



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
[www.pharmacy.la.gov](http://www.pharmacy.la.gov)



## Application for Relocation of Louisiana Pharmacy Permit

### Notices

- Chapter 11 of the Board's rules enumerates the minimum requirements for pharmacies and prescription departments. Section 1137 of that Chapter identifies requirements relative to the change of location for an existing pharmacy. All of our laws and rules may be accessed on our website, at [www.pharmacy.la.gov](http://www.pharmacy.la.gov).
- We encourage you to type your entries on the application. If you choose to print, please do so legibly using blue or black ink. Do not use pencil. Applications completed in pencil, or those with illegible entries, shall be returned to the applicant's designated contact person.
- Please do not use entries such as "See attached"; an appropriate entry shall be made in each section. Incomplete applications shall be returned to the applicant's designated contact person.
- Blank applications may be copied as needed; please use standard copy paper. Applications completed or reproduced on thermal or waxy paper will not be accepted, and they shall be returned to the applicant's designated contact person.
- We encourage you to review your application prior to submission to the Board. Our experience shows the most common reason to return an application is for incomplete documents. This will only delay the processing of your application.
- The application shall be submitted to the Board office, at the address noted hereinabove, at least thirty (30) days prior to the anticipated opening date of the pharmacy's new location.
- Your application and fee will be valid for up to one year after the date of its receipt at the Board office. If the change of location has not been accomplished by that date, the application shall be voided and the fee shall be forfeited.
- Upon preliminary approval of the application by the Credentials Division, the applicant's designated contact person will be provided with information to that effect. In addition, we will also provide sufficient information to contact a pharmacist compliance officer, for the purpose of arranging a site inspection at a mutually agreeable time.
- When the pharmacist compliance officer has completed the site inspection and certified compliance with the appropriate requirements, the Board will notify the pharmacy.
- Pharmacy permits expire at midnight on December 31 of every calendar year, regardless of the date of issuance. Pharmacies shall not operate with expired permits.



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3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ Facsimile 225.925.6499  
Website: [www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ Email: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Application for Relocation of Louisiana Pharmacy Permit

(Complete this application for pharmacies located within Louisiana.)

*Please type all entries; if printing, please do so legibly using blue or black ink. All checks or money orders for the **\$150.00** fee should be made payable to "Louisiana Board of Pharmacy." Mail this application and fee to the address noted at the top of this page. Incomplete applications shall be returned unprocessed.*

### Section 1 – Pharmacy Information at Current Location

Pharmacy Permit No. \_\_\_\_\_ CDS License No. \_\_\_\_\_ DEA Registration No. \_\_\_\_\_

Name (d/b/a) \_\_\_\_\_

Physical Address \_\_\_\_\_

City, Parish, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Parish, State, ZIP \_\_\_\_\_

### Section 2 – Pharmacy Information at New Location

Name (d/b/a) \_\_\_\_\_

Physical Address \_\_\_\_\_

City, Parish, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Parish, State, ZIP \_\_\_\_\_

Anticipated Date of Opening at New Location \_\_\_\_\_

### Section 3 – Ownership & Key Management of Pharmacy

*This section requests information about the legal entity that owns the pharmacy permit identified in Section 1, as well as the Owner's Managing Officer and Pharmacist-in-Charge.*

Name of Legal Entity \_\_\_\_\_

Federal Employment Identification Number (FEIN) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Owner's Managing Officer \_\_\_\_\_

Pharmacist-in-Charge \_\_\_\_\_

#### For Board Use Only:

Date application received: \_\_\_\_\_ Check / M.O. # \_\_\_\_\_ Amt. \_\_\_\_\_