

West Virginia Board of Pharmacy
2310 Kanawha Blvd. East
Charleston, WV 25311
APPLICATION FOR PERMIT AND/OR RENEWAL TO OPERATE
AS A WHOLESALE DRUG DISTRIBUTOR
July 1, 2018 to June 30, 2019

Are you operating solely as a Third-Party Logistics Provider (3PL)? ___ Yes ___ No
If yes, STOP here; you will need to fill out the 3PL license application
If you operate as both a 3PL and a wholesale distributor, then you will need to do both applications

Are you a non-resident manufacturer or virtual manufacturer distributing your prescription drug product yourself or via a 3PL into West Virginia? ___ Yes ___ No
If yes, STOP here; you must fill out the manufacturer's license application as a non-resident manufacturer.
If you operate as both a manufacturer and a wholesale distributor, then you will need to do both applications

Current name and address: _____ Old name, address, and license #: _____
___ Check here IF name or address change
(Address change to a new location, building or facility
requires new application & fee)
___ Check here IF ownership change
(Ownership change requires new application & fee)

West Virginia Wholesale License #: WD _____ Check One: ___ New Application ___ Renewal

West Virginia Controlled Substance License #: MI _____ DEA#: _____

PHONE #: _____ FAX#: _____

List other state(s) of licensure: 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ 8. ___ 9. ___

Doing Business As: Individual ___ Partnership ___ Corporation ___

Attach a list of current owner, partners, or corporate officers and title.

Have your premises been inspected for safeguards relative to the Act? ___ Y ___ N

___ Check here if handling Controlled Substances. Circle applicable drug schedules: C-I C-II C-III C-IV C-V

TO THE BEST OF YOUR KNOWLEDGE

To the best of your knowledge, have any owners, partners, corporate officers or any employees with access to drug stock ever been convicted of a felony? _____ If so, attach a detailed statement.

Are any registered pharmacists employed? _____ **If yes**, please **attach** a list.

AFFIDAVIT: I DO SOLEMNLY SWEAR AND AFFIRM THAT I AM THE AUTHORIZED PERSON TO SIGN FOR THIS APPLICATION FOR LICENSURE AND ALL STATEMENTS MADE ARE TRUE AND CORRECT.

NOTE: Every initial application for a permit shall be accompanied by the required fee of **\$750.00**. The renewal of such permit or license shall be **\$750.00** ANNUALLY. If handling Controlled Substances, an additional fee for the Controlled Substance Handling Permit of **\$50.00** is required, for a total fee of **\$800.00**.

You must attach copies of your State License, most current inspection report and Federal (DEA) controlled substance registration. If you are located outside the state of West Virginia, you must attach copies of your federal and state controlled substance registrations, if shipping controlled substances.

Signature: _____

Title: _____