

This area for ASBP date stamp

Arizona State Board of Pharmacy

1700 W. Washington Street, #250, Phoenix, AZ 85007

APPLICATION FOR: CHANGE OF LOCATION _____ or REMODEL _____

Date of change or remodel _____ This notice to be filed in Board office at least 30 days prior to change.

Type of business: Pharmacy _____
Wholesale: Full Service _____ Non Prescription _____
Manufacturer _____
Non-Prescription Retail _____
Compressed Medical Gas: Distributor _____ Supplier _____

1. Business name: _____ AZ Permit No. _____

2. a) Address: _____
Street and Number City State Zip

b) Phone: _____ FAX: _____ E-mail: _____

If applicable: c) New address: _____
Street and Number City State Zip

d) New phone: _____ FAX: _____ E-mail: _____

3. The following types of facilities, if located IN ARIZONA: pharmacy, wholesaler, manufacturer and compressed medical gas Distributor are required to provide the following documentation:

- a) Floor plan. Include plans or construction drawing showing facility size and security adequate for the proposed business.
- b) Zoning. Include documentation of compliance with local zoning laws.
- c) Lease (if applicable).

4. Facilities located OUTSIDE OF ARIZONA: Attach a photo copy of license/permit issued by State of domicile.

ADDITIONAL INFORMATION REQUIRED IF THERE HAVE OR WILL BE CHANGES:

5. Mailing address if different: _____
Street and Number City State Zip

6. *Name of owner(s): _____ Phone: _____ FAX: _____
If corporation or partnership, attach a list officers or partners on a separate sheet including name, title and address.

7. Name of manager, responsible person: _____ Emergency phone: _____

8. Pharmacist-in-charge (if applicable): _____
AZ License number _____ Expiration date: _____ Emergency phone: _____

To the best of my knowledge and belief the foregoing application is true and current in all respects.

Signature of Owner, Corporate Officer or Manager Title Date

*NOTE: If this is an ownership change DO NOT USE THIS FORM. Contact Board office for more information.