



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105-3488

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www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

FORM B-2. CORPORATION OWNERSHIP INFORMATION (PUBLICLY TRADED)

The following MUST be submitted with this document and your application for pharmacy license:

1. CERTIFICATE OF INCORPORATION

NOTE: A copy of the bylaws must be made available to the Board if the Board so requests.

A. PLEASE TYPE OR PRINT CLEARLY (ALL Sections must be completed. If not applicable, enter N/A.)

NAME OF PHARMACY		PHONE NUMBER
ADDRESS OF PHARMACY (include city, state and ZIP)		
NAME OF CORPORATION OWNER OF PHARMACY		
ADDRESS OF CORPORATION (include city, state and ZIP)		
FEDERAL EMPLOYER ID NUMBER		PHONE NUMBER

B. CORPORATE OFFICERS (President and Secretary)

OFFICER NAME 1	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	%OWNERSHIP OF CORPORATION
OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

OFFICER NAME 1	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	%OWNERSHIP OF CORPORATION
OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

(continued on page 2)

ATTEST:

I hereby attest that the foregoing statements or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Oklahoma Pharmacy Act. I agree to comply with the Oklahoma Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer

Date

Print Name & Title of Owner / Managing Officer

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public