

**APPLICATION FOR ANNUAL WHOLESALE LICENSE FOR DURABLE MEDICAL EQUIPMENT /
MEDICAL GAS DISTRIBUTORS AND/OR RETAILERS
For license period July 1, 2024 - June 30, 2025**

North Dakota State Board of Pharmacy
1838 E Interstate Ave Suite D
Bismarck, ND 58503
(701) 877-2404
Fax # (701) 877-2405
www.nodakpharmacy.com
E-Mail mhardy@ndboard.pharmacy or ndboph2@ndboard.pharmacy

By June 1st 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