



Virginia Department of  
**Health Professions**  
Board of Pharmacy

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Henrico, Virginia 23233  
(804) 367-4456 (Tel)  
(804) 527-4472 (Fax)  
[pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov)  
[www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy)

## APPLICATION FOR LICENSE TO DISPENSE DRUGS

### "Permitted Physician"

☐ New \$700.00 ☐ Change of Location \$435.00  
☐ Reinstatement\* ☐ Remodeling/change in alarm \$435.00

\*If reinstatement, due to: ☐ Lapse of Permit or ☐ Suspension or Revocation of a Permit

Make check payable to "TREASURER OF VIRGINIA".

### SECTION A - APPLICANT INFORMATION

|                        |            |     |                                                    |  |
|------------------------|------------|-----|----------------------------------------------------|--|
| Name of Physician      |            |     | Social Security Number (or Virginia DMV number)    |  |
| Street Address         |            |     | Virginia Board of Medicine License Number<br>0101- |  |
| City                   | State      | Zip | Email Address                                      |  |
| Telephone Number       | Fax Number |     | Number of miles to closest pharmacy in Virginia    |  |
| Hours of Operation     |            |     |                                                    |  |
| Signature of Applicant |            |     | Date                                               |  |

### SECTION B - INSPECTION

|                                               |                                                      |                           |
|-----------------------------------------------|------------------------------------------------------|---------------------------|
| Contact information to schedule an inspection | Expected Opening, Moving, or Remodel Completion Date | Requested Inspection Date |
|-----------------------------------------------|------------------------------------------------------|---------------------------|

**A 14-day notice is required for scheduling an inspection. Drugs for dispensing may not be stocked before inspection and approval.** An inspector will call or email before the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the pharmacist should contact the Board at [pharmbd@dhp.virginia.gov](mailto:pharmbd@dhp.virginia.gov) to inquire.

|                                |                       |                           |               |
|--------------------------------|-----------------------|---------------------------|---------------|
| For Finance and Board use only |                       |                           | 0205          |
| Date:                          | Applicant Number:     | Receipt Number:           | Check Number: |
| Date issued:                   | Reviewed by and date: | Date sent for Inspection: | Scanned by:   |

**SECTION C - OWNERSHIP**

**OWNERSHIP TYPE—check one:**      Corporation ☐    Partnership ☐    Individual ☐    Other ☐

Name of ownership entity or individual:

Street Address:

Phone No.

City:

State

:

Zip Code:

State(s) of incorporation:

**List all other trade or business names used by this practice – Attach a separate sheet if needed.**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Please list any partner or partners, member or members (owners) and, if a corporation, then the corporate officers and directors - Attach a separate sheet if needed.**

Name:

Title:

Mailing Address:

Name:

Title:

Mailing Address: