



Arizona State Board of Pharmacy  
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 P) 602-771-2727 F) 602-771-2749 <https://pharmacy.az.gov/>

**FOR AGENCY USE ONLY**

Permit No.		Fee		Check #		Receipt #	
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**Permit Name Change Application**

This form is not intended for businesses that have undergone an ownership change of 30% or more in voting stock or vested interest that has direct operational oversight. If your business has undergone an ownership change, please submit a new permit application.

Non-Resident Permit Holders must also provide a copy of their updated home state permit.

If you wish to print/download a copy of your updated permit free of charge, please email the application package to [jjimmy@azpharmacy.gov](mailto:jjimmy@azpharmacy.gov). If you would like to receive a printed copy of your updated permit, please mail in the complete application package with a \$10.00 check or money order. Please make your check payable to the Arizona State Board of Pharmacy.

1. Arizona Permit # \_\_\_\_\_

2. Business Name (as it appears on permit): \_\_\_\_\_

3. New Business Name: \_\_\_\_\_

4. Business Address

Street Address \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Mailing Address  Check if mailing address is the same as above.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ 7. Fax Number \_\_\_\_\_

8. Email Address \_\_\_\_\_

I hereby certify that this application is not being submitted due to a change of ownership of 30% or more in voting stock or vested interest that has direct operational oversight.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_