

**APPLICATION FOR ANNUAL WHOLESALE LICENSE FOR DURABLE MEDICAL EQUIPMENT /  
MEDICAL GAS DISTRIBUTORS AND/OR RETAILERS  
For license period July 1, 2022 - June 30, 2023**

North Dakota State Board of Pharmacy  
1906 E Broadway Ave  
Bismarck, ND 58501-4700  
(701) 328-9535  
Fax # (701) 328-9536  
[www.nodakpharmacy.com](http://www.nodakpharmacy.com)  
E-Mail [mhardy@ndboard.pharmacy](mailto:mhardy@ndboard.pharmacy) or [ndboph2@ndboard.pharmacy](mailto:ndboph2@ndboard.pharmacy)

By June 1<sup>st</sup> Annually **\$200.00** – For Retailers OR Distributors only  
**\$300.00** – For combination of Retailer AND Distributor

*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: \_\_\_\_\_

NAME OF NORTH DAKOTA LICENSED PROFESSIONAL CONTRACTED OR EMPLOYED (for Retailers) [attach list if needed]

\_\_\_\_\_ ND License Number \_\_\_\_\_

\_\_\_\_\_ ND License Number \_\_\_\_\_

TYPE OF FACILITY TO BE LICENSED (Durable Medical Equipment distributor, Medical Gas distributor, Durable Medical Equipment retailer, Medical Gas retailer) LIST ALL APPLICABLE:

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 HOME STATE LICENSE [ letter of explanation if not required]
- A COPY OF OTHER PERTINENT DOCUMENTS - 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 durable medical equipment, medical gas, 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