



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

**FORM B-1. CORPORATION OWNERSHIP INFORMATION
(NOT PUBLICLY TRADED)**

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. NAME OF CORPORATION. (Not Publicly Traded)

NAME OF CORPORATION

ADDRESS OF CORPORATION (include city, state and ZIP)

STATE OF INCORPORATION

FEDERAL EMPLOYER ID NUMBER (FEIN) OF CORPORATION

C. CORPORATE OFFICERS. (President and Secretary) Provide the following information for the corporation listed in Section B.

OFFICER NAME 1

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

LICENSED OK PHARMACIST?

Yes No

IF YES, OK DPH LICENSE #

OFFICER NAME 2

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

LICENSED OK PHARMACIST?

Yes No

IF YES, OK DPH LICENSE #

D. CORPORATION SHAREHOLDERS (i.e. OWNERS). You must provide the following information for each shareholder/owner of the corporation listed above in Section B. If additional space is needed, please attach a separate sheet. **Total shareholder/owner percentages must equal 100%.**

IMPORTANT: If any of the shareholders/owners 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 shareholder/owner.

SHAREHOLDER/OWNER NAME 1

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

%OWNERSHIP OF CORP IN SECT B

LICENSED OK PHARMACIST?

Yes No

IF YES, OK DPH LICENSE #

FORM B-1. CORPORATION OWNERSHIP INFORMATION (NOT PUBLICLY TRADED) – continued

SHAREHOLDER/OWNER NAME 2		TITLE	
ADDRESS OF RECORD (include city, state and ZIP)		%OWNERSHIP OF CORP IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

SHAREHOLDER/OWNER NAME 3		TITLE	
ADDRESS OF RECORD (include city, state and ZIP)		%OWNERSHIP OF CORP IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

SHAREHOLDER/OWNER NAME 4		TITLE	
ADDRESS OF RECORD (include city, state and ZIP)		%OWNERSHIP OF CORP IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

SHAREHOLDER/OWNER NAME 5		TITLE	
ADDRESS OF RECORD (include city, state and ZIP)		%OWNERSHIP OF CORP IN SECT B	
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:

State of _____)

County of _____)

Printed Name & Title of Managing Officer

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

Signature of Managing Officer

Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:

- 1. Oklahoma State Board of Pharmacy Application & Fee
- 2. Copy of **SECRETARY OF STATE CERTIFICATE OF INCORPORATION** (for Corporation in Sect B)
- 3. Additional Ownership Form(s) for Shareholders/Owners (if applicable - see Sect D)

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