Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
(775) 850-1440
bop.nv.gov

NEVADA (For locations located in the State of Nevada) WHOLESALER APPLICATION INFORMATION AND CHECKLIST

This application cannot be returned by fax or email. We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please understand we cannot and <u>will not accept</u> incomplete applications. If there is not an appropriate response, so state with N/A. Review the checklist and return all required fees and documentation with the completed application.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the <u>LAST DAY</u> completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- Complete all required pages of the application. Must be original signature(s), no copies or stamps
- Fee made payable to: Nevada State Board of Pharmacy
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

Before you operate as a wholesaler, you must receive board approval and be inspected by Board of Pharmacy personnel. Please know that the receipt of drugs prior to licensing will be deemed a violation of Nevada Revised Statutes (NRS) 454.316 which provides possession of a drug unlawful and is a category E felony.

Your application may be placed on the agenda of the next regularly scheduled board meeting. APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is required, your company will be notified in writing two (2) weeks prior to the meeting. Otherwise assume appearance will not be necessary. Upon board approval and a satisfactory inspection a certificate of registration will be issued. This registration is renewed in October of even numbered years. A license is usually issued and mailed within 10 days from the board meeting date, if approved.

Any change of ownership and/or location change, will require a new application and \$500.00 fee. If the address changes, a pre-opening inspection will be required

This license is renewed in <u>October of even numbered years</u>, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statues & Regulations" tab.

If the application is approved at the scheduled board meeting a letter with the information needed to schedule the required inspection will be mailed within 10 days from the date of the last meeting.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

□New Wholesaler □ Ownership Change □ Name Change □ Location Change (Please provide current license number if making changes: WH)
☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a☐ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION
Facility Name:
Physical Address:
Mailing Address:
City:Zip Code:
Telephone: Fax:
Toll Free Number:
F-mail: Website:
Facility Manager:
Professional qualifications and experience of facility manager:
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled be firm:
 □ Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other: □ Hypodermic Devices □ Veterinary Legend Drugs

APPLICATION FOR NEVADA WHOLESALER LICENSE

			AWD certified by NA opy of the certificate.		Yes C	l No			
	Lice (If ye	nsed as a Man es, provide a co	ufacturer by the FDA opy of the FDA regist	n? ration)	Yes C	i No			
busi	any sha ness or diction?	r tacility which a	an interest ownershi are licensed by the S	p or have mana tate of Nevada	agement in any type or another political Yes D				
List of	the top ucts th	4 suppliers you at were sold, d	ur company has beer ispensed or distribute	n associated wi ed within the las	th in regards to pha st year.	rmac	euti	cal	
	1)	Name		Address					
	2)	Business			1-2004-000				
		Name		Address					
	3)_	Business							-
		Name		Address				111111	
	4)	Business							•
	-/	Name		Address				-540	
		Business							-
1)	10% convi	interest or part icted of a felon	, any owner(s), share ners with any interes y or gross misdemea	t, ever been ch	arged, or	it			
	guilty	plea or no cor	itest plea)?			Yes		No	
2)	10%	interest or par	, any owner(s), share tners with any interes of registration?	eholder(s) or pa st, ever been de	ertner(s) with at leas enied a license,				
						Yes		No	
3)	10%	interest) or par	, any owner(s), share tners with any interes action or proceeding	st, ever been th	rtner(s) with at leas e subject	t			
	pharr	naceutical indu	istry?	,		Yes		No	

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4)	10% interest) or par guilty or entered a p	, any owner(s), shareholder(s) or tners with any interest, ever bee blea of nolo contendere to any of atrolled substances?	n found guilty, pled	
	state, related to cor	ittolled substances!	les 🗆 No 🗅	
5)	10% interest or part license, permit or ce	, any owner(s), shareholder(s) or ners with any interest, ever surr ertificate of registration voluntarily luntary close of a facility)?	endered a	
Copie	· · · · · · · · · · · · · · · · · · ·	that identify the circumstance or	ement of explanation must be attached contain an order, agreement, or other	
correc	t. I understand that	swers given in this application ar any infraction of the laws of the wholesaler may be grounds for t		l
certify accura servar	, under penalty of pe ate and correct. I her ats and employees, t	erjury, that the information furnish beby authorize the Nevada State to conduct any investigation(s) of		
Origin	al Signature of Perso	on Authorized to Submit Applicat	ion, no copies or stamps	
Print N	Name of Authorized	Person	Date	
Board	Use Only	Received:	Amount:	

APPLICATION FOR NEVADA WHOLESALER LICENSE OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation:			
Parent Company if any:	September 1		
Corporation Name:			
Mailing Address:			
City:	State:	Zip:	
Telephone:	Fax:		
Contact Person:			
	p Information – Comp	plete Section 1 or 2 n 1 or 2 must be completed.	
Section 1: List the corporations for (Name and percentage of ownersh		rs:	
1		% :	
2		%:	
3		 %:	
4		%:	
corporation, the applicant shall ider received its registration with the SE	ntify the officers of that EC, the registration nu	terest in the applicant is a publicly tra at corporation, the date the corporation umber issued and the exchange at wi e SEC report or copy of Form 10-K.	on
*Date of Incorporation:			
*Registration number issued:			
*Stock Exchange:			
Indicate 10 di un un di			

Include with the application for a publicly traded corporation

List of officers and directors.

<u>Certificate of Corporate status</u> (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

Stat	e of Incorporation:		
Pare	ent Company if any:		The time of the found of the
	poration Name:		are the state of the second control of
	ing Address:		
			Zip:
Tele	ephone:	Fax:	
	tact Person:		
	we we have the same and the farmer		Management of the Control of the Con
For	any corporation non public	ly traded, disclose the fo	ollowing:
		a training and fighter	A Desired House of the Party of the Land o
1)	List any persons to who	m the shares were issue	ed by the corporation?
	a)	<u> </u>	TO SEE AND ADDRESS OF THE PARTY
	Name	Address	way a say be you a power pade and the
	b)	d skopinar storm Co. (to)	es to mione east ample a year.
	Name	Address	control and the comment of the control of the contr
	c)	yana eris malariaria	presidential and admiración de la companya de la co
	Name	Address	and the state of t
	d)		
	Name	Address	
reco		rm from the website und	urately complete a personal history ler the "New Applications" tab. The forms nesses.
2)	Provide the number of s	hares issued by the cor	poration.
3)	What was the price paid	l per share?	The state of the s
4)	What date did the corpo	oration actually receive t	he cash assets?
5)	Provide a copy of the co	progration's stock registe	er evidencing the above information

Application for Nevada Wholesaler License

Include with the application for a non-publicly traded corporation

List of officers and directors.

<u>Certificate of Corporate status</u> (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

<u>Designated representative form</u>. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law <u>prior</u> to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or
 other form of security must be current in order to maintain and keep a Nevada wholesaler
 registration. Download the form from the website under the "New Applications" tab. The forms
 are available under the documents for wholesalers only.

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or
 other form of security must be current in order to maintain and keep a Nevada wholesaler
 registration. Download the form from the website under the "New Applications" tab. The forms
 are available under the documents for wholesalers only.

***If your company is <u>not</u> VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- <u>Complete personal history record for each stockholder</u>. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.
- Submit fingerprints Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A
 bond or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Download the form from the website under the "New Applications"
 tab. The forms are available under the documents for wholesalers only.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners	and percentage of ownership:	
Name:		<u>%:</u>
Name:		%:
Name:		<u>%:</u>
Name:		<u></u> %:
Partnership Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	
Contact Person:		

Include with the application for a partnership

<u>Complete personal history record for each stockholder</u>. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

<u>Designated representative form</u>. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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- <u>Submit a list</u> containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A
 bond or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Download the form from the website under the "New
 Applications" tab. The forms are available under the documents for wholesalers only.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name:	and the large state of the stat	weeks and a though	
Business Name:	dred realized farming	Male Colon, in	
Current Business Address:			
City:	State:	Zip:	
Telephone:	Fax:		

Include with the application for a sole owner

<u>Complete personal history record</u>. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the documents for all types of businesses.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or
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 registration. Download the form from the website under the "New Applications" tab. The forms
 are available under the documents for wholesalers only.

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http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 775-850-1440 bop.nv.gov

OUT-OF-STATE (For locations shipping to the State of Nevada) WHOLESALER APPLICATION INFORMATION AND CHECKLIST

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Please understand we cannot and <u>will not accept</u> incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date on the board meeting schedule listed on the website. The deadline date is the <u>LAST DAY</u> completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- <u>Complete all required pages of the application</u>. Must be original signature(s), no copies or stamps.
- Fee made payable to: Nevada State Board of Pharmacy
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

- <u>Letter of good standing</u> from the state or regulatory board in which your company is located.
 The form on the website under documents for all types of businesses may be sent to your state board or a separate letter is acceptable.
- Copy of current license or registration for the wholesaler in the state of residence.
- Copy of your DEA certificate, if applicable.

Your application may be placed on the agenda of the next regularly scheduled board meeting. Please go to the website below for the current board meeting schedule and deadline dates.

http://bop.nv.gov/board/ALL/Board Meeting Schedule/

APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is required, you will be informed by way of confirmation letter. Otherwise assume appearance will not be necessary. Upon board approval a certificate of registration will be issued.

Any change of ownership will require a new application and \$500.00 fee.

<u>This license is renewed in October of even numbered years</u>, no matter when the license is issued. Fees are not pro-rated.

Please access the website under the tab "Nevada Statues & Regulations" for the applicable laws.

If you have any questions, contact the Reno office at (775) 850-1440.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

 □New Wholesaler or □Ownership Chai Check box below for type of ownership a you have selected. If LLC use Non Public Publicly Traded Corporation – Pages □ Non Publicly Traded Corporation – Pages 	and complete all required ic Corporation or Partne 1,2,3,4 □ Pa	d forms for type of ownership that ership artnership - Pages 1,2,3,7,8
GENERAL INFORMATION to be co	mpleted be all types	of ownership
Facility Name:	W. HOLLES HARRISON OF BRIDE	
Physical Address:		Majn
City:	State:	Zip Code:
Telephone Number:	Fax Numbe	er:
Toll Free Number:		
E-mail:	Website:	
Facility Manager:		
Professional qualifications and exper	ience of facility manag	ger:
		HILLS CO.
Types of licensed outlets or authorize	ed persons firm will se	rve:
☐ Pharmacies ☐ Practit☐ Other:	ioners 🗆 H	lospitals Wholesalers
Type of Products to be handled or wh	nolesaled by firm:	
 □ Legend Pharmaceuticals, Supplie □ Poisons or Chemicals □ Controlled Substances (include controlled Substances) □ Other: 		☐ Hypodermic Devices ☐ Veterinary Legend Drugs

* This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	′es □ No □
	′es □ No □
(If yes, provide a copy of your FDA registration)	es 🗆 NO 🗀
Do any shareholders hold an interest ownership or have management facility which are licensed by the State of Nevada or another political ju	
List the top 4 suppliers your company has been associated with regard products that were sold, dispensed or distributed with the last year.	ls to pharmaceutical
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, he blease provide the number:	owever, if you do,
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross	
misdemeanor (including by way of a guilty plea or no contest plea)?	Yes □ No □
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of	
registration?	Yes □ No □

This page must be submitted for all types of ownership. 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes I No 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled Yes □ No □ substances? 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes □ No □ If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required. I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps					
Print Name of Au	thorized Person	Date			
Board Use Only	Date Processed:	Amount:			
Board Use Only	Date Processed.	Amount.			

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation:	Constant is all succession		
Parent Company if any:			
Corporation Name:			
Mailing Address:			
City:	State:	Zip:	
Telephone:	Fax:		
Contact Person:			
the applicant shall identify the oregistration with the SEC, the rebeing traded. You can provide Date of Incorporation:	egistration number issue a copy of the SEC repo	ed and the exchange at whort or copy of Form 10-K.	ich the stock is
Registration number issued:			
Stock Exchange:		na nana sanas kan mana sa sa	
A Nevada business license is no license please provide the number	ot required, however if t ber:	the wholesaler has a Neva	da business

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

	corporation:		
_	ldress:		
City:	PEMBER 1 SPAL V	State:	Zip:
Telephone	e:	Fax:	
Contact P	erson:	A CONTRACTOR	
For any co	orporation non-publicly t	raded, disclose the f	ollowing:
1) List	t top 4 persons to whom	the shares were iss	sued by the corporation?
a)_	Name	Busines	ss Address
b)_	Name	Busines	ss Address
c)_	Name	Busines	ss Address
d)_	Name	Punines	ss Address
2) Pro			rporation.
3) Wh	nat was the price paid po	er share?	W. T. C.
	business license is not ease provide the numbe		the wholesaler has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1,2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A
 bond or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers Only".

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Name:		%:
Name:		
Name:	agroom gi Albayaay 🕆 mide tam	<u></u> %:%
Name:		
Partnership Name:		
Mailing Address:		
City, State Zip Code:		
Telephone Number:	Fax Number:	
Contact Person:		

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A
 bond or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers Only".

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name:	_		
Business Name:			
Current Business Address:			
City:	State:	Zip Code:	
Telephone:		Fax:	
A Nevada business license is no license please provide the number	t required, however if er:	the wholesaler has a Ne	vada business

Include with the application for a sole owner

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
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- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A
 bond or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers Only".

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

₩ IDate		

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for		Nature o	f License		THE STATE OF STREET	
	Mana and A 11			In Danisated		
	If appli	cable, Name Under	Which It Is Now Ope	erated		
1. PERSONAL INFORMAT	ION:					
Last Name		First Name		Middle Name		
Alias(es, Nicknames, Maiden Name	Other Name Char	nges, Legal or Othe	rwise)			
Present Residence Address-Street	or RFD	Cit	у	State	e/Zip	
	Date					
Present Business Address		Cit	у	State	e/Zip	
Occupation	Date	es		Phone: Residence		
				Business		
Date of Birth	Plac	ce of Birth (City, Co	unty, State)			
Age	Social Security	y Number or ITIN			Sex	
Color of Eyes Color	of Hair Co	omplexion	Weight	Build	Height	
Scars, tattoos or distinguishi	ng marks and/o	r characteristics		la-Maria		3
Are you a citizen of the Unite				No		
If naturalized, certificate No_	lan - military	e de	Date		m with	
Place			(If naturaliz	zed, document mi	ust be verified.)	
2. MARITAL INFORMATIO	N:					
Single • Married •	Separated *	Divorced	Widowed	Engaged	•	
				Applicant's initi	al	
				Applicants initi	aı	Pag

Current Marriage_

A.

Spouse's full	Da name (Maiden)	te		ty, County at S# or ITIN	
Date of Birth_		Place of E	Birth		
Resident add	ress				
	Street		City	State	Zip
Telephone: I	Residence	В	usiness		
Spouse's emp	oloyer	0	ccupation		
Address of en	nployer				
	Street		City	State	Zip
B. Previous Marria	ges: If ever legally se	eparated, divorced, or a	nnulled, indicate l	pelow:	
Name of Spouse	Date of Order or Decree .	Date of Place of Marriage	Nature of Action	City Cou	inty and State
List of names, Name	current address and Street	telephone numbers of p	previous spouses State	: Zip	Telephone
3. FAMILY INFORM A. Children and List all ch	Dependents:	-children and adopted cl Birth Place			ng information:
■ I ar ■ I ar pla	e mark the appropriate m not subject to a cou m subject to a court or	rt order for the support rder for the support of or trict attorney or other pu	ne or more childre	en and an	n in compliance with a order for the repayment
the	order or a plan appro	rder for the support of or oved by the district attorn ount owed pursuant to t	ney or other publ	en and NO	OT in compliance with enforcing the order for

Applicant's initial_

Page 2

	Name			
				tomati a
	Contact person			I have beginned
C.	Parents: List names, residence	addresses, dates of bir	th and most recent occupations of	f parents, step-parents,
arent	S-			
	in-law or legal guardia Name (Maiden)		d, list last address and occupation Address	. Occupation
	Name (Waldell)	Dirai Odic	7.00.000	Oscapation
ather				
fother			- 15	
ather-	n-Law			
/lother-	in-Law	Burney (Industry)	and per countries to be a first to	
	Co. Strangel et H		A PART STREET, STREET	
D.	Brothers and Sisters			
			th and most recent occupations o	f brothers and sisters and
	their respective spous Name (Maiden)	es. Birth Date	Address	Occupation
Spouse				
Spouse				
	California de la composição de la compos	SOUTH WATER HOLD		
Spouse				A 10 1/2/2011 1-00
Spouse				
4. E	DUCATION:			
	Name of School	Locati	ion Dates Attended	Graduate
	ar			Yes No
				163 - 140 -
School				
School ligh School				Yes No
School ligh School College				Yes No
School ligh School College Jniver				Yes No
School ligh School College Univer	sity	V		
	sity of degree obtained, if an			Yes No
School digh School College Univer Other	sity			Yes No
School digh School College Univer Other	sity of degree obtained, if an			Yes No

5 MILITARY INFORMATION:

, ···	riave you ever served	a in any armed forces	Yes Yes	0	
	Branch		Date of entry-active	service	The state of the
	Date of separation		Type of discharge		
	Rating at separation_		Serial number	er	
	While in the military se special or general cou regardless of where th	ırt martial? Ye	arrested for an offense whi es No lf yes, furn or domestic.)	ch resulted in sum ish details on pag	nmary action, a tr e 10. (List all in
В.	Have you registered f	or the draft? Ye	es • No •		
	County	State	Date	registered	
A.	Have you ever been a violation for any reaso	rrested, detained, ch n whatsoever, regard	O ARBITRATIONS: (Include arged, indicted or summor dless of the disposition of the provided below. List all	ned to answer for a	ny criminal offen
te of	Arrest Age		cation-City and State	Deposition/Date	
B. C. D. E. G.	page 10. Have you ever been query or committee? Yes Have you ever been succommission? Yes Have you ever been sures No Have you ever had a colf yes, when? Have you ever received if yes when?	Jestioned or deposed No Ubpoenaed to appear No Ubpoenaed to testify ficivil or criminal recorded a pardon or deferred	emplaint ever been returne an unindicted co-party? Yell by a city, state, federal or laror testify before a federal, or any civil, criminal or admid expunged or sealed by a city, county and state ed prosecution for any criculty, county and state pouse's family ever been	aw enforcement a state or county grainistrative procee court order? Yes minal offense? Ye	es. furnish detai gency, commiss and jury, board o ding or hearing? No
	If you answer to any of	the above questions	(B through H) is yes, furni	sh details on page	10.
ne		Relationship	Charge	Locat	on Date
				Applicant's initial	

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

ntiff/Defendant or imant/Respondent	Date Filed	Court and Case Number	City, County and Stat	e D	isposition/Date
manor (oopondone	Dato / Hou	Hambor	Oky, Odanky and Olak		орознопиваю
		***	2000 2000		
associated w	rith it as an owne		e proprietorship or clos artner) been a party to a		
Name of Entity		Type of Entity	A	Approximate Date(s) of awsuit/Arbitration/Ba	of -
Name of Entity		Type of Entity		.awsulvArbitration/ba	intruptcy
	a total time with			gases to	i i i i i i i i i i i i i i i i i i i
1.87					
A principle					
RESIDENCES:	441				
	u have had for t	he last 25 vears:			
all residences you	u have had for t	he last 25 years:			
RESIDENCES: all residences you h and Year om-To)		he last 25 years:	City	State or Co.	unty
all residences you			City	State or Cou	unty
all residences you			City	State or Co	unty
all residences you			City	State or Cot	unty
all residences you			City	State or Cor	unty
all residences you			City	State or Co.	unty
all residences you			City	State or Cot	unty
all residences you			City	State or Col	unty
all residences you			City	State or Co.	unty
all residences you			City	State or Cot	unty
all residences you			City	State or Co.	unty
all residences you			City	State or Co.	unty
all residences you			City	State or Co.	unty
all residences you			City	State or Cot	unty
all residences you			City	State or Co.	unty

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	1
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	- H
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
Title	Description of Duties	Name of Supervisor	

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial	
	Dage C

9. CHARACTER REFERENCES:

emı me of Wher	re Employed	Street	City	State	Zip Tele	ephone Years K	nown
me		Home			LU EU	aco togodzalni bit	THE S
plover		Business					
ne		Home			- T-0-0		- 1-1
oloyer		Business					
ne	الرجوناوي	Home	dia e	o medik	n yeli biyir garini	of home and home and	المات المات
loyer	The second	Business			musi-phonon and a sur-	Carline day of Armina	Corne C
ie		Home_					
lover		Business					
e	-1	Home	5 to 10		3	Secretary and the second broken	
lover		Business	3567	1500		and the control of the control of the	idulgia 😅 🕆
	or Type of Depo	te the followin	Location	1	City and State	Authorized Users	
		held a privilege	ed, occup	ational o	or professional license	e in any state, including but i	not limited
the Liqu Doc Acc	e following: quor octor countant	held a privilege Lawyer Contractor Pilot	Race I Real e	horse/ra	ace dog owner oker or salesman	e in any state, including but i Securities dealer Barber/Cosmetologist Trainer or manager	not limited Insuranc Gaming Educato
the Liq Doo Acc Yes	e following: quor potor countant es No	Lawyer Contractor	Race I Real e Sports	horse/ra estate br s promo	ace dog owner oker or salesman	Securities dealer Barber/Cosmetologist	Insuranc Gaming
the Liq Doo Acc Yes If you	e following: quor petor ecountant es No ves, state typ	Lawyer Contractor Pilot e, where and y	Race I Real e Sports ears held	horse/ra estate br s promo d	ace dog owner oker or salesman ter e business, venture o	Securities dealer Barber/Cosmetologist Trainer or manager	Insuranc Gaming Educato
the Liqu Doo Acc Yes If you	e following: quor potor countant es No ves, state typ ave you ever erest in a lice ves, state typ	Lawyer Contractor Pilot e, where and y applied for a cit ensed businesse, when and we ames and addresses	Race I Real e Sports ears held y, county s or indus	horse/ra estate br s promo d d of state stry OU' give na	e business, venture or TSIDE the State of N	Securities dealer Barber/Cosmetologist Trainer or manager	Insuranc Gaming Educato
the Liqu Doo Acc Yes If you inte	e following: quor potor countant es No ves, state typ ave you ever erest in a licu ves, state typ volved, the na	Lawyer Contractor Pilot e, where and y applied for a cit ensed businesse, when and we ames and addresses	Race I Real e Sports ears held y, county s or indus	horse/ra estate br s promo d d of state stry OU' give na	e business, venture or TSIDE the State of N	Securities dealer Barber/Cosmetologist Trainer or manager r industry license or held a fire evada? Yes No the businesses in which you	Insuranc Gaming Educato

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No
If yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No
••••••	
•••••	ATTACH PHOTOGRAPH
••••••	TAKEN WITHIN LAST
••••••	30 DAYS HERE
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• • • • • • • • • • • • • • • • • • • •	
••••••	Date of photograph
	Applicant's initialPage 8

STATE OF	SS.
COUNTY OF	
	, being duly sworn, depose and say I have read the
foregoing application and know the contents there contain a full and true account of the information of misrepresentation or failure to reveal information a manufacturer license; that I am voluntarily submits Statutes 639.210 (10) provides denial or revocation registration or permit if the holder or applicant "Har of an application, or any record, affidavit or other further, that I have familiarized myself with the concontrolled Substances Act, as amended, and the promulgated thereunder and agree, if licensed, to I hereby expressly waive, release and for agents from any and all manner of action and causes.	eof; that the statements contained herein are true and correct and requested; that I executed this statement with the knowledge that requested may be deemed sufficient case for denial or revocation of nitting this application with full knowledge that Nevada Revised on of the application of any person for a certificate, license, as obtained any certificate, certification, license or permit by the filing information in support thereof, which is false of fraudulent," and entents of Nevada Statutes on Pharmacists and Manufacturer and the Regulations of the Nevada State Board of Manufacturer as a abide thereby, rever discharge the State of Nevada, the licensing agency and their uses of action whatsoever which I, my administrators or executors da, the licensing agency and their agents, as a result of my applying
Subscribed and Swarn to before me this	Original Signature of Applicant
Subscribed and Sworn to before me this	day of
Notary Public	······································
	(seal)
	Applicant's initialPage 9

ADDITIONAL INFORMATION

 ••••••
••••••

 ••••••••

Applicant's initial_

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

*Date	
-------	--

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	Nature of Pharma	ay or Wholosolor		
2 1 2				
Name and Address	of Business for Which	Designated Representa	tive Is Requested	
if a _l	oplicable, Name Under	Which It Is Now Operate	ed	
1. PERSONAL INFORMATION:				
Last Name	First Name		Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name C	hanges, Legal or Other	wise)	H-1000000000000000000000000000000000000	
Present Residence Address-Street or RFD	City		State/Zip	
Present Business Address	Dates City		State/Zip	
	_		Staterzip	
Present Position with the Pharmacy or Wholesaler	Dates		Phone: Residence	
			Business	
Date of Birth	Place of Birth (City, Cou	nty, State)		
Age Casiel Cas	urity Number or ITIN		Sex	
Age Social Sec	unty Number of ITIN		Sex	
Color of Eyes Color of Hair	Complexion	Weight	Build Height	_
Scars, tattoos or distinguishing marks and				
Are you a citizen of the United States?				
If naturalized, certificate No		Date		
Place		(If naturalized	d, document must be verifi	ed.)
2. MARITAL INFORMATION:				
Single Married Separated	• Divorced	● Widowed ◆	Engaged *	
			Applicant's initial	
				P

A.	Current Ma				de res	
	Spouse's ful	Da I name (Maiden)	ite		ty, County ar S# or ITIN	
	Date of Birth		Place	of Birth		
	Resident add	dress_				
		Street		City	State	Zip
	Telephone:	Residence		_Business		
	Spouse's em	nployer		_Occupation		
	Address of e	mployer				
		Street		City	State	Zip
В. Р	revious Marri	ages: If ever legally se	eparated, divorced, o	r annulled, indicate	below:	
Name	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City Cou	nty and State
	List of names	s, current address and Street				
	Name	Street	City	State	Zip	Telephone
3. FA		d Dependents: hildren, including step-	children and adopted		he followin	
В.		rt Information: se mark the appropriate	e response:			
		am not subject to a cou		ort of child		
	pia	am subject to a court or an approved by the dis the amount owed purs	trict attorney or other	f one or more childre public agency enfo	en and am rcing the o	in compliance with a rder for the repayment
	tne	nm subject to a court or e order or a plan appro e repayment of the amo	ved by the district at	torney or other publi	en and NO ic agency	T in compliance with enforcing the order for

Applicant's initial

	District attorney or public agency responsible for enforcing the child support order:	
	Name	
	Address	
	Contact person	
C.	Parents: List names, residence addresses, dates of birth and most recent occupations of pare	nts, step-parents,
arent	in-law or legal guardian. If retired or deceased, list last address and occupation. Name (Maiden) Birth Date Address	Occupation
ather		
other		
ather-i	n-Law	January of the land
other-	in-Law	
D.	Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of broth	ners and sisters and
	their respective spouses.	
	Name (Maiden) Birth Date Address	Occupation
pouse		
Ži-		5 - 7 - 15.
pouse		
	and the second s	
Spouse		
Spouse		
.,		
4. EI	DUCATION:	
	Name of School Location Dates Attended	Graduate
Gramma School	ar	Yes No
ligh School		Voc The No T
College		Yes No
Jnivers	sity	Yes No
Other		Yes No
Гуре	of degree obtained, if any	_
Colleg	e or university where obtained	
	Applicant's init	iol

5 MILITARY INFORMATION:

A.	Have you ever served in any armed	dforces? Yes -	No 🖜	
	Branch	Date of entry-acti	ve service	and the second
	Date of separation	Type of discharge	9	
	Rating at separation	Serial nur	mber	
	While in the military service were yo special or general court martial? regardless of where they occurred-f	Yes - No - If yes, fu	which resulted in sur urnish details on pa	nmary action, a trial o ge 10. (List all inciden
В.	Have you registered for the draft?	Yes No		
	CountySta	ate	Date registered	
6. A	RRESTS, DETENTIONS, LITIGATIO	NS AND ARBITRATIONS: (Inc	clude those arrests	in which you were
۸	not convicted.)	inad abanaad indisted		
Α.	Have you ever been arrested, detai violation for any reason whatsoever	r regardless of the disposition (noned to answer for a	any criminal offense o
	Yes No If yes, give details	in space provided below. List	all cases without ex	ception.
ate of	Arrest Age Charge	Location-City and State	Deposition/Date	Arresting Agency
C. D. E. F.	arrested or in which you were name page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoenaed to commission? Yes No Have you ever been subpoenaed to Yes No Have you ever had a civil or criminal of yes, when?	deposed by a city, state, federal o appear or testify before a fede o testify for any civil, criminal or a al record expunged or sealed b city, county and si	or law enforcement eral, state or county g administrative proced by a court order? Yes tate	agency, commission rand jury, board or eding or hearing?
G.	Have you ever received a pardon of the second of the secon	or deferred prosecution for any city, county and si	criminal offense? Y	es No
	Has any member of your family or of the above questions and the above questions.	of your spouse's family ever be	en convicted of a fel	ony? Yes No e 10.
ame	Relations	ship Charge	Loca	ation Date
			Applicant's initial	

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

ntiff/Defendant or		Court and Case			
mant/Respondent	Date Filed	Number	City, County and S	State	Disposition/Date
associated w	ith it as an owne	business venture, so r, officer, director or p plete the following:			
Name of Entity		Type of Entity		Approximate Date(: Lawsuit/Arbitration/	s) of Bankruptcy
	- Common of the				- Wa
					····
	ı have had for th	ne last 25 years:			
t all residences you		ne last 25 years:	City	State or 6	County
t all residences you			City	State or (County
t all residences you			City	State or (County
t all residences you			City	State or (County
t all residences you			City	State or (County
t all residences you			City	State or (County
t all residences you			City	State or 6	County
t all residences you			City	State or	County
r. RESIDENCES: st all residences you onth and Year (From-To)			City	State or 0	County

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's	initial	

9. CHARACTER REFERENCES: List five character reference who have know you five years or more. Do not include relatives, present employer or employees. Zip Name of Where Employed Street City State Telephone Years Known Name Home Employer Business Home Name Employer **Business** Name Home Business Employer Name Home **Business** Employer Name Home Employer <u>Business</u> 10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insurance **Doctor** Contractor Real estate broker or salesman Barber/Cosmetologist Gaming **Pilot** Accountant Sports promoter Trainer or manager Educator Yes No If yes, state type, where and years held

If yes	to the above, state where, when and for what reason:
•••••	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No
12.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes To No
11.	Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

14.	Have you ever been refused a business or industry license or related finding of sui participant in any group which has been denied a business or industry license or resultability?	tability or be elated findir Yes	ig of	200
15.	Have you or any person with whom you have been a participant in any group been the administrative action or proceeding relating to the pharmaceutical industry?	e subject of Yes	an No	
16.	Have you or any person with whom you have been a participant in any group ever bee guilty or entered a plea of nolo contendere to any offense, federal or state, related to pro controlled substances?	en found guil escription di Yes	rugs and	or/
17.	Have you or any person with whom you have been a participant in any group ever surrepermit or certificate of registration relating to the pharmaceutical industry voluntarily or outpon voluntary close of a wholesaler	endered a li otherwise (o Yes	therthan	1
18.	Do you have any relatives within the fourth degree of consanguinity associated with or pharmaceutical or drug related industry?	employed in Yes	nthe No	
19. 20. 21.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Will you be employed fulltime with the pharmacy or wholesaler? Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes •	No -	
•••••	ATTACH PHOTOGR		140	
•	TAKEN WITHIN LA			
•••••••	30 DAYS HERE			
••••••	Date of photograph			
	Applicant's initial		Page	e 8

STATE OF	2336
COUNTY OF	SS.
1, <u></u>	, being duly sworn, depose and say I have read the
	at the statements contained herein are true and correct and
	sted; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information reque	sted may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting thi	is application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the applic	cation of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certi-	ficate, certification, license or permit by the filing of an
application, or any record, affidavit or other information	in support thereof, which is false of fraudulent," and further, that
	Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the	ne Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,	
	discharge the State of Nevada, the licensing agency and its
	of action whatsoever which I, my administrators or executors elicensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or whole	
be a designated representative for a pharmacy of whole	esaler in the State of Nevada.
	Original Signature of Applicant
Subscribed and Sworn to before me this	day of
Notary Public	····
	(seal)
	Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial_____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

This application cannot be returned by fax or email. We must have an original signature and fee to process.

NRS 639.016 "Wholesaler" defined. "Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Print and mail the completed application with a **non-refundable fee** of \$500.00 paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

All incomplete applications will be returned. Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a particular board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda. Upon receipt of a completed application, the application will be placed on the agenda of the next regularly scheduled Board meeting. For application deadlines and meeting schedule please visit bop.nv.gov.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Where is the facility located?	Nevada 🗆 Out-of-State			
Type of Application (check applical		Wholesaler Business Type (check applicable box	()	
☐ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8		
☐ Ownership Change	* If making a change,	☐ Non-Publicly Traded (complete sections 1, 2,	3, 5, 8, 9)	
	provide current license number:	☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)		
☐ Location Change (in-state only)	WH	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)		
Is your facility a reverse distributor	? 🗌 Yes 🗌 No			
Section 1: General Information			an M	
Facility Name:				
Physical Address:				
City:				
Mailing Address (if different from pl				
City:				
Telephone:	Website:			
Licensing Company Email:				
Entities the Wholesaler will Serve		Products to be Handled or Wholesaled		
☐ Pharmacies		☐ Legend Pharmaceuticals, Supplies or Devices		
☐ Practitioners		☐ Controlled Substances		
Hospitals		☐ Hypodermic Devices		
☐ Wholesalers		☐ Veterinary Legend Pharmaceuticals		
☐ Others:		☐ Others:		
Section 2: History of Company			Yes	No
 Has the corporation, any owner interest, ever been charged, or or no contest plea)? 	(s), shareholder(s) or partner convicted of a felony or gross	(s) with at least 10% interest or partners with any misdemeanor (including by way of a guilty plea		
Has the corporation, any owner interest, ever been denied a lice.	(s), shareholder(s) or partner ense, permit or certificate of r	(s) with at least 10% interest or partners with any egistration?		
Has the corporation, any owner interest, ever been subject of an arms.	(s), shareholder(s) or partner n administrative action or pro	(s) with at least 10% interest or partners with any ceeding relating to the pharmaceutical industry?		
 Has the corporation, any owner interest, ever been found guilty state, related to controlled subs 	, pled guilty or entered a plea	(s) with at least 10% interest or partners with any of nolo contendere to any offense federal or		
 Has the corporation, any owner interest, ever surrendered a lice upon voluntary close of a facility 	nse, permit or certificate of r	(s) with at least 10% interest or partners with any egistration voluntarily or otherwise (other than		
If you marked YES to any of the num documents that identify the circums	nber questions (1-5) above, a stance or contain an order, a	signed statement of explanation must be attache greement or other disposition is required.	d. Copie	s of any

Section 3: List the top four suppliers you sold, dispensed or distributed within th	a last year		to pharmaceutical pr	
Name:				
Address:			State:	Zip:
Name:				
Address:			State:	Zip:
Name:				
Address:	City:		State:	Zip:
Name:				
Address:	City:		State:	Zip:
Section 4: Publicly Traded Corporation				
State of Incorporation:				
Parent Company (if any):				
Corporation Name:				
Mailing Address:				
City:			Zip:	
Telephone:				
Contact Person Name:				
Date of SEC Registration:	SEC Registration Number:		Stock Exchange	Symbol:
Section 5: Non-Publicly Traded Corporat	ion			
State of Incorporation:				
Parent Company (if any):				
Corporation Name:				
Mailing Address:				
City:			Zip:	
Telephone:	Email:			
Contact Person Name:				
Contact Person Name: Section 6: Partnership				
Section 6: Partnership				
Partnership Name:				
Partnership Name:				
Partnership Name: Mailing Address: City:		State:	Zip:	
Partnership Name:	Email:	State:	Zip:	
Section 6: Partnership Partnership Name: Mailing Address: City: Telephone: Contact Person Name:	Email:	State:	Zip:	
Section 6: Partnership Partnership Name: Mailing Address: City: Telephone: Contact Person Name: Section 7: Sole Owner	Email:	State:	Zip:	
Section 6: Partnership Partnership Name: Mailing Address: City: Telephone: Contact Person Name: Section 7: Sole Owner Owner's Name:	Email:	State:	Zip:	
Section 6: Partnership Partnership Name: Mailing Address: City: Telephone: Contact Person Name: Section 7: Sole Owner Owner's Name: Business Name:	Email:	State:	Zip:	
Section 6: Partnership Partnership Name: Mailing Address: City: Telephone: Contact Person Name: Section 7: Sole Owner Owner's Name:	Email:	State:	Zip:	

Se	ction 8: NABP Accreditation/FDA Registration			Yes	No
ls '	your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:				
1.	Copy of Certification				
2.	Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/new	current to apps/Busi	maintain ness/.	a Nevada	3
İs	your company licensed as a Manufacturer by the FDA? If yes, provide:				
1.	Copy of FDA registration				
2.	Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/new	current to apps/Busi	maintain ness/.	a Nevada	1
	ction 9: Provide all the applicable documents with your application based on your Business pe. Required documents are indicated by an " \checkmark " on the right.	Publicly Traded	Non- publicly Traded	Partner- ship	Solo
•	List of <u>all</u> Officers and Directors.	1	1		
•	List the top four corporation shareholders and their percent ownership.	1			
•	List of <u>all</u> corporation shareholders and their percent ownership.	1 T F"	1		
•	List of <u>all</u> partners and their percent ownership.			1	
•	Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	1	✓	1	1
•	Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/	✓	- ✓ =	/	1
•	Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	1	1
•	Copy of DEA certificate if handling controlled substances	✓	✓	✓	1
•	Copy of current SEC 10K or 8K	1			
•	A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	1	1	1	1
ON	LY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
•	Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		√	1	1
•	Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	1
ā	hereby certify, under penalty of perjury, that the information on this application and attached document are true, any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be ground authorization. I hereby authorize, the Nevada State Board of Pharmacy, its agents, servants and employees, to conductorofessional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.	s for the revo	cation of th	is permit of	
	Print Name of Authorized Person Submitting Application				
	Original signature of Authorized Person (copies or stamps not accepted)	e			
В	oard Use Only Date Received: Amount:	· · · · · · · · · · · · · · · · · · ·			



Applicant Name:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444 • Web Page: bop.nv.gov

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to Nevada State Board of Pharmacy. Credit Cards are charged a 5% processing fee					
☐ Visa ☐ MasterCard ☐ Discover					
☐ American Express					
Expiration Date:	CVV (3 digits on back of card):	License Amount			
/ (MM/YY		\$			
Name on Card:					
Billing Address:					
2 mil g / 1441 C55:					