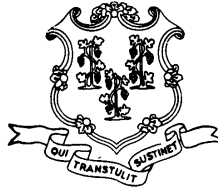


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
DRUG CONTROL DIVISION
COMMISSION OF PHARMACY
 Email: dcp.pharmacylicense@ct.gov
 Web site: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR A CHANGE OF OWNER FOR AN IN-STATE PHARMACY

INSTRUCTIONS:

1. All spaces in this application must be completed.
2. This application must be accompanied by a check or money order in the amount of **\$90.00** 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. Indicate if any listed individuals are a prescribing practitioner.
4. Attach a list of all pharmacists employed at this location with their pharmacist license number.
5. If you are changing the hours of operation, please attach them on a separate page (the pharmacy must be open a minimum of 35 hours per week).
6. If applicable, please complete all the appropriate change forms as needed based on the changes to your business.
7. Mail the completed form, fee and all required attachments to:

Department of Consumer Protection, License Services Division, 450 Columbus Ave, 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		
FEIN #	National Provider Identifier (NPI) #		
Type of Pharmacy: <input type="checkbox"/> Community <input type="checkbox"/> Infusion Therapy/Sterile Compounding <input type="checkbox"/> Long –Term Care <input type="checkbox"/> Nuclear <input type="checkbox"/> Specialty			
Name of Previous Owner			

New Owner Information

Type of Business: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership			
Name of New Owner			
Business Street Address	City	State	Zip Code
Telephone Number	Email Address		
1. Has the applicant, partner or member of the board of directors ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
Printed Name and Title	
Signature	Date