ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

FOR AGENCY USE ONLY							
ASBP Approval:		Permit No.:		Fee:		Receipt No.:	
Effective Date:		Certificate Mailed:		Check No.:		Check Date:	
Fee From:		Fee To:					

APPLICATION FOR COMPRESSED MEDICAL GAS PERMIT

(Call Board Office for Fee Information)

Type of permit:	☐ Distributor / Repackager ☐ Supplier
Business Name:	
Address:	
City, State, Zip:	
County:	
Facility Phone Number:	
Facility Fax Number:	
E-mail:	
Mailing Address (if different):	
City, State, Zip:	
Name of owner(s) (If corporation or partnership, attach a list of officers or partners on a separate sheet, including name, title and address):	
Corporate Phone Number:	
Corporate Fax Number:	
Date business started / opening:	
Type of business (example: home health, medical equipment, welding, oxygen supply, etc.):	
Application submitted due to change in ownership?	☐ Yes ☐ No
If yes, give former owner's name, AZ permit number, and permit name (if different):	
Other trade or business names used:	
Have you conducted a similar business in any other jurisdiction?	☐ Yes ☐ No
If yes, state under what names and locations:	
Has the owner, or any corporate officer or active partner ever been convicted of an offense involving moral turpitude, a felony offense, or any drug-related offense or has any currently pending felony or drug-related charges?	☐ Yes ☐ No
If yes, indicate charge, conviction date, jurisdiction, and location:	

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Has the owner, or any corporate officer or active partner ever been denied a pharmacy permit in this state or any other jurisdiction?	☐ Yes ☐ No
If yes, indicate where and when:	
Name & emergency phone number of manager or responsible person:	

FACILITIES LOCATED IN ARIZONA REQUIRE:

Zoning - Include documentation of compliance with local zoning laws.

FACILITIES LOCATED OUTSIDE ARIZONA REQUIRE:

Existing Permit - Attach a photo copy of license / permit issued by State of domicile.

To the best of my knowledge and belief the foregoing application is true and current in all respects.

_____	_____	_____
(Signature of Owner, Corporate Officer or Manager)	(Title)	(Date)