

**APPLICATION FOR ANNUAL VETERINARY RETAIL FACILITY LICENSE**

**For license period July 1, 2026 - June 30, 2027**

**Current VRF # \_\_\_\_\_**

North Dakota State Board of Pharmacy  
1838 E Interstate Ave Suite D  
Bismarck, ND 58503

By June 30<sup>th</sup> Annually **\$175.00**

(701) 877-2404  
Fax # (701) 877-2405  
[www.nodakpharmacy.com](http://www.nodakpharmacy.com)  
E-Mail [Mhardy@ndboard.pharmacy](mailto:Mhardy@ndboard.pharmacy) or [ndboph2@ndboard.pharmacy](mailto:ndboph2@ndboard.pharmacy)

*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 # ( ) \_\_\_\_\_

[ 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: \_\_\_\_\_

**ATTACH:** LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.]

A COPY OF THE 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