

FOR BOARD USE ONLY  
 Amount Submitted \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
 Certificate Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Applicant No. \_\_\_\_\_

**GEORGIA STATE BOARD OF PHARMACY**  
 237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440  
[www.sos.ga.gov/plb/pharmacy](http://www.sos.ga.gov/plb/pharmacy)

**APPLICATION FOR LICENSURE AS A PHARMACY FACILITY**  
 (Application is valid for six (6) months from receipt by Board office.)

**Application Fee \$400.00 (Non-Refundable)**

The fee for checks returned due to non-sufficient funds is \$40.00.

NOTE: The fee for a name change is only \$10.00

**License Type:**

School of Pharmacy

**Purpose of Application:**

- New Registration
- Change of Ownership
- Change of Location
- Change of Name

**Current License Number** \_\_\_\_\_  
 (If Applicable)

**Method Obtained by:**  Application

**Affiliation:**

Name or title under which business is conducted: \_\_\_\_\_

**Physical Address** \_\_\_\_\_

*(P.O. Box not acceptable)* Number and Street City/State County Zip

**Mailing Address** \_\_\_\_\_

(if different) Number and Street City/State County Zip

\_\_\_\_\_  
 Telephone Number Day **Employer Identification Number:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Name of Pharmacist-In-Charge/Director of Pharmacy: \_\_\_\_\_  
 PIC/Director's License # \_\_\_\_\_

1. Does the Pharmacy School have a policies and procedures manual as required by Rule 480-29-.04?  
 Yes  No **If no, attach an explanation.**

2. Date the pharmacy school will be open for business: \_\_\_\_\_

Please furnish the information requested in subsections (A), (B), (C), (D), and (E) below for each individual owner, all members of a partnership, and all officers and directors of a corporation having less than 26 stockholders.

In addition, this information must be furnished for:

- All stockholders if applicant is a corporation with five (5) or fewer stockholders;
- ½ of the stockholder, if applicant is a corporation with between 6 and 26 stockholders;
- Corporations having more than 26 stockholders need only submit the requested information for individuals owning 25% or more of the total stock.

(A) Name \_\_\_\_\_  
(Indicate whether individual owner, partner, officer, director, and percentage of stock owned.)

Home Address \_\_\_\_\_  
Street City State Zip

(B) Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.)  Yes  No  
**If yes, please attach an explanation and have certified documents sent to the Board office.**

(C) Have you ever had any restrictions as a Medicaid or Medicare provider?  Yes  No  
**If yes, please attach an explanation.**

(D) Have you ever had revoked or suspended or otherwise sanctioned any license issued by any Board or agency in Georgia or in any other State?  Yes  No  
**If yes, please attach an explanation and have certified documents sent to the Board office.**

(E) Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any Board or agency in Georgia or any other State?  Yes  No  
**If yes, please attach an explanation.**

The undersigned hereby swears, or affirms that all statements made herein are true and correct, and that all the provisions of the law and regulations based thereon will be faithfully observed during the period any permit issued may be in force and effect.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_  
(State whether individual Owner, Partner or officer of the corporation)

Sworn and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_  
(Seal)



**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name \_\_\_\_\_

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>  
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]