



Virginia Department of
Health Professions
Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR A WAREHOUSER PERMIT

INSTRUCTIONS PAGE

Application fees are not refundable.

Applications are valid for one year from the date of receipt.

The required fees must accompany the application. Make a check or money order payable to “Treasurer of Virginia”.

Acceptable signatures are hand-signed or via DocuSign.

Send ORIGINAL application to the Board for processing.

Mail application, payment, and all additional documentation to the address above.

One application may be used for multiple requests.

Answer questions at the bottom of page 3.

ADDITIONAL DOCUMENTATION:

- If this is an application for a ***new warehouse permit***, PLEASE ATTACH a detailed description of your business model, including the types of drugs and/or devices intended to be distributed.
- If this is a ***new, change of location, or remodel*** request, PLEASE ATTACH a diagram or footprint of the proposed new or remodeled warehouse space.
- For ***new or change of responsible party***, PLEASE ATTACH a current CV for the responsible party.
- Please attach any other pages with additional documentation as described in the sections below.

Do not include this instruction page when submitting the application.



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APPLICATION FOR A PERMIT AS A WAREHOUSER

Check Appropriate Box(es):

☐ New	\$510.00	☐ Change of Responsible Party	\$125.00
☐ Change of Ownership	\$125.00	☐ Change of Location or Remodel	\$435.00
☐ Change of Tradename	No Fee	☐ Reinstatement	Call Board

The required fees must accompany the application. Fees are nonrefundable
Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type)			
Name of Firm			FEIN
Street Address		Telephone Number	
City	State	Zip Code	
Name of Responsible Party		Telephone Number	
Email address for Responsible Party		Current Virginia Facility license, if applicable 0216	
Signature of Applicant			Date

Inspection Request:

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 and devices 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 to inquire.		

For Finance and Board use only			0216
Date:	Applicant Number:	Receipt Number:	Check Number:
Date issued:	Reviewed by and date:	Date sent for Inspection:	Scanned by:

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 facility – Attach a separate sheet if needed.

Name: _____

Name: _____

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

Name: _____ Title: _____

Mailing Address: _____

Name: _____ Title: _____

Mailing Address: _____

Please answer the following questions:

1. Will this facility be handling any Schedule II through V controlled substances?

If yes, a controlled substance registration is required. Application is available at www.dhp.virginia.gov/pharmacy.

Yes ☐ No ☐

2. If requesting reinstatement, is this due to the lapse of the license?

Yes ☐ No ☐

3. If requesting reinstatement, is this due to suspension or revocation of the license?

Yes ☐ No ☐

4. If yes to question #3, has this facility operated as a warehouser during the time the license was lapsed, suspended, or revoked?

Yes ☐ No ☐