



NEW BUSINESS HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Applicant Business Business Entity Owner

Name: FEIN/TIN#
Address: Number and Street City State Zip

Table with 7 rows of questions regarding business history, arrests, and licenses, each with Yes/No options.

If you answered Yes to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, disciplinary orders, or court proceedings.

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Act, the Rules of the Board and all other applicable statutes and rules.

Signature Owner, Officer, or CEO only

Title

Printed Name

Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this ___ day of ___, 20___ A.D. APPLICATION MUST BE NOTARIZED