

Nevada State Board of Pharmacy

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

Application for a Non-Practitioner Owner of a Veterinary Dispensing Site

Rev (08/28/2019)

The Non-Practitioner owner(s) of a veterinary dispensing site must complete this application. This completed form must accompany the dispensing veterinarian’s application for Veterinarian Authority to Dispense Drugs.

A. Business Information			
Business Name:			
Business Address:			State: Zip:
Phone:	Fax:	Email:	
Percent Ownership:	Date you became owner:		

B. Personal Information		
Last Name:	First Name:	Middle Name:
Alias (i.e. Nicknames, maiden name, name changes):		
Date of Birth:	Place of Birth (City, County State):	
Current Residence Address:		State: Zip:
Phone:		

C. Employment Information (are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete this section.)		
Employer Name:		Supervisor Name:
Employer Address:		State: Zip:
Phone:	Fax:	Date you were employed:

D. Other Veterinary/Pharmaceutical Practices Ownership (List all other veterinary/pharmaceutical practice(s) you have complete or partial ownership. Please use a separate piece of paper if additional space is needed.)			
Business Name:			
Business Address:			State: Zip:
Phone:	Fax:	Email:	
Percent Ownership:	Date(s) of Ownership:		
Business Name:			
Business Address:			State: Zip:
Phone:	Fax:	Email:	
Percent Ownership:	Date(s) of Ownership:		
Business Name:			
Business Address:			State: Zip:
Phone:	Fax:	Email:	
Percent Ownership:	Date(s) of Ownership:		

E. Arrests, Detentions, Litigations, Arbitrations (Please use a separate piece of paper if additional space is needed.)				
1. Have you ever appeared before any licensing agency or similar authority in or outside of the State of Nevada?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a participant in any group that has been the subject of an administrative action or proceeding relating to the pharmaceutical industry?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you 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 closure)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been the subject of an administrative action whether completed or pending in any state?				<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?				<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had a criminal record expunged or sealed by a court order? If yes, when _____ City, County and State _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever received a pardon or deferred prosecution for any criminal offense? If yes, when _____ City, County and State _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been denied a personal license, permit, certificate of registration for a privileged, occupational or professional activity? If yes, please provide the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No
When	Where		What reason?	
11. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? If yes, provide the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Arrest	Charge	Location (City, State)	Disposition Date	Arresting Agency
12. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co party? If yes, provide the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Arrest	Charge	Location (City, State)	Disposition Date	Arresting Agency
13. 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? If yes, provide the following:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case No.	City, County, State	Disposition Date
14. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? If yes, please provide the information:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Entity		Type of Entity	Approx. date(s) of Lawsuit/Arbitration/Bankruptcy	

Please have this page completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a dispensing license.

Original Signature of Application

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)