



MAINE BOARD OF PHARMACY

VENDING MACHINE UNIT

RELOCATION OF VENDING MACHINE REPORTING FORM

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing

Email: pharmacy.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION**

Maine Board of Pharmacy

VENDING MACHINE UNIT RELOCATION REPORTING FORM

VENDING MACHINE OUTLET OWNER INFORMATION (please print)			
OWNER OF THE VENDING MACHINE OUTLET: (FULL NAME)			
VENDING MACHINE OWNER'S FEIN OR SSN			
VENDING MACHINE OWNER'S CONTACT ADDRESS STREET:			
CITY	STATE	ZIP	COUNTY
PHYSICAL LOCATION OF THE VENDING MACHINE: STREET:			
CITY	STATE	ZIP	COUNTY
TOLL-FREE PHONE NUMBER ()			
E-MAIL (Your license will be sent to this email)			

SECTION 1: VENDING MACHINE UNIT INFORMATION OF OLD LOCATION (please print)

Vending Machine #1 Information:

CURRENT VENDING MACHINE OUTLET LICENSE NUMBER: VMO:
VENDING MACHINE UNIT NUMBER: VEN:
VENDING MACHINE SERIAL NUMBER:
LOCATION OF THE OLD VENDING MACHINE IN THE BUILDING (ie: lobby, wing, foyer, floor, etc.)

SECTION 2: RELOCATION OF VENDING MACHINE UNIT INFORMATION OF NEW LOCATION

Vending Machine #1 Information:

VENDING MACHINE SERIAL NUMBER:
TOLL-FREE TELEPHONE # ()
LOCATION OF THE VENDING MACHINE IN THE BUILDING (ie: lobby, wing, foyer, floor, etc.)

SECTION 3: TEMPERATURE CONTROLLED NON-PRESCRIPTION DRUGS.

Will this vending machine dispense temperature controlled non-prescription drugs? IF YES, please attach (WITH THIS APPLICATION) a detailed description of the measures taken to insure constant stable temperature control for the non-prescription drugs that require a certain temperature control and describe what mechanism is in place for monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 4: ENCLOSURES

A detailed description, photograph(s) and drawing(s) of the intended location of each vending machine within the physical setting, as well as photograph(s) and drawings of the vending machine(s). Each vending machine shall be assigned a specific physical placement and orientation within a physical location that is:

1. weather-tight;
2. well-ventilated;
3. in a moisture-controlled environment;
4. well-lighted; and
5. protected from direct sunlight.

Please indicate the Serial Number of the Vending Machine on the enclosure

Vending Machine #1 Information:

SECTION 5: List the nonprescription drugs that will be sold or dispensed from the vending machine - any single vending machine may sell or dispense no more than twelve (12) different nonprescription drugs.

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)
11)	12)

If there is more than 1 vending machine changing locations, please complete below. If applying for only 1 change of location, then continue to section 9 on the last page

SECTION 1: VENDING MACHINE UNIT INFORMATION OF OLD LOCATION (please print)

Vending Machine #2 Information:

CURRENT VENDING MACHINE OUTLET LICENSE NUMBER: VMO:
VENDING MACHINE UNIT NUMBER: VEN:
TOLL-FREE TELEPHONE # ()
VENDING MACHINE SERIAL NUMBER:
LOCATION OF THE OLD VENDING MACHINE IN THE BUILDING (ie: lobby, wing, foyer, floor, etc.)

SECTION 2: VENDING MACHINE UNIT INFORMATION OF NEW LOCATION (please print)

VENDING MACHINE SERIAL NUMBER:
TOLL-FREE TELEPHONE # ()
LOCATION OF THE VENDING MACHINE IN THE BUILDING (ie: lobby, wing, foyer, floor, etc.)

SECTION 3: TEMPERATURE CONTROLLED NON-PRESCRIPTION DRUGS.

Will this vending machine dispense temperature controlled non-prescription drugs? IF YES, please attach (WITH THIS APPLICATION) a detailed description of the measures taken to insure constant stable temperature control for the non-prescription drugs that require a certain temperature control and describe what mechanism is in place for monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 4: ENCLOSURES

A detailed description, photograph(s) and drawing(s) of the intended location of each vending machine within the physical setting, as well as photograph(s) and drawings of the vending machine(s). Each vending machine shall be assigned a specific physical placement and orientation within a physical location that is:

1. weather-tight;
2. well-ventilated;
3. in a moisture-controlled environment;
4. well-lighted; and
5. protected from direct sunlight.

Please indicate the Serial Number of the Vending Machine on the enclosure

VEN #2 Information:

SECTION 5: List the nonprescription drugs that will be sold or dispensed from the vending machine - any single vending machine may sell or dispense no more than twelve (12) different nonprescription drugs.

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)
11)	12)

SECTION 1: VENDING MACHINE UNIT INFORMATION OF OLD LOCATION (please print)

Vending Machine #3 Information:

CURRENT VENDING MACHINE OUTLET LICENSE NUMBER: VMO:
VENDING MACHINE UNIT NUMBER: VEN:
VENDING MACHINE SERIAL NUMBER:
TOLL-FREE TELEPHONE # ()
LOCATION OF THE OLD VENDING MACHINE IN THE BUILDING (ie: lobby, wing, foyer, floor, etc.)

SECTION 2: VENDING MACHINE UNIT INFORMATION OF NEW LOCATION (please print)

VENDING MACHINE SERIAL NUMBER:
TOLL-FREE TELEPHONE # ()
LOCATION OF THE VENDING MACHINE IN THE BUILDING (ie: lobby, wing, foyer, floor, etc.)

SECTION 3: TEMPERATURE CONTROLLED NON-PRESCRIPTION DRUGS.

Will this vending machine dispense temperature controlled non-prescription drugs? IF YES, please attach (WITH THIS APPLICATION) a detailed description of the measures taken to insure constant stable temperature control for the non-prescription drugs that require a certain temperature control and describe what mechanism is in place for monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 4: ENCLOSURES

A detailed description, photograph(s) and drawing(s) of the intended location of each vending machine within the physical setting, as well as photograph(s) and drawings of the vending machine(s). Each vending machine shall be assigned a specific physical placement and orientation within a physical location that is:

1. weather-tight;
2. well-ventilated;
3. in a moisture-controlled environment;
4. well-lighted; and
5. protected from direct sunlight.

Please indicate the Serial Number of the Vending Machine on the enclosure

Vending Machine #3 Information:

SECTION 5: List the nonprescription drugs that will be sold or dispensed from the vending machine - any single vending machine may sell or dispense no more than twelve (12) different nonprescription drugs.

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)
11)	12)

SECTION 6: Machine Labeling (Board Rule Chapter 41, Section 3 (4))

1. Each vending machine outlet must have an obvious and legible statement or label on each machine that:
 - A. Identifies the owner of the machine, and, if different, the vending machine outlet licensee;
 - B. Identifies the vending machine’s serial number;
 - C. Lists the vending machine license number issued by the Maine Board of Pharmacy and the license expiration date;
 - D. Provides a toll-free telephone number at which the consumer may contact the owner of the machine, and, if different, the vending machine outlet licensee;
 - E. Provides contact information for the Northern New England Poison Center; and
 - F. Advises the consumer to check the expiration date of the product before using the product.

Important: Refer to Board Rules Chapter 41, Section 2(3). Please note that a Vending Machine Outlet license is not transferrable and is subject to a new application and licensure before you begin to operate.

SECTION 7: APPLICANT’S CERTIFICATION AND SIGNATURE

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed name of the vending machine outlet owner	Title
Signature of the vending machine outlet owner	Date