



# OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105

Phone: (405) 521-3815 / Fax: (405) 521-3758

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## FORM C. LIMITED LIABILITY COMPANY (LLC) 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. NAME OF LLC.

NAME OF LLC

ADDRESS OF LLC (include city, state and ZIP)

STATE OF ORGANIZATION

FEDERAL EMPLOYER ID NUMBER (FEIN) OF LLC

### C. LLC MANAGER.

LLC MANAGER NAME

ADDRESS OF RECORD (include city, state and ZIP)

LICENSED OK PHARMACIST?

Yes  No

IF YES, OK DPH LICENSE #

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

**IMPORTANT: If any of the members/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 member/owner.**

MEMBER/OWNER NAME 1

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

%OWNERSHIP OF LLC IN SECT B

LICENSED OK PHARMACIST?

Yes  No

IF YES, OK DPH LICENSE #

MEMBER/OWNER NAME 2

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

%OWNERSHIP OF LLC IN SECT B

LICENSED OK PHARMACIST?

Yes  No

IF YES, OK DPH LICENSE #

**FORM C. LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION – *continued***

|  |                |                                    |  |
|--|----------------|------------------------------------|--|
| <b>MEMBER/OWNER NAME 3</b>                             |                | <b>TITLE</b>                       |  |
|  |                |                                    |  |
| <b>ADDRESS OF RECORD (include city, state and ZIP)</b> |                | <b>%OWNERSHIP OF LLC IN SECT B</b> |  |
|  |                |                                    |  |
| <b>LICENSED OK PHARMACIST?</b>                         | ___ Yes ___ No | <b>IF YES, OK DPH LICENSE #</b>    |  |

|  |                |                                    |  |
|--|----------------|------------------------------------|--|
| <b>MEMBER/OWNER NAME 4</b>                             |                | <b>TITLE</b>                       |  |
|  |                |                                    |  |
| <b>ADDRESS OF RECORD (include city, state and ZIP)</b> |                | <b>%OWNERSHIP OF LLC IN SECT B</b> |  |
|  |                |                                    |  |
| <b>LICENSED OK PHARMACIST?</b>                         | ___ Yes ___ No | <b>IF YES, OK DPH LICENSE #</b>    |  |

|  |                |                                    |  |
|--|----------------|------------------------------------|--|
| <b>MEMBER/OWNER NAME 5</b>                             |                | <b>TITLE</b>                       |  |
|  |                |                                    |  |
| <b>ADDRESS OF RECORD (include city, state and ZIP)</b> |                | <b>%OWNERSHIP OF LLC IN SECT B</b> |  |
|  |                |                                    |  |
| <b>LICENSED OK PHARMACIST?</b>                         | ___ Yes ___ No | <b>IF YES, OK DPH LICENSE #</b>    |  |

|  |                |                                    |  |
|--|----------------|------------------------------------|--|
| <b>MEMBER/OWNER NAME 6</b>                             |                | <b>TITLE</b>                       |  |
|  |                |                                    |  |
| <b>ADDRESS OF RECORD (include city, state and ZIP)</b> |                | <b>%OWNERSHIP OF LLC IN SECT B</b> |  |
|  |                |                                    |  |
| <b>LICENSED OK PHARMACIST?</b>                         | ___ Yes ___ No | <b>IF YES, OK DPH LICENSE #</b>    |  |

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 LLC Manager

\_\_\_\_\_  
Signature of LLC Manager

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. Copy of **SECRETARY OF STATE ARTICLES OF ORGANIZATION** (for LLC in Sect B)
- 3. Additional Ownership Form(s) for Members/Owners (if applicable - see Sect D)

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