



**Alabama State Board of Pharmacy
Facilities Change of Ownership Application**

Fee: \$750

Date Received

Office Use Only

- **The change must be reported to the board within 10 days of such occurrence. 680-x-2-.23(g)(6)**
- Follow all instructions and include all required supporting documents on the checklist. The application and all supporting documents **must be submitted as one complete submission.**
Application fees are non-refundable.
- An application **must be signed by the owner, officer, or CEO only.** Power of Attorney's will not be accepted. **All signatures must be less than 90 days old at time of submission.**
- Print single sided pages only. No double-sided applications will be accepted.
- If additional forms are needed, please make copies. If additional space is required to answer a question, please attach the information on a separate sheet of paper.
- If you have additional questions regarding the application process please review the **Facility Application FAQ's** on our website <https://www.albop.com> .

**Mail Completed Application to:
Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242**

The following documents must be submitted with this application:

Check made payable to: Alabama State Board of Pharmacy (application fees are non-refundable)

Application Contact Form

- One contact per application

Ownership Organizational Chart (New Ownership)

- Chart must show the legal business entities from the ultimate parent company down to and including the applicant and must include the legal business name, trade name, tax identification (if US company) and type of ownership for each entity on the chart. Chart must include all owner's names with a 10% or greater ownership interest in a non-publicly traded company.

The following documents can be submitted if they are available:

DEA Certificate (copy) or Controlled Substance Waiver

- If your facility does not have a controlled substance permit you must complete the attached waiver.

Copy of Home State License (must reflect new name if name change)

- This must be a copy of the actual certificate.
- If your state does not require your facility to have license, provide proof of exemption.

Verification of the Home State License

- This can be a current online verification from the home state issuing agency, but the printed verification should be within the past 30 days.
- Verifications mailed directly to our office from other regulatory agencies will not be accepted. The verification must be submitted with all other required documentation as part of the original submission.
- If your state does not require your facility to have license, then a verification is not required.

Individual History Affidavit for the following people listed on the application

- Designated Representative 680-x-2-.23(h)
- All natural person owners
- All Executive officers

Copy of legal document showing the change of ownership

- This can be a bill of sale, stock transfer, or other legal transfer document. Please include the first page(s) that shows all parties involved in the transfer and the last page(s) that has the signatures and date.

Business History Affidavit for the following entities listed on the application

- The applicant business
- All entity owners



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Business Details: If any of the below information changed because of the CHOW please provide the new details.

Name of Business: Permit #
Business Address: Number and Street
City State Zip County (If in Alabama)
Phone Number Fax Number FEIN/TIN

Facility Designated Representative:

Name Date of Birth Social Security Number
Title Email
Phone Number Home Address: Number and Street
City State Zip Are you a U.S. Citizen?
Yes No

Ownership: Please provide the details for the new ownership

Individual Owner Partnership Corporation (Not publicly traded) Publicly Traded Corporation
Limited Liability Company Other

Entity Owners

If the applicant business is owned by an entity (not a natural person), the applicant must identify each parent company that has 10% or more ownership.

Name FEIN/TIN# % of Ownership Phone Number
Address: Number and Street City State Zip
Authorized Agent Authorized Agent Phone Number:

Name FEIN/TIN# % of Ownership Phone Number
Address: Number and Street City State Zip
Authorized Agent Authorized Agent Phone Number:

Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Authorized Agent		Authorized Agent Phone Number:	

Natural Person Ownership

Complete the details below for each owner, partner, member and/or stockholder (as appropriate) with 10% or more ownership that is a natural person owner for this business.

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		% of Ownership

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		% of Ownership

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		% of Ownership

Executive Officer(s):

Complete the details for each executive officer for the business. At a minimum you must include the top 3 officers.

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Effective Date of Change of Ownership _____

Please initial the box next to each statement:

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.

I understand that I must submit all supporting documents within 60 days of receipt of the change of ownership completion form. Failure to do so means that my change of ownership application is incomplete and could result in disciplinary action by the Alabama Board of Pharmacy.

Signature of Owner, Officer, or CEO only

Title

Printed Name

Date

Are you a US Citizen? **YES** **NO** **If NO, Submit documentation of legal status in this country.**

FORM MUST BE NOTARIZED

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

Notary Public (seal)



INDIVIDUAL HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Name: First MI LAST			Date of Birth:
Social Security Number:	Telephone Number:	Email Address:	
Home Address: Number and Street		City	State Zip

Position with Business: (Check all that apply)

Owner
 Partner
 Officer
 Stockholder
 Member
 Designated Representative
 Other: Specify _____

1.	Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever had any action against your personal professional or vocational license (Pharmacist, Physician, Dentist, etc) that resulted in any disciplinary action such as suspension, probation, or revocation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever owned or now own in whole or part any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company? If so, has any license or permit issued to any described entity been surrendered or subject to discipline in connection with the activities of any such entity or charged and/or convicted of any felony or misdemeanor excluding minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever withdrawn an application for a permit or surrendered license once issued to any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever owned in whole or in part or now own any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been issued a license to practice pharmacy or as a pharmacy technician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has an FDA 483 or Warning Letter ever been issued to any entity in which you have been or are currently involved/affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has any final judgement been entered or settlement reached resulting from a claim or action for damages caused by any error, omission, or negligence in the performance of any pharmacy or pharmaceutical professional services by you or any entity that you have been an Owner, Officer, Member, Director, or Partner thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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, board 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

Title

Printed Name

Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day of _____, 20____ A.D.

APPLICATION MUST BE NOTARIZED _____
Notary Public (seal)



CONTROLLED SUBSTANCE WAIVER

Date Received
Office Use Only

Applicant Business Information

Name of Business:			
Address of Business: Number and Street	City	State	Zip Code

I am hereby requesting the Board to issue only a permit and that no activities requiring a controlled substance registration will be performed during the referenced period. I understand that providing a false statement or engaging in any activity requiring a controlled substance registration may result in discipline.

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

Notary Public (seal)



Application Contact Person

Date Received
Office Use Only

Applicant Business Information

Name of Business:			
Address of Business: Number and Street	City	State	Zip Code

Please provide the best contact details for the person to be contacted regarding any deficiencies, questions, or concerns about this application. **All correspondence regarding this application will be directed to this individual only.**

Name:	Telephone Number:		
Company Name:			
Business Mailing Address: Number and Street	City	State	Zip Code
Email Address:			

Signature Owner, Officer, or CEO only

Title

Printed Name

Date

We recommend adding kpickett@albop.com and sgamble@albop.com to your email contact list to help prevent missing important correspondence.