South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
P.O. Box 11927 • Columbia, SC 29211-1927
Phone: 803-896-4700 • Fax: 803-896-4596
www.llronline.com/POL/Pharmacy/

2015 – 2016

NON-RESIDENT PERMIT RENEWAL APPLICATION
WHOLESALE / DISTRIBUTOR / MANUFACTURER

$500 postmarked before June 1
$550 postmarked on/after June 1

A returned check fee of up to $30, or an amount specified by law, **may** be assessed on all returned funds.

For Board Use Only	
Date Processed	
Amount Paid	
Date Returned if Incomplete	
Check #	

Permit #:_____

Federal Tax ID#: _____

Company Name: _____

Facility Address: _____

City: _____ State:_____ Zip Code: _____

Phone: _____ Fax:_____Email: _____

Activity Type:

☐ Wholesale/Distributor ☐ Manufacturer ☐ Re-packager ☐ Reverse Distributor ☐ 3PL

1. Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board of Pharmacy?
   If yes, a new application is required. Contact the Board of Pharmacy office. ☐ Yes ☐ No

2. Is your facility VAWD (Verified Accredited Wholesale Distributor) accredited? ☐ Yes ☐ No
   If yes, attach a copy of the current certificate.

3. Since your last renewal, has any license you hold as a wholesale/distributor/manufacturer been disciplined?
   If yes, attach copies of the disciplinary action. ☐ Yes ☐ No

4. Do you distribute and/or manufacture controlled substances? ☐ Yes ☐ No

5. Attach a listing of other state licenses including the license number, state of issuance and license status. License verifications are not required.

ATTESTATION:

I certify that I have read and approved the foregoing, and the statements are true and correct to the best of my knowledge and belief; that I will comply with the requirements for non-resident wholesale/distributors and/or manufacturers as contained in the South Carolina Pharmacy Practice Act; and that I understand I am responsible for any violations during my tenure.

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

_____
Notary Public Signature

Notary Public for the State of: _____

Print Name: _____

My Commission Expires: _____

_____
Signature of Permit Holder

_____
Print Name of Permit Holder

_____
Email Address of Permit Holder

I have enclosed copies of the following items:

___ resident state license ___ most recent inspection report ___federal/state controlled substance license
___ VAWD certificate ___ list of licenses held in other states
___$500 fee payable to SC Board of Pharmacy

Note:

- Completed application with required documents and fees must be postmarked before June 1, 2015.
- On June 1, 2015, a penalty of $50 will be assessed.
- Permits not renewed by June 30, 2015, are lapsed and may incur disciplinary action by the Board. Lapsed permits will be assessed late fees of $10/day until the permit is reinstated.

- Return completed application to : **SC Board of Pharmacy, PO Box 11927, Columbia SC 29211-1927** or **SC Board of Pharmacy, 110 Centerview Drive Suite 201, Columbia SC 29210**

Privacy Notice:

South Carolina Law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.