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

APPLICATION FOR:

☐ Change of location ☐ Remodel

(Date of change or remodel - This notice to be filed in Board office at least 30 days prior to change)

(Type of business)

☐ Pharmacy ☐ Wholesaler - Full Service ☐ Manufacturer ☐ Medical Gas - Distributor ☐ Non-Rx Retailer - Category I

☐ Wholesaler - Non-Rx ☐ Medical Gas - Supplier ☐ Non-Rx Retailer - Category II

(Business name)			(AZ Permit No.)	
(Street Address)	(City)	(County)	(St)	(Zip Code)
(E-mail Address)		(Facility Phone Number)	(Facility Fax Number)	
(New address if applicable)	(City)	(County)	(St)	(Zip Code)
(E-mail Address)		(Facility Phone Number)	(Facility Fax Number)	

For facilities located IN ARIZONA: pharmacies, wholesalers, manufacturers and compressed medica gas distributors are required to provide the following documentation:

Floor plan - Include plans of construction drawing showing facility size and security adequate for the proposed business
Zoning - Include documentation of compliance with local zoning laws
Lease (if applicable)

For facilities located OUTSIDE ARIZONA: Attach a photo copy of license / permit issued by state of domicile

ADDITIONAL INFORMATION REQUIRED IF THERE HAVE OR WILL BE CHANGES:

(Mailing address if different)	(City)	(County)	(St)	(Zip Code)
(Name of owner(s) If corporation or partnership, attach a list of officers or partners on a separate sheet, including name, title and address)		(Phone)	(Fax)	
(Name & emergency phone number of manager or responsible person)				
(Pharmacist-in-charge, if applicable)	(AZ License No.)	(Expiration Date)	(Emergency Phone)	

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)