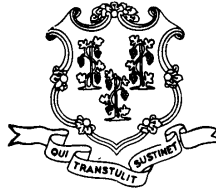


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 DRUG CONTROL DIVISION
 COMMISSION OF PHARMACY
 Email: dcp.pharmacylicense@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR A CHANGE OF OFFICERS/DIRECTOR FOR AN IN-STATE PHARMACY

INSTRUCTIONS:

1. All spaces on this form must be completed.
2. This application must be accompanied by a check or money order in the amount of \$60.00 made payable to "Treasurer, State of Connecticut." Application fees are non-refundable
3. Attach a list of all officers/directors, individuals or partners associated with the ownership of this business with their first and last name and address. Note: A prescribing practitioner cannot have an ownership interest.
4. If applicable, complete the appropriate change forms as needed based on the changes to your business.
5. Mail the completed form, fee and require attachments to:
 Department of Consumer Protection, License Services Division, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103

Pharmacy Information

Pharmacy Name			CT Pharmacy License #	
Address		City		State
		Zip Code		
Telephone Number		Email Address to be used for all correspondence		

Owner Information

Type of Business: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership				
Name of Owner				
Business Address		City		State
		Zip Code		
Telephone Number		Email Address to be used for all correspondence		

1. Has the applicant, partner or member of the board of directors ever been convicted of a felony crime?
 ☐ Yes ☐ No
 If Yes, attach a statement including the date(s) of the conviction(s), the courts(s) where the case(s) were decided and a description of the circumstances involved.

Certification

By signing this form, I certify that the information contained in this application is the truth to the best of my knowledge and have attached all of the documents required that are applicable to this license.

Print Name and Title	
Signature	Date