

STATE OF MAINE

**BOARD OF PHARMACY**

**APPLICATION FOR  
PHARMACY LICENSURE**



Department of Professional and Financial Regulation

Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8689 or (207) 624-8620  
TTY/HEARING IMPAIRED (207) 624-8563  
FAX: (207) 624-8637

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STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 MAINE BOARD OF PHARMACY  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

Direct Tel: (207) 624-8689 Receptionist: (207) 624-8603  
 FAX: (207) 624-8637 - TTY/ Hearing Impaired: (207) 624-8563

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**PHARMACY APPLICATION**

**✓ CHECK ONE:**

- The license fee of \$200 and floor plan must accompany original application.
- A new application and certificate of registration is required under 32 M.R.S.A. Section 13723(5)(G) by change of the pharmacist responsible for the license. The fee required is \$100. Make check payable to: Treasure, State of Maine

PLEASE PRINT OR TYPE:

I \_\_\_\_\_  
 of \_\_\_\_\_  
*Street/P.O. Box* *City/Town*

- Owner
- Officer
- Agent

do hereby apply for a license to conduct a pharmacy at:

\_\_\_\_\_  
*Street and Number* *County*

\_\_\_\_\_  
*City/Town* *Zip Code* *Phone Number*

Federal Tax I.D. # (Mandatory): \_\_\_\_\_ and present the following statements in support of the right to be granted a license; as is provided in Title 32 of the Maine Revised Statutes Annotated, and all rules made thereunder.

1. Name and title under which pharmacy is operating:  
 \_\_\_\_\_
2. If individually owned, give name and address of owner:  
 \_\_\_\_\_

3. If partnership, give names of all active partners:

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4. If a corporation, give name and date of incorporation and names of officers:

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5. Pharmacy is open for business: M-F \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Sat \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Sun \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

6. Names of registered pharmacists employed, including employer if a registered pharmacist:

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7. Names of registered qualified assistant pharmacists (Q.A.'s) employed:

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8. Has the personal pharmacy license of the registered pharmacist-in-charge ever been suspended, revoked, restricted or subject to any other discipline?  Yes  No

If yes, explain:

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9. Has the registered pharmacist-in-charge ever been convicted of a misdemeanor or felony?  
 Yes  No, If yes, explain:

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*It shall be unlawful for any person, partnership, association or corporation to operate, maintain, open or establish any pharmacy within this state without first having obtained a permit to do so from the Board. Separate application must be filed and a separate permit will be issued if it is desired to operate, maintain, open, or establish more than one pharmacy. An individual pharmacist shall be responsible for one pharmacy license only. To the best of my ability, under penalty of perjury, I acknowledge the above to be true.*

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**Signature of registered pharmacist-in charge**

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**License # of registered pharmacist-in-charge**

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

Unless every question is fully answered and signed above, the license will not be granted and the application will be returned for completion.

The Applicant certifies by his/her signature that the management of the pharmacy will be vested with the registered pharmacist in all matters directly or indirectly related to the practice of pharmacy or in any matters related to health, welfare, and safety of the public, as required by 32 M.R.S.A. Section 13752(4).

**Signature of Applicant:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**PROPER FACILITIES, APPARATUS, UTENSILS REQUIRED:**

|                      |                               |                       |
|----------------------|-------------------------------|-----------------------|
| Poison Register      | Rx Weights                    | Rx Balance            |
| Running Water        | Graduate Asst. (4)            | Clean Rx Counter      |
| Hot Water            | Spatula, Steel (2)            | Clean Rx Dept.        |
| Sink, Water Cond'd   | Spatula, non-metal (1)        | Adequate Lighting     |
| Toilet Facilities    | Mortar & Pestle (2)           | Security (electronic) |
| Library (Prof. Ref.) | Safety Cap Rx Containers      |                       |
| Drug Interactions    | Maine Pharmacy laws (current) |                       |
| Refrigerator         |                               |                       |



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**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

|  |               |                           |
|--|---------------|---------------------------|
| <b>Name:</b><br>(applicant fees being paid for)            |               |                           |
| <b>Mailing Address:</b><br>(applicant fees being paid for) |               |                           |
| <b>City:</b>   | <b>State:</b> | <b>Zip Code:</b>          |
| <b>County:</b>   |               | <b>Telephone #: ( ) -</b> |
| <b>Name of cardholder:</b><br>(if other than applicant)    |               |                           |
| <b>Mailing Address:</b><br>(if other than applicant)       |               |                           |
| <b>City:</b>   | <b>State:</b> | <b>Zip Code:</b>          |

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_

Card number \_\_\_\_\_  
 Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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