

Michigan Department of Licensing and Regulatory Affairs  
 Board of Pharmacy  
 PO Box 30670  
 Lansing MI 48909  
 (517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

For Board Use Only
License #:
Issue Date:

**APPLICATION FOR MISCELLANEOUS PHARMACY CHANGE**

Please select the license type you are applying for from the drop down list below:

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 deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

**SECTION I**

Name of Pharmacy or Manufacturer/Wholesaler:
--

Current Michigan Pharmacy License Number: <b>5301</b>
---

Current MI Manufacturer/Wholesaler License Number: <b>5306</b>
--

Contact Person:	Business Phone Number:
-----------------	------------------------

Street Address:	Phone Number:
-----------------	---------------

City:	State:	Zip Code:
-------	--------	-----------

Name of PIC:	For Pharmacies, Enter MI Pharmacist License Number of PIC:
--------------	--

For Manufacturer/Wholesalers: Enter State in Which PIC is Licensed:	Permanent ID License Number of PIC:
---	-------------------------------------

Facility Federal Employer (Tax) ID Number:
--

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

List the names and addresses of all partners, officers, and members of the board of directors, or the single owners of the pharmacy. If the pharmacy is a privately held corporation, attach a list of all the stockholders and the percentage of stock owned by each stockholder.

NAME AND ADDRESS	TITLE	% OF STOCK OWNED	SOCIAL SECURITY NUMBER

Full 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 corporate 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, owner, or stockholder ever been convicted of a misdemeanor, or felony?  Yes  No
2. Has any individual director, employee, officer, owner, or stockholder ever had a financial interest in a pharmacy, manufacturer, or wholesale distributor which has  
 a. been denied a license or federal registration?  Yes  No  
 b. had its license or federal registration limited, surrendered, suspended, revoked or otherwise disciplined?  
 c. been subject to any other criminal, civil, or administrative penalty?
3. Has any pharmacist owner, Michigan pharmacist licensee, director, employee, officer, or stockholder ever had a license or federal registration  Yes  No  
 a. denied, limited, reprimanded, suspended, revoked or otherwise disciplined?  
 b. been subject to any other criminal, civil, or administrative penalty?

**SECTION V CERTIFICATION**

I understand that it is the policy of this agency to secure a 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, 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 grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_