

DRUG MANUFACTURER AND DISTRIBUTOR LICENSURE APPLICATION

Please type or print clearly in ink and in upper case letters **only**. Complete **all** sections and fields of the license application. Attach all documents and non-refundable fee of \$100 (non-resident) or \$200 (resident), payable to DC Treasurer. Mail to: DC HEALTH – PHARMACY 899 North Capitol Street NE, First Floor Washington, DC 20002.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

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.

Application Type: (Check Below) <input type="checkbox"/> Renewal (Answer all questions on the application, date and sign) <i>Note: Submit a NEW application for name, location, or ownership change.</i>	Current License Number: DM _____ DW _____
Select type of Business Activity the applicant requests licensure for: (Check Below): <input type="checkbox"/> Manufacturer (Provide current proof of FDA Approval) <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler	
Type of Drug to be shipped: (Check Below) <input type="checkbox"/> Prescription <input type="checkbox"/> Over the Counter (OTC) <input type="checkbox"/> Controlled Substance (as defined by federal law/DEA) <input type="checkbox"/> Veterinary Prescription <input type="checkbox"/> Veterinary Over the Counter (VET OTC)	
Ownership Type: (Check Below) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Other _____ (Specify)	
Applicant Information: Name of Business (Legal Name) _____ Street No. _____ Street Name _____ Suite No. _____ City _____ State _____ Zip _____ Phone Number _____ Fax Number _____ Business Website Address _____	
Mailing Address for facility, if different from above address: Street No. _____ Street Name _____ Suite No. _____ City _____ State _____ Zip _____	

<p>Designated Representative for Business: (required)</p> <hr/> <p>Name and Title</p> <hr/> <p>Direct Phone Number</p> <hr/> <p>Email Address</p>	<p>Designated License Contact Representative: (required)</p> <hr/> <p>Name and Title</p> <hr/> <p>Street No. Street Name Suite No.</p> <hr/> <p>City/State/Zip</p> <hr/> <p>Email Address Direct Phone Number</p>
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SUBMIT ALL REQUIRED FEES AND DOCUMENTS WITH THE APPLICATION. APPLICATIONS SUBMITTED INCOMPLETE, OR WITH INCORRECT, EXPIRED OR MISSING FEES OR DOCUMENTS WILL BE RETURNED VIA US MAIL.

<p>A. Has the applicant or any other individual listed on the application ever been convicted of a felony related to drugs under DC, state, or federal law, or ever surrendered or had a controlled substances application registration revoked, suspended, or denied? If the applicant is a corporation, association, or partnership, has any officer, partner, stockholder or proprietor been convicted of a felony relating to drugs under DC, state, or federal law or ever surrendered or had a controlled substances application registration revoked, suspended or denied?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO (check one)</p> <p>✓ Provide detailed explanation on separate sheet if any part of question A is “YES”. (required)</p>
<p>B. (For Manufacturers only)</p> <p>Does the Manufacturing facility hold current proof of approval from US Food and Drug Administration?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO (check one)</p> <p>✓ If “yes”, provide a copy of approval. (required)</p> <p>✓ If “no”, submit a written explanation. (required)</p>
<p>C. Does the Business currently hold a Certificate of Good Standing in the state where it is incorporated?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO (check one)</p> <p>✓ If “No”, submit a written explanation. (required)</p> <p>✓ If “Yes”, submit <u>current dated</u> Certificate of Good Standing documentation. (required)</p> <p>✓ Submit current Home state business license. (required)</p>
<p>D. Does the Business intend to ship Controlled Substance drugs into the District of Columbia? (22 DCMR §22-1002)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If “yes”, submit:</p> <p>✓ Controlled Substance Registration Application</p> <p>✓ Valid copy of Drug Enforcement Registration</p> <p>✓ FEE OF \$130. (required)</p> <p>Visit https://dchealth.dc.gov/pcd to download Application, Forms and DC Laws and Regulations.</p>

