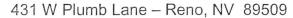
NEVADA STATE BOARD OF PHARMACY





APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check 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 Pharmacy or ☐Ownership Change (Provide of Check box below for type of ownership and complete all ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐Non Publicly Traded Corporation – Pages 1,2,4,7	required forms.	
GENERAL INFORMATION to be completed by all types of ownership		
Pharmacy Name: Austin Wellness Pharmacy LLC	D/B/A Austin Wellness Pharmacy	
Physical Address: 6902 Austin Street Forest	Hills, NY, 11375	
Mailing Address: 6902 Austin Street		
City: Forest Hills State:	ny Zip Code:11375	
Telephone:(718) 263-6688 Fax:	718 263-6690	
Toll Free Number: (844) 859-5094 (Re	quired per NAC 639.708)	
E-mail:_austinwellnessrx@gmail.com Web	osite:N/A	
Managing Pharmacist: Regina Fomberg - Popovitz	License Number:046454	
TYPE OF PHARMACY AND	SERVICES PROVIDED	
Yes/No	Yes/No	
☑ □ Retail		
	☐ ☑ Off-site Cognitive Services	
□ ☑ Hospital (# beds)	☐ ☑ Off-site Cognitive Services☐ ☑ Parenteral **	
□ ☑ Hospital (# beds) □ ☑ Internet		
	□ ☑ Parenteral **	
□ ☑ Internet	□ ☑ Parenteral ** □ ☑ Parenteral (outpatient)	
□ ☑ Internet □ ☑ Nuclear	 □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge 	
☐ ☑ Internet☐ ☑ Nuclear☐ ☑ Ambulatory Surgery Center	□ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ✓ Mail Service	
☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☑ ☐ Community	□ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding ** □ ☑ Non Sterile Compounding	
☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☑ ☐ Community	☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding **	
☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Center ☑ ☐ Community ☐ ☐ Other:	□ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding ** □ ☑ Non Sterile Compounding	

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^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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☑New Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms.	
☐.Publicly Traded Corporation Pages 1 2 3 7	requirea torms.
Publicly Traded Corporation - Pages 1,2,3,7 Non Publicly Traded Corporation - Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all types of ownership	
Pharmacy Name: <u>Care Services On (</u>	alluc
Physical Address: 4505 Falls of Me	use Rd. Suite 550
Mailing Address: <u>Same</u>	
City: Raleigh State:	MC Zip Code: <u>27409</u>
Telephone: 866-459-2382 Fax: 888-502-5946	
Toll Free Number: <u>名はに 459- 2382</u> (Required per NAC 639.708)	
E-mail: 15min Clareservices 11c. com Website:	
Managing Pharmacist: Pamela 5. 5miun	License Number: 1449 (NC)
TYPE OF PHARMACY AND SERVICES PROVIDED	
Yes/No	Yes/No
□ ☑ Retail	☐ ☑ Off-site Cognitive Services
□ □ Hospital (# beds)	☐ ☑ Parenteral **
□ ☑ Internet	☐ ☐ Parenteral (outpatient)
□ ☑ Nuclear	□ ☑ Outpatient/Discharge
☐ ☐ Ambulatory Surgery Center	☐ ☑ Mail Service
□ ☑ Community	☐ Long Term Care
Other: After nours	☐ ☑ Sterile Compounding **
Call Center (LITE)	☐ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☐ Mail Service Sterile Compounding **
For the application to be complete	
i or the application to be complete	☑ Other Services: <u>On Call</u>

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,