



LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS

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APPLICATION for LICENSE WHOLESALE DISTRIBUTOR of LEGEND DRUGS or DEVICES

Refer to the instructions provided to complete this form.

Check All Appropriate Boxes:

- INITIAL LICENSE - Fee \$200 In-State Facilities Only: INSPECTION - Fee \$100
- Location Change - \$200: Effective Date: _____; Current License No. _____
- Change of Ownership - \$200: Effective Date: _____; Current License No. _____
- Attach a copy of the final transaction documents for the sell, merger, acquisition, trade, transfer, etc. which effected the change in ownership.
- REINSTATEMENT - Fee \$200 and RENEWAL (late) - Fee \$200 (\$400 total)
- License No. _____; Date (YR) License Cancelled, Expired, Suspended or Revoked _____

BOARD USE ONLY -- Do not write in shaded area

LICENCE NO.: _____ CANCEL Date _____ OOS

COMPANY NAME: _____ Approved _____ IS

ADDRESS: _____ License No. _____

CITY: _____ STATE: _____

All items must be completed (enter "NA" if item does not apply) and application must be signed and dated.

SECTION I

Applicant Company Name: _____
 d/b/a or trade name (if applicable): _____

SECTION II

Primary Distribution Location from which product is shipped (check one): Applicant's Facility Used 3PL Used

Distribution Center Address: _____

Distribution City, State, Zip Code: _____

If "Applicant's Facility" used, check here if 3PL(s) are also used for distribution; attach a list of the 3PL(s) with distribution addresses.

If 3PL used- c/o (Name of 3PL Service Provider): _____ [LA Lic#: _____]

If 3PL used:

Check here if the above 3PL is the only 3PL used for distribution.

Check here if additional 3PLs are also used for distribution; attach a list of additional 3PLs with distribution addresses.

SECTION III

Applicant Facility Contact Person: _____

E-Mail Address: _____

Telephone Number: _____ Fax Number: _____

SECTION IV

Mailing Address for license/regulatory: _____

Mailing City, State, Zip Code: _____

SECTION IV

Regulatory Contact Person: _____

E-Mail Address: _____

Telephone Number: _____ Fax Number: _____

SECTION V

Business Address:

Business Location Address: _____

Business City, State, Zip Code: _____

 Check here if this address is different from the *Distribution Address* in Section II above AND legend drugs/devices are physically distributed from this location also.

NOTE: ALL LOCATIONS THAT PHYSICALLY DISTRIBUTE PRODUCT MUST BE SEPARATELY LICENSED.

SECTION VI

Designated Responsible Party: _____

E-Mail Address: _____

Telephone Number: _____ Fax Number: _____

SECTION VII

Type of Business Conducted: Wholesaler Distributor Manufacturer Re-packager Broker/Agent
 (Mark all that apply.) Freight Forwarder Third Party Logistic Provider (3PL)
 Jobber/Private Labeler Nuclear Pharmacy Ship Chandlers
 Reverse Distributors

Type of Ownership: Individual (Proprietorship) Partnership LP Corporation LLC

State of Incorporation (or Formation): _____

Separate licenses must be held for each facility or physical location owned or operated by the applicant as a division, subdivision, subsidiary, and/or affiliate company if the entity is engaging in the wholesale distribution of legend drugs or devices in/into Louisiana and the division, subdivision, subsidiary, and /or affiliate company is independently incorporated.

SECTION VIII

Manner of Wholesale/ Distribution: (Mark all items that apply.)

- Legend drugs or devices are sold and/or shipped directly to dispensing/administering parties
 (i.e. - pharmacies, hospitals, physician offices, maritime ships, etc.)
 Legend drugs or devices are sold and/or shipped to wholesalers/distributors

Type of Product Distributed: (Mark all items that apply.)

- Legend Drugs Legend Drugs (CS)¹ Legend Devices Medical Gases
 (Controlled Substances)

¹ DEA and Louisiana state registration is required to wholesale distribute controlled substances in/into the state.

Changes in types of product being distributed must be reported to the Board office via letter, fax, or email.

SECTION IX

List of company/corporate owners possessing greater than 10% interest: Information Attached on Separate Sheet

- Individuals - Listed Below Corporately Owned - Listed Below Publicly Traded

Name	% of Ownership

SECTION X

List of company/corporate officers and directors: Information Attached on Separate Sheet**Officers:****Directors:**

Name	Title	Name	Title

SECTION XI

OUT-OF-STATE FACILITIES only:

Current home state wholesaler/ distributor (or manufacturer, if applicable) license as issued by the state in which the applicant facility is located; attach copy of license.

License Number: _____ **Expiration Date:** _____

- Check here if the state in which the applicant is located does not require wholesaler/distributor (or manufacturer, if applicable) licensing and a 3PL is used for distribution; must submit a copy of correspondence from the licensing agency of the state in which the applicant is located indicating that no license is required along with a copy of the 3PL license from the state in which the 3PL is located.
- Check here if the applicant is a legend device only distributor whose licensing agency of the state in which it is located does not require licensing; must submit a copy of correspondence from the licensing agency of the state in which the applicant is located indicating that no license is required. If the applicant is a manufacturer, submit a copy of an FDA establishment registration.

SECTION XII

List every state or territory, other than Louisiana, where the applicant holds a current license as a wholesale drug or device distributor. If additional space is required, continue listing on separate sheet and attach to this application.

Not Licensed in any other states

Information Attached on Separate Sheet

State	State	State	State	State	State

SECTION XIII

Federal DEA Number: _____ Not Applicable

Louisiana State Controlled Substance Number: _____ Not Applicable
(As issued by the Louisiana Board of Pharmacy, CDS Program, if applicable)

SECTION XIV

Disciplinary Actions:

Has the applicant ever been denied a license, certificate, registration, or permit for wholesale distribution of legend drugs (including controlled substances) or devices? No Yes

Has any license, certificate, registration, or permit for wholesale distribution of legend drugs (including controlled substances) or devices ever held by you or the applicant been sanctioned, fined, revoked, suspended, placed on probation and/or otherwise been the subject of disciplinary review or investigation in another state? No Yes

Is there any investigative or disciplinary action pending against any license, certificate, registration, or permit for wholesale distribution of legend drugs (including controlled substances) or devices held by the applicant in another state? No Yes

Has any owner, officer, director, designated responsible party, or other person in charge of wholesale drug distribution for the applicant ever been convicted of or plead guilty to or plead nolo contendere to a felony or misdemeanor, other than a traffic violation, under any federal, state, or local laws, rules or ordinances? No Yes

If the answer to any of the above questions is "Yes", please attach an explanation and any pertinent documentation related to the matter.

SECTION XV

Application Certification: I hereby certify, (1) I, the undersigned, am a representative of the applicant authorized to execute on their behalf such documents as this; (2) by my signature below, the applicant (a) will operate the facility in a manner prescribed by federal, state, and local laws and all rules promulgated by the Board, (b) assumes all responsibility for acts and/or omissions committed by any personnel employed by it, and (c) make certain personnel employed by the applicant have the appropriate education, training, and experience to assume responsibility for handling, distribution, and storage of legend drugs or devices; and (3) to the best of my knowledge and belief, the information provided in this application is true and correct in all respects. Authorization is hereby given to the Louisiana Board of Wholesale Drug Distributors or their agent to investigate the information contained in this application. It is understood that information provided in this application may be provided to other federal, state, or local government or enforcement agencies.

Name of Authorized Representative (print or type)

Title of Authorized Representative

Signature of Authorized Representative

Date