Information may be typed in before printing. Click the Reset button to clear the form.

OKLAHOMA STATE BOARD OF PHARMACY
2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

Reset Form

FORM A. SOLE PROPRIETOR OR PARTNERSHIP OWNERSHIP INFORMATION

A. APPLICANT. (PLEASE TYPE OR PRINT CLEARLY)

PHARMACY OR FACILITY NAME and DBA NAME APPLYING FOR LICENSE
ADDRESS OF PHARMACY OR FACILITY (include city, state and ZIP)

B. INDIVIDUAL/SOLE PROPRIETOR OWNER. Provide the following information if the applicant is owned by a sole proprietor.

NAME OF INDIVIDUAL/SOLE PROPRIETOR			
ADDRESS OF INDIVIDUAL/SOLE PROPRIETOR *(include city, state and ZIP)*		**FEDERAL EMPLOYER ID NUMBER (FEIN)**	
LICENSED OK PHARMACIST?	___ **Yes** ___ **No**	**IF YES, OK DPH LICENSE #**	

C. PARTNERSHIP OWNER (P, LP or LLP). Provide the following information if the applicant is owned by a partnership.

NAME OF PARTNERSHIP	
ADDRESS OF PARTNERSHIP *(include city, state and ZIP)*	**STATE OF FORMATION**
FEDERAL EMPLOYER ID NUMBER (FEIN) OF PARTNERSHIP	

D. PARTNERS. You must provide the following information for each partner of the partnership listed in Section C above. If additional space is needed, please attach a separate sheet. **Total partner percentages must equal 100%.**

IMPORTANT: If any of the partners listed below is an LLC, Partnership or a Corporation, a separate, additional ownership form (e.g. Form A, B1, B2 or C) must also be completed for that partner.

PARTNER NAME 1			
ADDRESS OF RECORD *(include city, state and ZIP)*			**%OWNERSHIP**
LICENSED OK PHARMACIST?	___ **Yes** ___ **No**	**IF YES, OK DPH LICENSE #**	

PARTNER NAME 2			
ADDRESS OF RECORD *(include city, state and ZIP)*			**%OWNERSHIP**
LICENSED OK PHARMACIST?	___ **Yes** ___ **No**	**IF YES, OK DPH LICENSE #**	

FORM A. SOLE PROPRIETOR OR PARTNERSHIP OWNERSHIP INFORMATION – *continued*

PARTNER NAME 3			
ADDRESS OF RECORD *(include city, state and ZIP)*			**%OWNERSHIP**
LICENSED OK PHARMACIST?	___ **Yes** ___ **No**	**IF YES, OK DPH LICENSE #**	

PARTNER NAME 4			
ADDRESS OF RECORD *(include city, state and ZIP)*			**%OWNERSHIP**
LICENSED OK PHARMACIST?	___ **Yes** ___ **No**	**IF YES, OK DPH LICENSE #**	

PARTNER NAME 5			
ADDRESS OF RECORD *(include city, state and ZIP)*			**%OWNERSHIP**
LICENSED OK PHARMACIST?	___ **Yes** ___ **No**	**IF YES, OK DPH LICENSE #**	

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all information I have supplied herein is true and complete.

THIS SIGNATURE MUST BE NOTARIZED:

_____

Printed Name & Title of Owner or Partner

_____

Signature of Owner or Partner

State of _____)

County of _____)

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

_____

Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:

- ☐ **1. Oklahoma State Board of Pharmacy Application & Fee**
- ☐ **2. If Partnership –**
  STATEMENT OF PARTNERSHIP AUTHORITY
- ☐ **3. If Limited Partnership –**
  CERTIFICATE OF LIMITED PARTNERSHIP
- ☐ **4. If Limited Liability Partnership –**
  STATEMENT OF QUALIFICATION
- ☐ **5. Additional Ownership Form(s) for Partners *(if applicable - see Sect D)***

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