



2023-2024 NON-RESIDENT WHOLESALE DISTRIBUTOR PERMIT RENEWAL

Renewal Instructions:

- Submit this permit renewal and any supporting documents (if applicable) directly to the Board by going to: <https://eservice.llr.sc.gov/DocumentSubmission/>. You will pay the renewal fee through this document submission process via debit/credit card or electronic check.

FOR BOARD USE ONLY	
Check No.	
Amount Paid	
Processed	
Returned Incomplete	

Renewal Requirements:

- If mailing paper application: Renewal fee in the form of a check or money order (no cash) payable to SC Board of Pharmacy. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Renewal / Late Fees:**
Postmarked before 6/1/2023: **\$700**
Postmarked on or after 6/1/2023: Late Fee \$50 + Renewal Fee \$700 = **\$750**
- Beginning July 1, 2023, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Submit a copy of the facility's most recent inspection report via [document submission](#).
- Permits not renewed by June 30, 2023, are lapsed and may not operate. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may result in disciplinary action. A permit holder who allows a site to operate with a lapsed permit is in violation of S.C. Code Ann. § 40-43-83 and may result in disciplinary action.
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.

FACILITY INFORMATION

Federal Tax ID No.: _____ SC Permit No.: _____

SC DHEC/Control Substance Registration No. (if applicable): _____

DEA Registration No. (if applicable): _____ Expiration Date: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ NABP e-Profile ID (If applicable): _____

Designated Representative: _____ Email: _____

Mailing address where all correspondence regarding licensure will be mailed, if other than facility above:

Facility Name: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Entity Type:

Check the facility's most applicable entity type:

- | | | |
|--|--|--|
| <input type="checkbox"/> Repackager | <input type="checkbox"/> Own-Label Distributor | <input type="checkbox"/> Private-Label Distributor |
| <input type="checkbox"/> Broker/Jobber | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Independent Wholesale Drug Trader |
| <input type="checkbox"/> Retail Pharmacy that conducts wholesale distributions | <input type="checkbox"/> Other: _____ | |

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board?

☐ Yes – Contact the Board of Pharmacy office before completing this application. ☐ No

1. Since your last renewal, has any license or permit you hold been disciplined? ☐ Yes ☐ No
If Yes, provide a copy of the disciplinary action.
2. Is your facility accredited by NABP Drug Accreditation program? ☐ Yes ☐ No
If Yes, Expiration Date: _____
3. Are you reporting to the FDA? ☐ Yes ☐ No
4. Does your facility distribute or store controlled substances? ☐ Yes ☐ No

ATTESTATION

I certify that I have read and approved the foregoing, and the statements are true and correct; that I will comply with the requirements for the facility as contained in the South Carolina Pharmacy Practice Act and Regulations Promulgated thereunder. I understand I am responsible for abiding by the statutes and regulations governing my role as the facility's permit holder.

Permit Holder Signature

Date

Print Name of Permit Holder

Permit Holder Title

Email Address of Permit Holder

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.