



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Department of Health
 Health Regulations and Licensing Administration
 Pharmaceutical Control
 899 North Capitol St. 2nd floor Washington, D.C.
 20002

FOR OFFICIAL USE ONLY!

Application Complete:
 YES NO
 Approved Registration:
 YES NO

FOR OFFICIAL USE ONLY!

DATE: _____
 LIC/REG NO: _____
 INITIALS: _____

PHARMACY LICENSURE APPLICATION

RETURN COMPLETED APPLICATION WITH REGISTRATION FEE MADE OUT TO "D.C. TREASURER" TO 899 N. Capitol St, NE 2nd Floor, WASHINGTON, DC 20002
 22 DCMR 1902.1 Licenses shall be issued for the following categories of pharmacies...except for nonresident pharmacies, which shall be required to register with the Department
 22 DCMR 1902.2 A retail chain pharmacy with locations both in and outside of the District of Columbia (DC) shall obtain (a) a license for each location within DC and A registration pursuant of §1903 for each location outside DC

<p>CHECK ONE: Pharmacy Category <input type="checkbox"/> Retail/Community Pharmacy <input type="checkbox"/> Nuclear Pharmacy <input type="checkbox"/> Institutional Pharmacy <input type="checkbox"/> Special or Limited Use Pharmacy Nonresident Pharmacy</p>	<p>CHECK ONE: DC Resident Pharmacy (Biennial Licensing Fee: \$900) <input type="checkbox"/> Initial (Proposed date of opening _____) <input type="checkbox"/> Renewal (License No: _____) <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Pharmacy Name <input type="checkbox"/> Change of Pharmacy Location <input type="checkbox"/> Change of Pharmacist-in-Charge</p>	<p>CHECK ONE: Nonresident Pharmacy (Biennial Registration Fee: \$900) <input type="checkbox"/> Initial (Proposed date of opening _____) <input type="checkbox"/> Renewal (Registration No: _____) <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Pharmacy Name <input type="checkbox"/> Change of Pharmacy Location <input type="checkbox"/> Change of Pharmacist-in-Charge</p>
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I. Changes to Current Pharmacy Status
 All pharmacies must report any change of ownership, name, location, or pharmacist-in-charge in writing to the Department

<p>CHANGE OF OWNERSHIP Proposed Effective Date: _____ Pharmacy License/Registration Number _____ Previous Owner Name _____ New Owner Name _____</p>	<p><input type="checkbox"/> CHANGE OF PHARMACY NAME Proposed Effective Date: _____ Pharmacy License/Registration Number _____ Previous Pharmacy Name _____ New Pharmacy Name _____</p>	<p><input type="checkbox"/> CHANGE OF PHARMACY LOCATION Proposed Effective Date: _____ Pharmacy License/Registration Number _____ Previous Pharmacy Address _____ New Pharmacy Address _____</p>	<p><input type="checkbox"/> CHANGE PHARMACIST-IN-CHARGE Proposed Effective Date: _____ Pharmacy License/Registration Number _____ New Pharmacist-in-Charge Name _____ Pharmacist License Number _____ Pharmacist Signature _____</p>
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II. District of Columbia Resident Pharmacy Only (Complete this section then go to page 3)

<p>Pharmacy Name</p> <p>Pharmacist-In-Charge (PIC)</p> <p>PIC License Number</p> <p>Signature of PIC</p>	<p>Pharmacy Street Address</p> <p>City State Zip</p> <p>Certificate of Occupancy Number (Please submit a copy of Certificate of Occupancy if this is an initial application)</p> <p>Current License Number, if applicable</p>	<p>Area Code and Telephone Number</p> <p>Area Code and Fax Number</p> <p>Expected Hours of Operation (Weekdays)</p> <p>Expected Hours of Operations (Weekends/Holidays)</p> <p>Email Address</p>
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IV. Proprietor Information

Proprietor Type (CHECK ONE)	INDIVIDUAL	CORPORATION	PARTNERSHIP	UNINCORPORATED INDIVIDUAL	OTHER: _____
Name of Individual, Corporation, Partnership, Other	NAME AND ADDRESS FOR PRINCIPAL OFFICERS			Treasurer of Corporation/Partnership	
Billing Street Address	President of Corporation/Partnership				
City	State	Zip	Vice President of Corporation/Partnership	Other Principal Corporate Officer	
Is the corporation in good standing with DC or the state of incorporation? <input type="checkbox"/> YES <input type="checkbox"/> NO Has any principal corporate officer ever been convicted of a felony involving drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If the answer to this is "YES", please submit a statement of explanation with this application</i>	Secretary of Corporation/Partnership			State of Incorporation	Year Incorporated

V. Please Answer the Following Questions

1. Does your pharmacy facilitate the dispensing, shipping, mailing, delivery, or distribution of prescription drugs or devices from any jurisdiction outside of the United States to DC residents? YES NO *If the answer to this is "YES", please submit a statement of explanation with this application*
2. Did you include your licensing/registration fee? YES NO
3. Did you include copies of all required documents? YES NO

VI. Certification Form

TO THE APPLICANT:

Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which you are now applying and fine you \$1000.00. This certificate is required by the "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

I, _____, certify that as of _____, I do not owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification. I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Signature of Applicant

Title

22 DCMR 1902.5 It shall be unlawful for any person to furnish false or fraudulent information on an application for a license or registration.
I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE STATEMENTS MADE ARE TRUE, COMPLETE, AND CORRECT

Signature of Applicant

Print Name of Applicant

Date

