



Virginia Department of
Health Professions
Board of Pharmacy

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Henrico, Virginia 23233
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(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR A PERMIT AS A WAREHOUSER

Check Appropriate Box(es):

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> New ^{1,3} | \$270.00 | <input type="checkbox"/> Change of Responsible Party | \$50.00 |
| <input type="checkbox"/> Change of Ownership | \$50.00 | <input type="checkbox"/> Change of Location ^{1,3} | \$150.00 |
| <input type="checkbox"/> Change of Tradename | No Fee | <input type="checkbox"/> Reinstatement ^{2,3} | _____ |
| <input type="checkbox"/> Remodel | \$150.00 | | _____ |

The required fees must accompany the application.
Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials			
Name of Firm			
Street Address		Area Code and Telephone Number	
City		State	Zip Code
Name of Responsible Party		Area Code and Telephone Number	
Email address for Responsible Party		Current Virginia Facility license, if applicable 0216	
Expected Opening Date		Requested Inspection Date ¹	
Signature of Applicant			Date
IMPORTANT: Please carefully read and complete page 2 of this application.			

¹ A 14-day notice is required for scheduling an opening or change of location inspection. An inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.

² If reinstatement, complete the following:

- Request for reinstatement is due to lapse of license suspension or revocation of license
- Has this facility operated as a warehouse during the time the license was lapsed, suspended, or revoked? Yes No

³ Will this facility be handling any Schedule II through V controlled substances? Yes No If yes, a controlled substance registration is also required. (Application is available at www.dhp.virginia.gov/pharmacy)

OWNERSHIP TYPE—check one: Corporation Partnership Individual Other _____

Name of ownership entity if different from name on application: _____

Address: _____ Phone No. _____

City: _____ State: _____ Zip Code: _____

State(s) of Incorporation _____

List all other trade or business names used by this facility:

Name: _____ Name: _____

Name: _____ Name: _____

LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES:

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

FOR BOARD USE ONLY

Date Processed:	Check Number:	Receipt Number:	Application Number:	Date Sent to Enforcement:
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Reviewed By:	Date Reviewed:	Permit Number: 0216-	Date Issued:	
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