



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov



Application for Relocation of Non-Resident Pharmacy Permit

Notices

- Chapter 11 of the Board's rules enumerates the minimum requirements for pharmacies and prescription departments, and Chapter 23 identifies the additional requirements for non-resident or out-of-state pharmacies. All of our laws and rules may be accessed on our website, at 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 and attachment 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.
- 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.
- 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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Telephone 225.922.0852 ~ Facsimile 225.925.6499
Website: www.pharmacy.la.gov ~ Email: info@pharmacy.la.gov



Application for Relocation of Non-Resident Pharmacy Permit

(Complete this application for pharmacies located outside Louisiana.)

*Please type all entries; if printing, please do so legibly using blue or black ink. All checks or money orders for the **\$5.00** fee should be made payable to "Louisiana Board of Pharmacy." Mail this application, attachment 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

La. Pharmacy Permit No. _____ DEA Registration No. & Expiration Date _____

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 _____

Non-Resident Pharmacy Permit No. _____ [*attach copy of this permit reflecting new address*]

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. _____