

APPLICATION FOR ANNUAL WHOLESALE DRUG MANUFACTURER/(REVERSE) DISTRIBUTOR/WAREHOUSE LICENSE

For license period July 1, 2011 – June 30, 2012

North Dakota State Board of Pharmacy
1906 E Broadway Ave
Bismarck, ND 58501-4700

By June 1st Annually \$200.00

(701) 328-9535
Fax # (701) 328-9536
www.nodakpharmacy.com
E-Mail ndboph2@btinet.net

MUST BE TYPEWRITTEN OR LEGIBLY PRINTED

NAME (Full Corporate or Trade Name for Facility to be licensed)

FACILITY ADDRESS (site specific)

SEND LICENSE TO ADDRESS (if different than above)

CONTACT PERSON(S):

CONTACT PERSON(S) EMAIL ADDRESS:

TELEPHONE NUMBER () - FAX # []

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # Company:

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # dba name:

FEDERAL DRUG ENFORCEMENT ADMINISTRATION #

TYPE OF FACILITY TO BE LICENSED (manufacturer, medical gas distributor, veterinary supply company, warehouse, jobber, broker, drug wholesaler/distributor, third party logistics, etc):

FDA REGISTRATION NUMBER and/or LABELER CODE
VAWD NUMBER

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION LLC
OTHER (specify)

ATTACH: LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.]
A COPY OF LICENSE FROM STATE(S) IN WHICH FACILITY(S) IS (ARE) LOCATED
A COPY OF OTHER PERTINENT DOCUMENTS SUCH AS VAWD, FDA, ND SECRETARY OF STATE CERTIFICATE OF AUTHORITY AND/OR PAGE 1 OF YOUR ND CORPORATION ANNUAL REPORT
ND TRADE NAME CERTIFICATE IF DBA IS DIFFERENT THAN COMPANY NAME

IF CORPORATION: Full Corporate Name AND State of Incorporation

I certify that the applicant has not been convicted under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances; nor had any suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

Typed Name Of Person Authorized to Bind Applicant

Typed Title of person Authorized to bind Applicant

Signature of Person Authorized to Bind Applicant