1



Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

FOR OFFICIAL USE ONLY!	FOR OFFICIAL USE ONLY!
Application Complete:	
VEO NO	DATE
□ YES □ NO	DATE:
Approved Registration:	LIC/REG NO:
Approved itegistration.	LIC/REG NO.
⊓ YES ⊓ NO	INITIALS:
	INITIALS.

Mail complete application and supporting documents to: DC Health—Pharmacy 2201 Shannon Place SE, First Floor

PHARMACY LICENSURE APPLICATION

APPLICATION FEES ARE NON-REFUNDABLE

Washington, DC 20020							
22 DCMR 1902.1 Licenses shall be issued for t 22 DCMR 1902.2 A retail chain pharmacy with of §1903 for each location outside DC	he following cate	egories of pharmaciesexcept and outside of the District of C	for nonresident pharmacies, which	shall be requi	ocation within DC and a registration pursuant		
CHECK ONE:		CHECK ONE:		CHECK ONE:			
☐ Retail/Community Pharmacy		DC Resident Pharmacy			t Pharmacy		
☐ Nuclear Pharmacy		(Biennial Licensing Fee: \$900)			(Biennial Registration Fee: \$900)		
☐ Institutional Pharmacy		☐ Initial (Proposed date of opening		☐ Initial (Proposed date of opening			
Special or Limited Use Pharmacy		Change of Ownership		Change of Ownership			
Nonresident Pharmacy		☐ Change of Pharmacy Name		Change of Pharmacy Name			
,		Change of Pharmacy Lo	ocation	Change of Pharmacy Location			
I. Changes to Current Pharmacy Status			-		-		
# II pnarmacies must report any change of owners	nip, name, iocatio	on, or pnarmacıst-ın-cnarge ın wrıtı	ng to tne Department				
CHANGE OF OWNERSHIP	CHANGE C	F PHARMACY NAME	CHANGE OF PHARMACY LO	CATION	PHARMACY CONTACT INFORMATION		
Proposed Effective Date:	Proposed Effect		Proposed Effective Date:				
Pharmacy License/Registration Number	Pharmacy Lice	ense/Registration Number	Pharmacy License/Registration No	umber			
					Representative Name		
Previous Owner Name	Danisana Dhan	Burious Blooms Addison					
Previous Owner Name	Previous Phari	macy Name	Previous Pharmacy Address		Phone		
					Filotie		
New Owner Name	New Pharmac	y Name New Pharmacy Address					
		Traine Trainias, Adams			Email		
II. District of Columbia Resident Pharmacy On	ly (Complete this	specified then so to page 2)					
Pharmacy Name	iy (Complete tilis	Pharmacy Street Address		Area Code and Telephone Number			
Pharmacy Name		Filal filacy Street Address		Area Code and Telephone Number			
Pharmacist-In-Charge (PIC)		City	State Zip	Area Code	and Fax Number		
PIC License Number		Certificate of Occupancy Number		Expected Hours of Operation (Weekdays)			
		(Please submit a copy of Certificate of Occupancy if this is an					
Signature of PIC		initial application)		Expected Hours of Operations (Weekends/Holidays)			
orginatare or rio				= Apostou Hours of Operations (Treenenas/Holladys)			
		Current License Number, if applicable					
				Email Address			

III. I	III. Nonresident Pharmacy Only									
Pharmacy Name		Pharmacist-in-Charge			PLEASE WRITE THE REQUEST SUBMIT LEGIBLE COPIES OF T	REQUESTED INFORM ATION AND PIES OF THE FOLLOWING:				
Pharmacy Street Address			PIC Pharmacy License (Submit copy of PIC ph		State of Licensure	☐ Certificate of Occupancy Number:				
Cit	y	State	Zip	<u>Affidavit</u>			☐ PharmacyLicense Number in resident state:			
Area Code and Telephone Number				I certify that I have read and understand the pharmacy and drug laws and regulations of DC, and I have made the pharmacy and drug laws and regulations of DC available to all						
Area Code and Fax Number				pharmacists working in the nonresident pharmacy			☐ Most recent pharmacy inspection report:			
Toll-Free Telephone Number for Consultation				Pharmacist-in-Charge	Signature		Please write pharmacy mailing address, if applicable:			
Em	ail address			Date						
22 DCMR 1903.8(d)(4) List of Pharmacists practicing at this pharmacy check here if list is attached to the application			22 DCMR 1903.8(d)(5) L designated to accept s check here if list is a	ervice of process		22 DCMR 1903.8(h) List of webs registration(s), and pharmacy e check here if list is attached	mail address	s(es).		
Ph	armacist Name	License Numbe	r	Name	Title					
				Address						
				Name	Title					
				Address						
				Name	Title					
				Address						
	Please Answer the Followi	-						□YES	∏NO	
1.	Is the nonresident pharma	acy's license, registra	ation, or pe	ermit in good standing ir	the state which it	is located?			Пио	
2. Does the nonresident pharmacy have the ability to provide to the DC Health a record of prescription orders dispensed to a DC resident no later than three (3) business days after the time the Department requests the record?						YES	□NO			
 Is the nonresident pharmacy solely internet-based or operates primarily as an internet-based pharmacy? If "YES", please submit proof of: 						□YES	□NO			
Certification by the Verified Internet Pharmacy Practice Site Program of the National Association of Boards of Pharmacy, or other national certification program for internet pharmacies for each website and domain registration Proof of registration in good standing in DC as a foreign corporation										
4. Does the nonresident pharmacy have a toll-free telephone number disclosed on a label affixed to each container of drugs or medical devices dispensed to patients in DC? PLEASE SUBMIT A COPY OF THE LABEL SHOWING THE TOLL-FREE NUMBER						□YES	□NO			
5. Is the nonresident pharmacy in compliance with the laws and regulations regarding confidentiality of prescription records in the state in which it is located, and if there are no such laws in that state, then is the pharmacy in compliance with the confidentiality laws and regulations of DC?					□YES	□NO				

IV Descriptor Information								
IV. Proprietor Information Proprietor Type (CHECK ONE)	INDIVIDUAL	CORPORA	TION PARTNERSHIP UNINCORPORATED INDIVIDUA	AL OTHER:				
Name of Individual, Corporation, Partnership, Other			NAME AND ADDRESS FOR PRINCIPAL OFFICERS President of Corporation/Partnership	Treasurer of Corporation/Partnership)			
Billing Street Address			·					
			Vice President of Corporation/Partnership	Other Principal Corporate Officer				
City	State	Zip	vioc i resident of corporational artifership	Outer Frincipal Corporate Cities				
Is the corporation in good standing with DC or the state of incorporation? YES NO Has any principal corporate officer ever been convicted of a felony involving drugs? YES NO If the answer to this is "YES", please submit a statement of explanation with this application			Secretary of Corporation/Partnership	State of Incorporation	Year Incorporated			
V. Please Answer the Following		cina chin	ping, mailing, delivery, or distribution of prescription drugs or	dovices from any jurisdiction outside	of the United States to			
DC residents?			er to this is "YES", please submit a statement of explanation		of the Officed States to			
2. Did you include your li	2. Did you include your licensing/registration fee? ☐YES ☐NO							
3. Did you include copies	of all required doc	cuments?	□YES □NO					
VI. Certification Form								
	d fine you \$1000.0	00. This ce	e statement on this certification requires that the Departmen ertificate is required by the "CLEAN HANDS BEFORE RECE eq.)					
I,PRINT NAME CLEARLY	I,, certify that as of, I do not owe more than \$100.00 to the District of Columbia government as a result of:							
 Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.); Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.); Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affair Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or 								
4. Past due taxes. I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification. I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.								
Signature of Applicant			Title	<u>.</u>				
22 DCMR 1902.5 It shall be unlawful for any person to furnish false or fraudulent information on an application for a license or registration. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE STATEMENTS MADE ARE TRUE, COMPLETE, AND CORRECT								
Signature of Applicant			Print Name of Applicant	 Date				

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.