

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

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Board Use Only

License Number:

Date of Licensure:

MISCELLANEOUS PHARMACY CHANGE APPLICATION

Authority: Public Act 368 of 1978, as amended

As required by P. A. 368 of 1978, as amended, this application must be filed for changes in stockholder, pharmacist who is responsible for compliance, or store/corporation name. A new license number will not be issued as a result of this application. A separate application must be completed for each store/corporation for which changes are to be made.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING CHANGE(S):

- Stockholder - No Fee (Complete Sections I, II, IV, and V)**
- Responsible Pharmacist- No Fee (Complete Sections I, IV, and V)**
- Store/Corporation Name (when no change in ownership occurs) - Fee: \$20.00 71 - 5301 - 33 (Complete Sections I, III, IV, and V) -License will be reissued with new name.**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are earned upon receipt and can only be refunded under refund rules promulgated by the Department.

SECTION I - PHARMACY INFORMATION

Name of Pharmacy		Michigan Pharmacy Permanent I.D. Number	
Street Address			
City		State	ZIP Code
Business Telephone Number	County	Federal Employer (Tax) I.D. Number	
Contact Person		Contact Person's Telephone Number	
Name of Responsible Licensed Pharmacist		MI License (Permanent I.D.) Number of Responsible Pharmacist 53-02-	

SECTION II - STOCKHOLDER CHANGE - Submit minutes of stockholder meeting reflecting change(s) in corporate ownership.

List all partners, officers, and members of the board of directors, or the single owners of the pharmacy that have changed.			
NAME AND ADDRESS	TITLE	AMOUNT OF STOCK OWNED (%)	SOCIAL SECURITY NUMBER

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

NAME

SECTION III - CHANGE OF STORE/CORPORATION NAME- If you are changing or establishing a corporation, include a copy of the Articles of Incorporation and all amendments. If you are changing or establishing an assumed name, include a copy of the assumed name certificate. This form may not be used for pharmacy or corporation name changes due to a 100% change in ownership.

New Name of Pharmacy/Assumed Name

New Name of Corporation

SECTION IV - Attach a detailed explanation for any YES response checked below.

- | | |
|--|--|
| 1. Has any individual director, employee, officer, or stockholder ever been convicted of a misdemeanor or a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has any individual director, employee, officer, owner, or stockholder ever had a financial interest in a Pharmacy, manufacturer, or wholesale distributor that has: | |
| a. been denied a license or federal registration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. had its license or federal registration limited, surrendered, suspended, or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. been subject to any other criminal, civil, or administration penalty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has any pharmacist owner, Michigan pharmacist licensee, director, employee, officer, or stockholder ever had a license or federal registration: | |
| a. denied, limited, reprimanded, suspended, or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. been subject to any other criminal or civil penalty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION V

CERTIFICATION

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date