



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR DISTRIBUTOR PERMIT

(For Board of Pharmacy Use Only):

Verification

Office Approval

Background

Inspection

Enclose non-refundable processing fee with application. Refer to the Fee Schedule at dpr.delaware.gov for correct fee.

The UNDERSIGNED hereby makes application for permit to distribute on a wholesale basis, drugs, medicines, toilet articles, dentifrices, and cosmetics pursuant to 24 *Del. C.* §§2541(B) and 2542 which basically state that persons who distribute the above items to persons other than the ultimate consumer are required to register with the State Board of Pharmacy. According to 24 *Del. C.* §2543, permits are not transferable and expire on the last day of September biennially, even years. Each separate place of distribution must have a separate permit. File separate applications for each place of distribution.

CHECK TYPE(S) OF APPLICATION:

- Initial Application
- Change of Ownership – Enter current license number _____
- Relocation of Facility – Enter current license number _____

CONTACT AND LOCATION INFORMATION

1. Business Name _____
- Mailing Address _____ City _____ State _____ Zip _____
- Location of Distribution Address _____ City _____ State _____ Zip _____
- Phone _____ Fax _____ Email _____

INFORMATION ABOUT DISTRIBUTOR OWNERSHIP

2. Form of Business (check one)
- Partnership
 - Sole Proprietorship
 - Individual with federal employee identification number
 - Corporation
3. Enter the name of the Designated Representative (DR) or most senior person responsible for facility operations, purchasing, and inventory control: _____ **Attach a *Distributor Permit – Information About Ownership* form for this person.**
4. Enter the name of the supervisor of the person named in Question 3: _____ **Attach a *Distributor Permit – Information About Ownership* form for this person.**
5. Is this distributor a publicly held company? Yes No **If No, list the names of the principals and owners who directly or indirectly own more than 10% interest in the company and attach a *Distributor Permit – Information About Ownership* form for each person listed.**

LICENSES, REGISTRATIONS AND PERMITS

6. Attach a list of all state and federal licenses, registrations, or permits including the license, registration permit numbers, authorizing the wholesale distributor to purchase, possess and distribute drugs.

PLAN AND DESCRIPTION

- 7. Attach a drawn plan and full description of each facility and warehouse, including all locations utilized for drug storage, distribution, or both. The description should include:
 - square footage
 - security and alarm system descriptions
 - terms of lease or ownership
 - quarantined area for damaged, outdated, deteriorated, misbranded, or adulterated drugs
 - temperature and humidity controls.

DISCIPLINARY ACTIONS

- 8. Attach a list of all disciplinary actions by state and federal agencies against the wholesale distributor.

PROPERTY DEED OR LEASE

- 9. Attach a copy of the deed or lease for the property on which the wholesale distributor’s establishment is located. If leased, the lease must be for an original term of not less than one (1) calendar year.

POLICIES AND PROCEDURES

- 10. Attach a copy of the distributor’s written policies and procedures, as required by Regulation 8.6.

Submit changes in information above (required by Regulation 8.2.1) to the Board within 30 days of the change.

CONTROLLED SUBSTANCES

- 11. Will you distribute controlled substances? Yes No
 If **Yes**, enter Federal DEA registration number _____

The State of Delaware requires a CSA registration prior to distributing, dispensing, prescribing and storing of controlled substances.

REPACKAGER/MANUFACTURER INFORMATION

- 12. Are you a repackager or manufacturer with the Food and Drug Administration? Yes No
 If **Yes**, enclose a copy of the regulatory letter and enter the following information:
 Registration Number _____ Date of last GMP inspection _____

To assure consideration of an application at a meeting, the Board office must receive all of these items no later than 4:30 p.m. ten full working days before the meeting date:

- Completed, signed and notarized application form.
- Fee payment, and
- All required documentation.

Please note: When your application is complete, please allow 4-8 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

AFFIDAVIT

I, _____ do hereby make application to the Board of Pharmacy for license or registration under the provisions of an Act to regulate the practice of Pharmacy in the State of Delaware and solemnly swear and affirm that the answers to the questions set forth in this application are true and correct.

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Witness my hand and seal hereunto attached.

Notary Signature _____

(SEAL)