

# West Virginia Board of Pharmacy

1207 Quarrier Street, 4<sup>th</sup> Floor, Charleston, WV 25301 Ph: 304 558-0558 Fax: 304 558-0474

## RESIDENT PHARMACY - TEMPORARY PERMIT APPLICATION

This form is for use by an Existing Pharmacy that is applying for a temporary pharmacy permit due to temporary closure and/or relocation of the existing location for remodeling or because of a disaster or emergency. The Temporary Permit Application will be subject to inspection in the same manner as a New Pharmacy Permit Application.

Applicant **MUST** submit floor plan to scale with this form (must show counseling area, point-of-sale, rx drop-off, etc.).

**NOTE:** Applicant is responsible for notifying inspector to schedule re-inspection of original location prior to locating back to original location.

(All numbered lines must be completed, or application will be returned for completion.)

1. Name of Pharmacy \_\_\_\_\_ License # \_\_\_\_\_

2. Is this temporary permit being issued for the purpose of a location remodel? YES ☐ NO ☐  
(If YES, licensee must also submit a Remodel Permit Application with this application.)

3. Is this a temporary Physical Address Change? YES ☐ NO ☐ (check appropriate box and must complete all fields)

Physical Address \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ WV Zip \_\_\_\_\_ County \_\_\_\_\_

4. Pharmacist-in-charge \_\_\_\_\_ RP # \_\_\_\_\_

5. Pharmacist-in-charge email \_\_\_\_\_

6. Pharmacist-in-charge work phone prior to opening \_\_\_\_\_ home phone \_\_\_\_\_

The undersigned hereby swear and affirm that all statements made herein are true and correct, and that all provisions of the law and regulations relative to the practice of pharmacy will be faithfully observed so long as any permit is issued. Further, the undersigned states that no other information for the original permit for this license number listed in line 1 above has changed, except as specifically indicated herein.

7. \_\_\_\_\_  
Signature of Applicant, Managing Partner, Member, or Officer Date

8. \_\_\_\_\_  
Signature of Pharmacist-in-Charge Date