

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

For license period July 1, 2025 - June 30, 2026

North Dakota State Board of Pharmacy
1838 E Interstate Ave Suite D
Bismarck, ND 58503
Phone (701) 877-2404
Fax # (701) 877-2405

*MUST BE TYPEWRITTEN OR
LEGIBLY PRINTED*

Current North Dakota License # Whol
Any license RENEWED after June 1st must pay \$50 Late Fee

www.nodakpharmacy.com

E-Mail: Mhardy@ndboard.pharmacy or ndboph2@ndboard.pharmacy

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 # ()

[Do not just write the name – put the ND Secretary of State Certificate #]

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # Company:

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # dba name:

FEDERAL DRUG ENFORCEMENT ADMINISTRATION # _____

ATTACH COPY OF **VAWD** CERTIFICATE – [if applicable]

FDA REGISTRATION NUMBER _____ and/or **LABELER** CODE _____

TYPE OF OWNERSHIP: _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

OTHER (specify) _____

TYPE OF BUSINESS	COST	Check Applicable Type
Chain drug warehouse	\$200	<input type="radio"/>
Chain pharmacy warehouse	\$200	<input type="radio"/>
Hospital offsite warehouse	\$200	<input type="radio"/>
Jobber or broker	\$1000	<input type="radio"/>
Manufacturer	\$1000	<input type="radio"/>
Outsourcing Facility	\$200	<input type="radio"/>
Own label distributor	\$1000	<input type="radio"/>
Pharmacy distributor	\$200	<input type="radio"/>
Private label distributor	\$1000	<input type="radio"/>
Repackager	\$1000	<input type="radio"/>
Reverse distributor	\$200	<input type="radio"/>
Veterinary - only distributor	\$200	<input type="radio"/>
Virtual manufacturer	\$400	<input type="radio"/>
Virtual wholesaler or distributor	\$1000	<input type="radio"/>
Warehouse	\$200	<input type="radio"/>
Wholesaler or distributor	\$1000	<input type="radio"/>

ATTACH:

1. LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.]
2. A COPY OF HOME STATE LICENSE [letter of explanation if not required]
3. A COPY OF VAWD ACCREDITATION CERTIFICATE IF APPLICABLE
<http://www.nodakpharmacy.com/pdfs/VAWDappInstructions.pdf>
4. PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY RECEIVED FROM THE NORTH DAKOTA SECRETARY OF STATE'S OFFICE AND NORTH DAKOTA TRADE NAME CERTIFICATE (DBA NAME) IF DIFFERENT THAN COMPANY NAME. <https://firststop.sos.nd.gov/>
5. CHECK OR MONEY ORDER FOR THE APPROPRIATE LICENSE FEE

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;

INITIALS OF APPLICANT _____

If the applicant cannot certify to the above statement, please include a description and documents pertaining to the infraction.

Typed Name Of Person Authorized to Bind Applicant

Typed Title of person Authorized to bind Applicant

Signature of Person Authorized to Bind Applicant