



## APPLICATION FOR LICENSE AS A WHOLESALE DISTRIBUTOR

**Check Appropriate Box(es):**

- |  |          |   |            |
|--|----------|---|------------|
| <input type="checkbox"/> New <sup>1,3</sup>  | \$350.00 | <input type="checkbox"/> Change of Responsible Party                  | \$65.00    |
| <input type="checkbox"/> Change of Ownership | \$65.00  | <input type="checkbox"/> Change of Location or Remodel <sup>1,3</sup> | \$300.00   |
| <input type="checkbox"/> Change of Tradename | No Fee   | <input type="checkbox"/> Reinstatement <sup>2,3</sup>                 | Call Board |

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

<b>Applicant—Please provide the information requested below. (Print or Type)</b>			
Name of Firm		Federal Employer Identification Number (FEIN)	
Business Address		Telephone Number	
City	State	Zip Code	
Virginia Wholesale Distributor License Number (if applicable) <b>0215-</b>		Email Address for Responsible Party	
Name of Responsible Party		Social Security Number or Control Number <sup>4</sup>	
Address		Telephone Number	
City	State	Zip code	
Name of contact person for firm		Telephone Number	
Expected Opening Date (if applicable)		Requested Inspection Date <sup>1</sup>	
Signature of Responsible Party			Date
<b>IMPORTANT: Please carefully read and complete pages 2 through 3 of this application.</b>			

<sup>1</sup> A 14-day notice is required for scheduling an inspection. An inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.

<sup>2</sup> If reinstatement, complete the following:

- Request for reinstatement is due to  lapse of license  suspension or revocation of license
- Has this facility operated as a wholesale distributor during the time the license was lapsed, suspended, or revoked?  Yes  No

<sup>3</sup> Will this facility be handling any Schedule II through V controlled substances?  Yes  No

If yes, a controlled substance registration is also required. (Application is available [www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy))

<sup>4</sup> "Control number" means the unique identifying customer number assigned by the Virginia Department of Motor Vehicles to an individual when issuing a driver's license, learner's permit, or official identification card. This number is displayed on the driver's license or ID card in lieu of the Social Security Number.

<b>OWNERSHIP TYPE—</b>			
check one: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> _____			
Name of ownership entity if different from name on application: _____			
Address: _____		Phone No. _____	
City: _____		State: _____	
State(s) of Incorporation _____		Zip Code: _____	
<b>List all other trade or business names used by this facility: (includes “is doing business as,” and “formerly known as”</b>			
<b>Name:</b> _____		<b>Name:</b> _____	
<b>Name:</b> _____		<b>Name:</b> _____	
<b>I do solemnly affirm</b> that the information provided on this application is true and accurate to the best of my knowledge. Furthermore, I agree to notify the board of any changes to the required information within 30 days of such change.			
Signature of Applicant: _____			
Print Name: _____			
Date: _____			

**For affirmation by the responsible party:**

<b>I do solemnly affirm I am</b>	
<ul style="list-style-type: none"> <li>• the primary contact person for the board and responsible for managing the wholesale distribution operations at this location</li> <li>• employed full time in a managerial position, actively engaged in daily operations of the wholesale distributor, and present on a full-time basis at this location during normal business hours, except for time periods when absent due to illness, family illness or death, vacation, or other authorized absence</li> <li>• not a responsible party for any other wholesale distributor license</li> <li>• knowledgeable about all policies and procedures pertaining to the operations of the wholesale distributor and all applicable state and federal laws related to wholesale distribution of prescription drugs.</li> </ul>	
Signature of Responsible Party: _____	
Print Name: _____	
Date: _____	

<b>FOR BOARD USE ONLY:</b>			
Date Processed:	Check No:	Receipt No:	Application No:
Date Issued:	Registration Number: <b>0215-</b>	Reviewed By:	Date Reviewed:

**Please attach the following additional general information about the business:**

1. A list of all states in which the entity is licensed to purchase, possess and distribute prescription drugs and into which it ships prescription drugs
2. A brief description of your planned business activities for which you need this license including examples of prescription items you plan to distribute.

**Please attach the following additional information concerning ownership:**

1. Type of ownership and name(s) of the owner of the entity, including
  - A. If an individual: The name, address, social security number or control number.
  - B. If a partnership: The name, address, and social security number or control number of each partner, name of partnership and federal employer identification number.
  - C. If a corporation:
    - (1) The name and address of the corporation, federal employee identification number, state of incorporation, the name and address of the resident agent of the corporation;
    - (2) The name, address, social security number or control number, and title of each corporate officer and director;
    - (3) For non-publicly held corporations, the name and address of each shareholder that owns ten (10) percent or more of the outstanding stock of the corporation;
    - (4) The name, federal employer identification number, and state of incorporation of parent company.
  - D. If a sole proprietorship: Full name, address, and social security number or control number of the sole proprietor and the name and federal employer identification number of the business entity.
  - E. If a limited liability company, the name and address of each member, the name and address of each manager, the name of the limited liability company and federal employer identification number, the name and address of the resident agent of the limited liability company, and the name of the state in which the limited liability company was organized.
2. A list of all disciplinary actions, to include date of action and parties to the action, imposed against the entity by state or federal regulatory bodies, including any such actions against the responsible party, principals, owners, directors, or officers over the last seven years;
3. An attestation providing a complete disclosure of any past criminal convictions and violations of the state and federal laws regarding drugs or devices or an affirmation and attestation that the applicant has not been involved in, or convicted of, any criminal or prohibited acts. Such attestation shall include principals, directors, officers, the responsible party or any shareholder who owns 10% or more of outstanding stock in any non-publicly held corporation;

**Please attach the following information concerning the person named as the responsible party:**

1. A passport size and quality photograph taken within 30 days of submission of the application
2. A resume listing employment, occupations, or offices held for the past seven years including names, addresses, and telephone numbers of the places listed and showing a minimum of two years of verifiable experience in a pharmacy or wholesale distributor licensed in Virginia or another state, where the person's responsibilities included, but were not limited to, managing or supervising the recordkeeping, storage, and shipment for drugs or devices
3. A description of any involvement by the person with any business, including any investments, other than the ownership of stock in publicly traded company or mutual fund, during the past 7 years, which manufactured, administered, prescribed, distributed, or stored drugs and devices and any lawsuits, regulatory actions, or criminal convictions related to drug laws or laws concerning wholesale distribution or prescription drugs in which such businesses were named as a party
4. A sworn statement or affirmation disclosing whether the person has a criminal conviction or is the subject of any pending criminal charges within or outside the Commonwealth
5. A criminal history record check through the Central Criminal Records Exchange. The responsible party must complete form SP167 through the Virginia State Police located at <http://www.vsp.state.va.us/FormsPublications.shtm> Do not use this agency's address for the mail reply to field. The responsible party must sign the form as the person making the request.
6. Any additional information deemed by the board to be relevant to determining eligibility of a responsible party.