South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11927 • Columbia • SC 29211-1927
Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596
llr.sc.gov/bop

WHOLESALE/DISTRIBUTOR PERMIT APPLICATION REQUIREMENTS AND INSTRUCTIONS

A Wholesale Distributor Permit is required for a facility to engage in wholesale distribution of prescription drugs and/or devices to permitted facilities and licensed practitioners. Entities requiring a Wholesale Distributor Permit include, but are not limited to: own-label distributors; private-label distributors; jobbers; brokers; warehouses including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions. A South Carolina Wholesale Distributor Permit Application has a one-year expiration.

All facilities will be inspected before a permit is issued.

Failure to complete all required fields and/or provide necessary supplemental documentation will delay the application process. If an item is not applicable, please indicate N/A. **Items should be provided in the order listed below. Please do not send in binders, folders or use dividers. Ensure all documentation/information is legible and retain copies of all documents for your records.**

Pursuant to S.C. Code Ann. § 40-43-90(A)(1), application must be received in the Board office at least forty-five (**45**) days before the required permit is needed to allow for application processing, on-site inspection, and if necessary, written corrective action response.

Using false, fraudulent, forged statement or document, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or licensure denial.

Include this checklist with your application (check N/A if not applicable):

Included	N/A	
☐	☐	Check or money order only (no cash) in the amount of **$280** made payable to SC Board of Pharmacy. (Application fee is non-refundable. A returned check fee of up to $30, or an amount specified by law, may be assessed on all returned funds.)
☐	☐	A letter describing, in detail, the nature of your business
☐	☐	Include organizational chart from the ultimate parent company down to and including the applicant.
☐	☐	If a change of ownership, include organization charts of before and after the change. Chart must include names of owners with a 10% or greater ownership interest if a non-publicly traded company.
☐	☐	Copies of policies and procedures on security, disaster plans and storage
☐	☐	Photographs of: o Entrance o Exit o Product area

If you are a virtual wholesale/distributor, also include the items below:

☐	☐	Provide the name, address, and South Carolina permit number of all 3PLs and/or wholesale distributors you will be using. If available, provide the Drug Distributor accreditation certificate or a notarized letter certifying these facilities are in compliance with NABP standards.
☐	☐	Provide a list of the names and addresses of all contract manufacturers and verification of FDA registration for each.

Mail application to the address listed at the top of this page.

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WHOLESALE/DISTRIBUTOR PERMIT APPLICATION

☐ New Facility

☐ Change to Existing Permit (Permit No.: _______________)
- ☐ Change of Name
- ☐ Change of Location (from one city to another)
- ☐ Change of Ownership (include organizational chart before and after change)

For Board Use Only	
Date Paid	
Amount Paid	
Check No.	
Inspector	

Type of Activity (check all that apply):

☐ Wholesale/Distributor ☐ Virtual Wholesale/Distributor ☐ Broker

FACILITY INFORMATION

Federal Tax ID No.: ___________________________ NABP e-Profile ID No.: ____________________________

Legal Name of Facility:____

DBA Name: ____

Facility Address: ____

City: ____ State: _______ Zip: ______________________

Telephone No.: ____ Fax No.: ____________________________

County where facility is located: __________________________

Is application based on a change in ownership? ☐ Yes ☐ No

If Yes: ____ SC Permit No.: _________________________
Previous Name of Facility

Name of Designated Representative: _______________________________ Phone No.: _______________________

Email for Designated Representative: ____

Mailing Address where all correspondence regarding permitting will be sent if other than facility above:

Contact Person: ___________________________ Email: ____

Facility Name: ____

Mailing Address: __________________________________City: _____________________State: ___Zip: _________

Which of the following entities do you sell/ship product to? Check all that apply:

☐ Pharmacies ☐ Hospitals ☐ Clinics/Surgical Centers
☐ Dentists ☐ Physicians ☐ Podiatrists
☐ Nursing Homes ☐ Veterinarians ☐ Optometrists
☐ Other (specify): ____

Will the facility utilize a 3PL or separate wholesaler to distribute the product? ☐ Yes ☐ No

If yes, list all names and locations of distributors (attach additional sheets if necessary):

____

____

____

Type of products distributed. Check all that apply:

☐ Prescription Drugs ☐ Legend Devices ☐ OTC drugs
☐ Non-Legend Devices ☐ Controlled Substances ☐ Medical Gases
Other: ____

Do you distribute controlled substances? ☐ Yes ☐ No

If yes, contact SCDHEC Bureau of Drug Control via website at:
www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/NewRegistrations/

OWNERSHIP

☐ **Sole Proprietorship** Name of Business Entity: ____

Name	City, State	Birth Year

☐ **General Partnership** ☐ **LLP** Name of Partnership/LLP: ____

Partner Name	City, State	Birth Year	% of Ownership

☐ **Corporation** ☐ **LLC** Legal Name of Corporation/LLC: ____

Is this facility publicly traded? ☐ Yes ☐ No

Name of Parent Company: ____ State of Incorporation: _______

Name of Individual Owners and Principal Officers	Title	City, State	Birth Year	% of Ownership
1.				
2.				
3.				

Pursuant to SECTION §40-43-83 (E) The board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

DISCIPLINARY HISTORY

If you answer "Yes" to any part of this section, provide a detailed explanation on a separate sheet and attach copies of applicable court documentation. Include the city and state where the offense(s) occurred.

TO THE BEST OF YOUR KNOWLEDGE HAS THE APPLICANT, the entity, undersigned permit holder, any person or entity identified in the ownership/management section above, or any entity under common control with the applicant ever:

1. Has any license or permit held by the applicant, permit holder, or by any owner or corporate officer, ever been disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations or revoked for violations of any federal or state pharmacy laws or drug laws regardless of state? ☐ Yes ☐ No

   Is there any pending disciplinary action? ☐ Yes ☐ No

2. Been convicted, fined or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor in South Carolina or any other state, or in a United States court for:

   a. any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not a sentence was imposed? ☐ Yes ☐ No

   b. any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug/device manufacturer setting or incident to pharmacy practice, whether or not a sentence was imposed? ☐ Yes ☐ No

   c. any offense involving fraud or dishonesty whether or not a sentence was imposed? ☐ Yes ☐ No

ATTESTATION

I declare that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief. I will comply with the requirements contained in the South Carolina Pharmacy Practice Act and I understand I am responsible for any violation(s) occurring during my tenure.

Permit Holder Signature	Date
Print Name of Permit Holder	Title
Permit Holder Email	Phone Number

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 purposes.