LICENSE APPLICATION FOR WHOLESALE PRESCRIPTION DRUG DISTRIBUTORS

NOTE: Any person licensed under this Act is not required to register under G.S. 106-140.1

FEES: Manufacturer, Repackager, or Relabeler - $500.00; Distributor - $350.00

Type or print answers to all questions. Use “Not Applicable” where appropriate. If more space is required, attach supplemental sheets(s) identifying each item corresponding to the license application. Pay nonrefundable fee by check or money order payable to “North Carolina Department of Agriculture & Consumer Services.” DO NOT SEND CASH.

1. Business Name ___________________________________________ Telephone No. ___________________
   Address __________________________________ City __________________ State __________ Zip ______
   E-Mail contact __________________________________________
   *Renewal notification in October based on e-mail address submitted on application; please notify us if this changes

2. Nature of Business □ Manufacturer □ Repackager □ Relabeler □ Distributor
   □ OTC Pseudoephedrine

3. Type of Ownership □ Sole Proprietorship □ Partnership □ Corporation
   State of Incorporation __________________________ Hours of Operation __________________________

4. All trade or business names used __________________________________________________________

5. Location of all facilities used by applicant for storage, handling, and distribution of prescription drugs. Each
   location must obtain a license.
   Address __________________________________ Telephone __________________ Contact Person __________________

6. Name and title of owners, partners, corporate officers, and directors
   Name __________________________________ Title __________________

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Answer the following: (a) on behalf of the owner if the applicant is a sole proprietorship, (b) on behalf of each partner if applicant is a partnership, or (c) on behalf of the corporation if the applicant is a corporation, and on behalf of each officer and director of such corporation.

(a) Has the applicant ever been convicted under any federal, state or local law relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances?

(b) Has the applicant ever been convicted of any felony under federal, state, or local laws?

(c) Has the applicant previously given any false or fraudulent information on an application made in connection with drug manufacturing or distribution?

(d) Has drug registration or license under any local, state, or federal law ever been suspended or revoked?

(e) Has drug registration or license under any state law or the Federal Food, Drug and Cosmetic Act ever been denied?

Describe your past experience in the manufacture or distribution of controlled substances and other prescription drugs.

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What education, training, experience, or combination of these are required of employees to assure assigned functions are performed in a manner that ensures that prescription drug quality, safety, and security will be maintained at all times as required by law?

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Further Requirements for Wholesaler Application Must Include the Attached Federal Background Check

1. Attach A Copy Of A Valid, Signed Photo ID Of The Applicant To This Application.

2. Submit A Completed Federal Background Check. No Application Will Be Accepted Without This Document.

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FEDERAL RECORD CHECK PROCEDURE

- Go To Local Law Enforcement / Sheriff' Office
- Request a Finger Print Card and Finger Printing (fee)
- Obtain A Money Order Written To: Treasurer Of The United States
- Submit: Finger Print Card
  Money order
  Cover letter / Full Name
  Current Address
  Phone Number
  Reason for Request (licensing requirement)

- Place information in envelope and mail to the following address

  FBI Record Request
  1000 Custer Hollow Road
  Clarksburg, West Virginia 26306
  Phone # 304-625-5590

- In 3-4 weeks, you should have the report returned from the FBI

- Submit the report along with the completed license application to our department

- No license will be granted until all of this information is collected and reviewed.

I, the undersigned, do hereby certify that all the information contained in this application is complete, true, and correct. In addition, I agree that the business will be operated in compliance with all applicable laws and regulations.

Date _____________________  Applicant Name_________________________________
Owner, Partner, or Officer of Corporation

Title ______________________________

Applicant Signature ______________________________

License expires December 31st of each year
Changes in information supplied in this application must be submitted within 90 days.