



MAINE BOARD OF PHARMACY

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

Wholesaler **For Facilities that are Not VAWD Accredited**

Do not return the following informational pages with your application; it is for your information only

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.

INFORMATIONAL

- ✓ Receipt of your application does not constitute entitlement to begin to ship into Maine. While applications are logged in as 'pending' this does not mean a license has been issued. You must hold an active license in order to begin shipping into Maine. Processing time depends greatly on the completeness of your application.
- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.
- ✓ Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 business days for delivery.
- ✓ If there is an urgent need to contact us, please be advised that we will only discuss your application with the contact person named in the application to avoid miscommunications. This is done not only for your protection, but to also avoid any complications with too many hands involved, which generally leads to miscommunication or misunderstandings. Our goal is to streamline your process, not complicate it.
- ✓ Incomplete applications or documents that have been modified or altered in any way, including use of a white out substance will not be accepted and will be returned.

LAW AND BOARD RULE REFERENCE

Information contained in this application is not a substitute for carefully reviewing applicable laws and rules. You may obtain a copy of the laws and board rules online at www.maine.gov/professionallicensing—Click on "list of licensed professions", click on "Pharmacy" under "Board of Pharmacy Home" click on "Laws & Rules"

Notwithstanding, please pay particular attention to the following:

- 32 MRSA Chapter 117, Subchapter 6
- Board Rules, Chapter 12



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

APPLICANT INFORMATION (please print)

NAME OF WHOLESALER

FEIN OR SSN

PHYSICAL LOCATION OF THE WHOLESALE FACILITY

CITY STATE ZIP COUNTY

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # ()

PERSON RESPONSIBLE FOR COMPLETING AND SUBMITTING APPLICATION
(must be an owner or officer of the entity)

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 affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

 **SIGNATURE** **DATE**

Maine Board of Pharmacy
Wholesaler
For Facilities that are Not VAWD Accredited
Required Fee: \$200.00 (Non Refundable)

Office Use Only:

WH1421 - \$200.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:


NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD DISCOVER AMERICAN EXPRESS The following amount: \$ _____

I understand that fees are non-refundable

Card number: Expiration Date *mm / yyyy*

 **SIGNATURE** **DATE**

SECTION 1: TYPE OF APPLICATION

- Initial Application Change of Ownership Change of Location

Date of change _____

Previous License Number: _____
(this license will be terminated upon issuance of new license)

Important, please read: Refer to 32 MRSA §13752, Sec. 3. Please note that a license is not transferrable to another owner or a new location and is subject to a new application and licensure before you begin to operate under new ownership or in a new location.

SECTION 2: APPLICATION CONTACT PERSON *(person responsible for completing and submission of application must be an owner or officer of the entity).*

Last Name	First Name	Middle Name
Title		

Name of Wholesaler	
Wholesaler Telephone Number	Wholesaler Fax Number
()	()
24 - Hour Telephone Number	
()	
E-mail Address	Web Address
DEA # <i>(Required pursuant to 32 MRSA §13758 (4)), if not applicable, you must provide a written statement</i>	Date Executed
FDA # <i>(Required pursuant to 32 MRSA §13758 (4)), if not applicable, you must provide a written statement</i>	Date Executed
All Trade Names or Business Names of the Wholesaler	

_____ **INITIALS OF APPLICANT**

SECTION 3: FACILITY CONTACT PERSON

Last Name		First Name		Middle Name
Address		City	State	Zip Code
24-Hour Telephone Number		E-mail Address		
()				

SECTION 4: OWNERSHIP. Please check one and complete the appropriate block below.

- Sole Proprietor (*complete section A*)
- Partnership (*complete section B*) - If your partnership consists of 2 or more corporations, you must submit a list of officers and an organizational chart.
- Corporation (*complete section C*) - If you are a corporation, you must submit a Certificate of Existence from the State of origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For assistance, call (207) 624-7752. Please be aware the application to file for a certificate of existence is not evidence of having been issued a Certificate of Authority.
- Limited Liability Company (*complete section D*) - If you are a limited liability company, you must submit the names and mailing addresses of each member and manager; a Certificate of Existence from the Maine Secretary of State or, for limited liability companies not organized under Maine law, a Certificate of Authority or Certificate of Qualification from the Maine Secretary of State; and the name of the member or manager who will be representing the applicant in matters before the board.

Section A - Sole Proprietor: (Please type or print legibly)				
Owner Last Name		First Name		Middle Name
Social Security Number				
Name of Business Entity				
Contact Address		City	State	Zip Code
Telephone Number		Fax Number		
()		()		
E-mail Address		Website Address		

INITIALS OF APPLICANT

SECTION 4 (Continued):

Section B - Partnership: List the name and address of each partner (please type or print legibly).
Please see Chapter 12, Sec. 2(5)(A) (If you need more space please use separate sheet)

PARTNERSHIP INFORMATION:			
Name of partnership			
Contact Address	City	State	Zip Code
Telephone Number		FEIN Number	
()			
E-mail Address			

NAME AND CONTACT INFORMATION OF EACH PARTNER

Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name			FEIN Number
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name			FEIN Number
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

INITIALS OF APPLICANT

SECTION 4 (Continued):

Section C - Corporation Ownership: Please include an organizational chart. (Please type or print legibly) <i>Please see Chapter 12, Sec. 2(5)(B)</i>			
Name of Corporation			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Corporation	City	State	Zip Code
Physical Address of Corporation	City	State	Zip Code
Telephone Number		Fax Number	
()			
E-mail Address		Website Address	
Corporate Registration Certificate Number	Issued Under What Jurisdiction	Date	
Name of Registered Agent			
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address/ Website Address		
()			

INITIALS OF APPLICANT

SECTION 4-C (Con't): CORPORATION OWNERSHIP Please see Chapter 12, Section 2(5)(B).

Is this corporation's stock traded on a major stock exchange and not over-the-counter

YES

NO

If, no complete the section below—List the name and contact address of each shareholder owning 10% or more of the voting stock of the corporation, including over-the-counter stock. Use a separate sheet of paper if needed.

1. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

2. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

3. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

4. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

INITIALS OF APPLICANT

SECTION 4-C (Con't): CORPORATE OFFICER(S) AND DIRECTOR(S)

1. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

2. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

3. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

4. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

INITIALS OF APPLICANT

SECTION 4 (Continued):

Section D - Limited Liability Company:			
(Please type or print legibly)		<i>Please see Chapter 12, Sec. 2(5)(C)</i>	
Name of Limited Liability Company			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Limited Liability Company	City	State	Zip Code
Physical Address of Limited Liability Company	City	State	Zip Code
Telephone Number	Fax Number		
()			
E-mail Address	Website Address		
Names of Member and Manager Representing Applicant Before the Board			
Mailing Address of Representative	City	State	Zip Code
Telephone Number	E-mail Address		
()			
Corporate Registration Certificate Number	Issued Under What Jurisdiction	Date	
Name of Registered Agent	State		Zip Code
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address/ Website Address		
()			

INITIALS OF APPLICANT

SECTION 4-D (Con't): LIMITED LIABILITY COMPANY Please see Chapter 12, Section 2(5)(C).

Please list the names and mailing addresses of each member and manager. You may copy this page if more space is needed.

1. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	

2. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

3. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

4. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

INITIALS OF APPLICANT

SECTION 5: DISCLOSURE

<p>Have you or has any corporate officers, owners, or the designated officer of this entity ever been convicted of any criminal offense? If yes:</p> <ol style="list-style-type: none"> 1. Provide a <u>detailed explanation</u> in the offender’s own words on a separate sheet of paper. 2. Attach a copy of the <u>Court Judgment and Decision</u>. 3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction ever denied your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? If yes:</p> <ol style="list-style-type: none"> 1. List the jurisdiction(s) that denied your license or issued discipline and date of action: State/Jurisdiction _____ Date _____ State/Jurisdiction _____ Date _____ 2. <u>Submit a copy of the consent agreement or decision and order for each of the above, with this application.</u> 3. Provide a detailed explanation in your own words on a separate sheet of paper. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Has <u>this entity</u> ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or has this entity ever had a DEA Registration modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked this entity’s state permit to prescribe or dispense controlled substances? If yes:</p> <ol style="list-style-type: none"> 1. DEA action <u>OR</u> Other Entity (Name) _____ 2. Submit a copy of the official action by the entity. 3. Provide a detailed explanation in your own words on a separate sheet of paper. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Has <u>this entity</u> ever been issued a citation, warning letter or untitled letter by FDA or similar action take by any governmental board?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Have you or has any corporate officers, owners, or the designated officer of this entity ever received a sanction from Medicare or from a state Medicaid program?</p> <ol style="list-style-type: none"> 1. Medicare <u>OR</u> Medicaid Program (State) _____ 2. Submit a copy of the official action by the entity. 3. Provide a detailed explanation in your own words on a separate sheet of paper. <p>Clarification on programs:</p> <ul style="list-style-type: none"> • Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease. • Medicaid – Health program administered by the United States government for people with limited incomes. • MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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INITIALS OF APPLICANT

SECTION 6: LIST OF JURISDICTIONS IN WHICH YOU HOLD OR HAVE EVER HELD A PHARMACEUTICAL LICENSE.

On a separate sheet, list each state or jurisdiction the applicant has at any time held a pharmaceutical license, including controlled substance licenses.

The information must include the following:

State, Territory, Country	License Number & Lic Type	Date Issued	Expiration Date	Was discipline ever imposed? Yes / No	Date of discipline
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Optional: For your convenience a form to report this information is available online from our applications and forms section entitled "Reporting Jurisdictions of Licensure."

If discipline was imposed, you must submit a copy of the consent agreement or order issued by the Board.

SECTION 7: NOTICES

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

DID YOU ENCLOSE THE FOLLOWING:

Please review the list below to ensure you are filing a complete application. If the application is not yet complete, please wait until you have all of the required documentation to submit with this application.

- ◇ Each section of the application is completed.
- ◇ Each page of the application, where noted, has been initialed.
- ◇ Signature present where noted.
- ◇ Payment in the amount of \$200 is enclosed.
- ◇ Most recent inspection report from the state in which the facility is located.
- ◇ Company Organizational Chart
- ◇ List of Jurisdictions you are/have been licensed in (*in the format given in section 7*).
- ◇ A signed copy of the consent agreement or order issued by the Board/Jurisdiction if discipline has been indicated.
- ◇ A copy of the Court Judgment and Decision if convicted of a crime, including a signed written statement, in your words, regarding the details of the crime.
- ◇ Certificate of Existence from your home state
- ◇ Maine Certificate of Authority

INITIALS OF APPLICANT

SECTION 8: APPLICANT’S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

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 Applicant	Title
Signature of Applicant	Date
