedule of Hours:

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

### VI. Does this facility have a Digital Distributor Accreditation?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

**VII. List of other states, districts, or territories in which licensed/permitted:**

:

**VIII. Has this facility undergone any third-party inspections?**

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

*\*If yes:* please include inspection report



## Supplemental Information Page:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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:** \_\_\_\_\_

I hereby certify that the above Renewal Application for Wholesaler was signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

**Signature:** \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_

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