



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/town name, state/province/county, ZIP and Country)

B. NAME OF LLC.

NAME OF LLC

ADDRESS OF LLC (include city/town name, state/province/county, and ZIP)

COUNTRY OF ORGANIZATION

FEDERAL EMPLOYER ID NUMBER (FEIN) OF LLC

C. LLC MANAGER.

LLC MANAGER NAME

ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)

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/town name, state/province/county, ZIP and Country)

%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/town name, state/province/county, ZIP and Country)

%OWNERSHIP OF LLC IN SECT B

LICENSED OK PHARMACIST?

Yes No

IF YES, OK DPH LICENSE #

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

MEMBER/OWNER NAME 3		TITLE	
ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)		%OWNERSHIP OF LLC IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

MEMBER/OWNER NAME 4		TITLE	
ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)		%OWNERSHIP OF LLC IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

MEMBER/OWNER NAME 5		TITLE	
ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)		%OWNERSHIP OF LLC IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

MEMBER/OWNER NAME 6		TITLE	
ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)		%OWNERSHIP OF LLC 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:

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 (**PAID ONLINE ONLY**)
- 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.