This area for ASBP date stamp

Arizona State Board of Pharmacy

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www.pharmacy.state.az.us

APPLICATION FOR NON PRESCRIPTION DRUG PERMIT (retail)

(Call Board Office for Fee Information)

***Please Check Appropriate Type of Operation*: Category I _____ Category II _____**

1. Business name:_____
2. Address:_____
   Street and Number City State Zip
3. Phone:_____ FAX:_____ E-mail_____
4. Mailing address if different:_____
   Street and Number City State Zip
5. Name of owner(s):_____ Phone:_____ FAX:_____
   If corporation or partnership, attach a list officers or partners on a separate sheet, including name, title and address.
6. Date business started/opening:_____
7. Type of business (example: convenience, drug, grocery, or health food store, swap meet vendor or vending machine):
   _____
8. This application submitted because of change in ownership? No____. Yes____. If yes; give former owner's name, AZ permit number, and permit name (if different)_____
9. Other trade or business names used:_____
10. Have you conducted a similar business in any other jurisdiction?
    No____. Yes____. If yes, state under what names, locations and permit number:
    _____
11. Has the owner, or any corporate officer or active partner ever been convicted of an offense involving moral turpitude, a felony offense, or any drug-related offense or has any currently pending felony or drug-related charges, and is so indicate charge, conviction date, jurisdiction, and location:
    _____
12. Has the owner, any corporate officer or active partner ever been denied a similar license/permit in this state or any other jurisdiction? No____. Yes____. If yes, indicate where and when:
    _____
13. Name of manager or responsible person:_____ Emergency phone:_____

To the best of my knowledge and belief the foregoing application is true and current in all respects.

_____ _____ _____
Signature of Owner or Owner's Representative Title Date

A.R.S. § 32-1901(25) "Drug" means: (a) Articles recognized, or for which standards or specifications are prescribed, in the official compendium. (b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals. (c) Articles other than food intended to affect the structure or any function of the body of man or other animals. (d) Articles intended for use as a component of any articles specified in subdivision (a), (b) or (c) of this paragraph but does not include devices or their components, parts or accessories.

A.R.S. § 32-1930(A)(1) A nonprescription drug permit to sell, retail, stock, expose or offer for sale at retail nonprescription drugs in the original package. A permittee is not required to conduct business in any fixed place.

A.R.S. § 32-1931(D)(1) A nonprescription drug permit, not more than two hundred dollars. Permittees stocking thirty different nonprescription drug products or less shall be classified as category I dealers. Permittees stocking more than thirty different nonprescription drug products shall be classified as category II dealers. Both categories are subject to biennial permit fees established by the board pursuant to section 32-1925, subsection F.

EXAMPLE: Tylenol regular strength tablets stocked in 3 different package sizes = 1 product. Tylenol regular strength tablets and caplets offered in 3 different package sizes = 2 products.