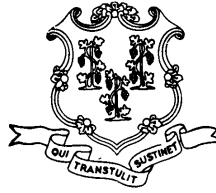


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 DRUG CONTROL DIVISION
 COMMISSION OF PHARMACY
 Email: dcp.pharmacylicense@ct.gov
 Web site: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR A CHANGE OF OWNER FOR AN OUT- OF- STATE PHARMACY

INSTRUCTIONS:

- All spaces on this form must be completed.
- This application must be accompanied by a check or money order in the amount of **\$90.00** made payable to "Treasurer, State of Connecticut". Application fees are non-refundable.
- Attach a list of all officers/directors, individuals or partners associated with the ownership of this business with their first and last name and address. Indicate if any listed individual(s) is a prescribing practitioner.
- Attach a list of all pharmacists employed at this location with their pharmacist license number.
- If you are changing the hours of operation, please attach them on a separate page (must be open a minimum of 35 hrs. per week)
- If applicable, complete all the appropriate change forms as needed based on the changes to your business.
- Mail the completed form, fee and require attachments to:
 Department of Consumer Protection, License Services Division, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103

Pharmacy Information

Pharmacy Name		CT Pharmacy Registration #	
Street Address		City	State Zip Code
Telephone Number	Email Address to be used for all correspondence		
FEIN #	National Provider Identifier (NPI) #		

Type of Pharmacy: Community Infusion Therapy/Sterile Compounding Long –Term Care Nuclear Specialty

Name of Previous Owner

New Owner Information

Type of Business: Individual/Sole Proprietor Corporation Limited Liability Company Partnership

Name of New Owner

Business Street Address		City	State	Zip Code
Telephone Number	Email Address			

1. Has the applicant, partner or member of the board of directors ever been convicted of a felony crime? Yes No
 If Yes, attach a statement including the date(s) of the conviction(s), the courts(s) where the case(s) were decided and a description of the circumstances involved.

Certification

By signing this form, I certify that the information contained in this application is the truth to the best of my knowledge and have attached all of the documents required that are applicable to this registration.

Print Name and Title

Signature _____ Date _____