

STATE OF MAINE

BOARD OF PHARMACY

APPLICATION FOR REGISTRATION

- **MANUFACTURER**
- **WHOLESALE**
- **WHOLESALE DISTRIBUTOR**
- **OUT OF STATE MAIL ORDER PHARMACY**



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

Office located at: 122 Northern Avenue, Gardiner, Maine
Email: susan.a.greenlaw@state.me.us



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

Internet Address: susan.a.greenlaw@state.me.us

APPLICATION FOR REGISTRATION

TYPE OF REGISTRATION (*check one*)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> WHOLESALE DISTRIBUTOR | <input type="checkbox"/> MANUFACTURER |
| <input type="checkbox"/> OUT OF STATE MAIL ORDER
DRUG OUTLET | <input type="checkbox"/> WHOLESALER |

APPLICANTS FOR REGISTRATION MUST SUBMIT THE FOLLOWING:

- Completed application and \$200 registration fee. Make all checks payable to Treasurer, State of Maine;
- Copy of list of officers with names, titles, addresses, and telephone numbers included;
- Copy of last inspection report from the state in which the drug outlet is located (*MAIL ORDER DRUG OUTLETS ONLY*).

Please print or type:

NAME OF BUSINESS: _____	
ADDRESS: _____ _____	
TELEPHONE #: () _____	FEDERAL TAX I.D. #: _____
CURRENT STATE LICENSE #: _____	EXPIRATION DATE: _____
DEA #: _____	EXPIRATION DATE: _____
PHARMACIST RESPONSIBLE FOR LICENSURE (<i>FOR MAIL ORDER DRUG OUTLETS ONLY</i>):	
NAME: _____	
ADDRESS: _____	
LICENSE #: _____	STATE: _____ EXPIRATION DATE: _____
BUSINESS TELEPHONE #: () _____ HOME TELEPHONE #: () _____	

PERSON RESPONSIBLE FOR STORAGE, HANDLING, AND DISTRIBUTION OF PRESCRIPTION DRUGS,
CONTROLLED SUBSTANCES, AND NARCOTICS:

NAME: _____

ADDRESS: _____

TELEPHONE #: () _____

PLEASE LIST ALL TRADE OR BUSINESS NAMES USED BY REGISTRANT:

A. _____

B. _____

C. _____

OWNERSHIP STATUS:

A. IF INDIVIDUAL, STATE NAME: _____

B. IF PARTNERSHIP, STATE FIRM NAME: _____

NAMES OF PARTNERS: _____

C. IF CORPORATION, STATE NAME: _____

NAMES OF OFFICERS: _____

I AGREE TO ABIDE BY THE STATUTES AND RULES SET FORTH BY THE MAINE BOARD OF COMMISSIONERS OF
THE PROFESSION OF PHARMACY. I HAVE READ AND COMPLETED THIS APPLICATION AND I ATTEST THAT ALL
INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

RETURN COMPLETED APPLICATION TO:

**MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035**



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Board of Pharmacy
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
 (207) 624-8563 (TTY/HEARING IMPAIRED)

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR



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.

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

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

Visa MasterCard _____

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

Signature: _____ **Date:** _____ / _____ / _____



PHONE: (207)624-8689
 (Office Phone)

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(207)624-8563 (TTY/HEARING IMPAIRED)