APPLICATION FOR ANNUAL VETERINARY RETAIL FACILITY LICENSE

For license period July 1, 2024 - June 30, 2025

	Current VRF #
North Dakota State Board of Pharmacy 1838 E Interstate Ave Suite D	By June 30 th Annually \$175.00
Bismarck, ND 58503 (701) 877-2404	MUST BE TYPEWRITTEN OR LEGIBLY PRINTED
Fax # (701) 877-2405 www.nodakpharmacy.com	
E-Mail <u>Mhardy@ndboard.pharmacy</u> or <u>ndboph2@ndboard.pharmacy</u>	
NAME	
NAME	
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	e the name – put the ND Secretary of State Certificate #]
NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATIO	DN # <u>Company:</u>
NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATIO	DN # <u>dba name:</u>
ATTACH: LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Ow	ner/partner/corporate officer/director etc.]
A COPY OF THE ND SECRETARY OF STATE CERTIFICA	TE OF AUTHORITY AND / OR PAGE 1 OF YOUR ND CORPORATION ANNUAL REPORT
ND TRADE NAME CERTIFICATE IF DBA IS DIFFERENT	
IF CORPORATION:	
Full Corporate Name AND State of Incorporation	on
I certify that the applicant has not been convicted under any federal, start retail drug distribution, or distribution of controlled substances; nor ha local government of any license currently or previously held by the app drugs, including controlled substances;	ad any suspension or revocation by federal, state, or

Typed Name Of Person Authorized to Bind Applicant

Typed Title of person Authorized to bind Applicant

Signature of Person Authorized to Bind Applicant